

**Lung Cancer Screening –
You Can't Do It Alone
But You Can Take The Lead!**

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Learning Objectives

After completing this activity, the participant should be better able to:

1. Identify important institutional partners to engage in Lung Cancer Screening Programs.
2. Identify opportunities to collaborate with local, state and national stakeholders to promote Lung Cancer Screening.

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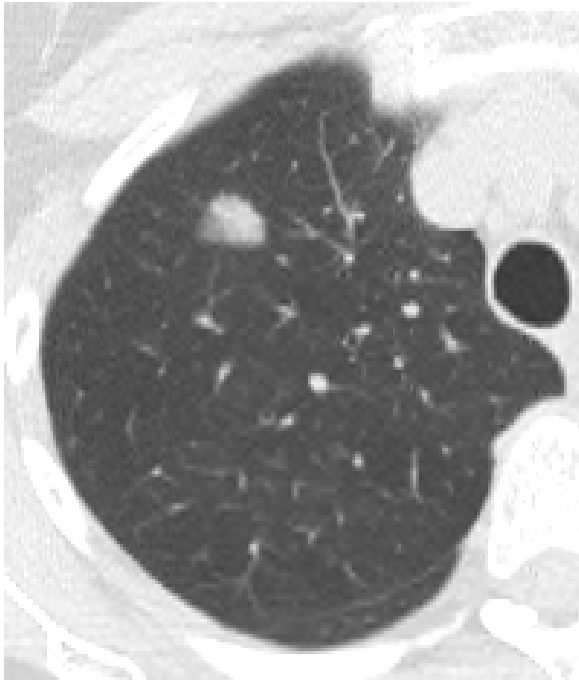
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National Partners

- American Cancer Society
- National Lung Cancer Round Table
- American Lung Association
- American Thoracic Society
- American College of Chest Physicians
- The Society of Thoracic Surgeons
- Centers for Disease Control
- GO 2 Foundation for Lung Cancer (formerly Lung Cancer Alliance & Bonnie Addario Foundation)

Lung Cancer



early stage



late stage

ORIGINAL ARTICLE

Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening

Results National Lung Screening Trial

Published August 2011

**20% reduction in lung cancer mortality in
patients who received LDCT**

USPSTF Recommendation



U.S. Preventive Services Task Force

Screening for Lung Cancer

This topic page summarizes the U.S. Preventive Services Task Force (USPSTF) recommendations on screening for lung cancer.

Current Recommendation

Release Date: December 2013

- **The USPSTF recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.**

Grade: [B recommendation.](#)

Medicare coverage

- As of Feb 5, 2015, Medicare has covered LCS CT
- Eligibility criteria:
 - Age 55 – 77
 - At least 30 pack yr Hx smoking
 - Current smoker or quit within past 15 yrs
- Requires Shared Decision Making visit
- Requires patient be offered Smoking Cessation services
- Requires written order for CT
- Patient and exam data must be entered into CMS approved LCS Registry

Reimbursement

- LCS CT is currently covered by commercial insurers, Medicare and Medicaid (in 31 states) in eligible individuals
- Covered as a preventative service with no co-pay or cost sharing by the patient

Pre-authorization

- Most commercial insurance
- Medicaid in 13 states
- Not required by traditional Medicare but may be required by Medicare Advantage plans

More evidence...

Dutch-Belgium NELSON Trial

- 16000 participants
- Showed LDCT can reduce deaths from lung cancer by 26% in men and up to 61% in women

Results presented at IASLC meeting Toronto, Canada Sept 25, 2018

MILD Trial

- “Multicentric Italian Lung Detection” Trial
- 4099 participants
- 39% reduced risk of lung cancer mortality after 10 years in patients who underwent LDCT

German LUSI

- German Lung Cancer Screening Intervention Trial
- 4000 Participants
- 26% decrease in lung cancer mortality overall with 69% decrease in mortality in woman

Int J Cancer, June 4, 2019

Current Status of LCS

- Uptake of LCS has been disappointingly low likely related to numerous barriers
- Several successful programs have been implemented around the country
- High level of collaboration and enthusiasm among stakeholders providing strong support and multiple resources
- ACR LCS 2.0 Steering Committee was established to address the barriers, identify solutions and empower radiologists to lead efforts to increase the adoption of LCS

Necessary Components for LCS Program

- Eligibility screening (pre-screening for screening)
- Shared Decision Making visit/documentation
- Smoking Cessation services/documentation
- Protocol and Training in Low Dose Chest CT
- Radiologists trained in Lung-RADS and experience in lung nodule management
- IT infrastructure to send reports to patients and track/remind patients of necessary follow-up
- Multi-disciplinary team for review of cases with suspicious nodules
- Participation in CMS approved LCS Registry

If just starting.....

