

The webinar ***Increasing Lung Cancer Screening Uptake in Eligible Adults: Do We Know What Works?*** aired on April 29, 2020. The goal of the webinar was to create more lung cancer survivors through safe, high-quality, and effective lung cancer screening practices.

The webinar discussed a practical and proven approach to developing and implementing a successful lung cancer screening program. The webinar covered the topics of the continuum of care in lung cancer, the definition of lung cancer screening, the quality triad for successful screening programs, the critical need for patient navigators, the use of *synchronous* multidisciplinary care teams, and the keys to successful screening program growth.

This document summarizes key takeaways and resources from the webinar, which is available at <https://youtu.be/ttgRkzWN4Rs>

The *American Cancer Society* **Comprehensive Cancer Control (ACS CCC)** team hosted the webinar. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention* **National Comprehensive Cancer Control Program** to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

Presenter



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Lung cancer is the largest cancer killer in both men and women in the United States. Each year, about 200,000 people are diagnosed with lung cancer, and 150,000 people die. Cigarette smoking is linked to 80% to 90% of lung cancers and is the #1 cause of lung cancer. About 8 million U.S. people are eligible for lung cancer screening.

Introduction

- A screening program can be built on top of a current program of lung cancer treatment and care.
- The three most important things for a successful program are navigation, navigation, and navigation.

Definition of Lung Screening

- The continuum of care at *Wellstar Health Systems* includes outreach (lung screening, community education, smoking cessation), multidisciplinary care (navigation plus all specialties), and survivorship (surveillance and maintenance).
- A screening program is not a one-time chest x-ray or CT scan that is done for a short-term outlook or diagnosis.
- Instead, a screening program is a long-term series of low-dose CT scans over many years (while the patient is eligible) with LungRADs team management of nodules over time.

The Quality Triad

A strong, safe screening program has the following three quality features:

- Navigation
- Multidisciplinary Care
- Screening clinics have an *American College of Radiology* (ACR) designation in lung cancer screening.

Power of Patient Navigation

- Navigators keep all parties aligned.
- They are the subject matter experts on screening.
- They are the managers for patient education, results communications, navigation through the journey, and providers of emotional support.
- They are the primary liaisons with primary care and community outreach.
- Navigators should be compassionate, energetic, self-starters, self-confident, good communicators, conveners, leaders, and be able to work with both details and the big picture.

REWIND, REMIND

Webinar Takeaways

Multidisciplinary Care Teams (MCT) in Screening Programs