Identify Key Clinical Partners

- Primary care
- Pulmonary medicine
- Interventional Pulmonary
- Medical oncology
- Thoracic surgery
- Radiation oncology
- Pathology

Important Institutional partners/allies

- Scheduling
- Admissions
- CT technologists
- Smoking Cessation services
- Informatics
- HIM
- PACS/IT/EMR
- Finance/Utilization Management
- Marketing/web team

Form Steering Committee

- Radiology
- Primary Care
- Pulmonary
- Administration/Hospital Board
- Nursing
- IT
- LCS Champions

Form Operations Committee

- Radiologist
- LCS Coordinator/Navigator
- LCS Clinical champions
- CT Tech
- NPs for Shared Decision Making (if centralized)
- NPs for Smoking Cessation Counseling
- Data entry manager for ACR Registry
- Health Information Management team
- IT/Informatics personnel for tracking patients

First steps

- Hire a part time navigator or borrow time from an existing research program coordinator, navigator or nurse
- If no on-site oncology, thoracic surgery or radiation therapy, identify regional center for referrals
- Decide program structure
 - Centralized
 - Decentralized
 - Hybrid

Initial Program Set up

- Set up dedicated phone number for LCS Coordinator
- Train LCS Program Coordinator/Navigator to confirm eligibility & schedule patients
- Apply for CT accreditation & Participation Agreement with ACR LCS Registry
- Decide which radiologists will read exams and how
 - Adopt structured reporting system such as LungRADS
 - Train radiologists
 - Agree on process for managing incidentals
- Create system for notifying patients of results
- Create educational & marketing materials
- Identify process/person for reporting data to ACR Registry
- Identify process to gather minimum program metrics

If already doing screening.....

Focus on Outreach & Engagement

- Identify strategy to reach highest risk patients
 - Lower socioeconomic groups
 - Be aware of racial disparities
- It is OK to screen current smokers (LCS CT is a teachable moment for Smoking Cessation)
- Collaborate with existing screening programs such as Mammography
- Know/anticipate provider concerns (managing incidentals)
- Review scan findings with patients

Opportunities to Promote LCS

- Reach out to local and state agencies
- Advocate for tobacco control efforts
- Partner with other clinical groups to raise awareness
- Present at Grand Rounds
- Join a Speakers Bureau
- Offer to speak to community groups
- Create events for Lung Cancer Awareness month (November)

Potential Local Partners

- State cancer coalition/cancer control program
- State Lung Cancer Task Force
- State legislature/“Cancer Caucus”
- Local ACS, ALA, AHA chapters
- State Radiological Society
- Other radiology groups
- Community groups/health fairs
- PATIENTS!!!

Take Advantage of Your Expertise....

- You read Chest CTs everyday - you know nodules!
- Assume leadership role in Suspicious Nodule Management
- Organize and lead Nodule Conference for review of Lung-RADS 4 and suspicious incidental lung nodules
- Ensure clear guidance is provided in radiology reports on next steps for other incidental findings

Suspicious Nodule Conference

- Add review of suspicious nodules to Multidisciplinary Lung Tumor Conference/Tumor Board
- Gather cases from past week and invite referring providers to attend
- Lead discussion at Conference while LCS Coordinator records recommendations
- Send follow-up email to providers with recommendations from Multidisciplinary Conference
- Document Conference recommendation as addendum to radiology report

Summary

- Multiple research studies show Lung Cancer Screening CT decreases lung cancer mortality
- The uptake of LCS has been disappointingly low
- The ACR LCS 2.0 Steering Committee is working to address the barriers to the implementation of LCS programs

How?

Empower radiologists to work with institutional, local, state and national level partners to build relationships and lead efforts to increase the adoption of LCS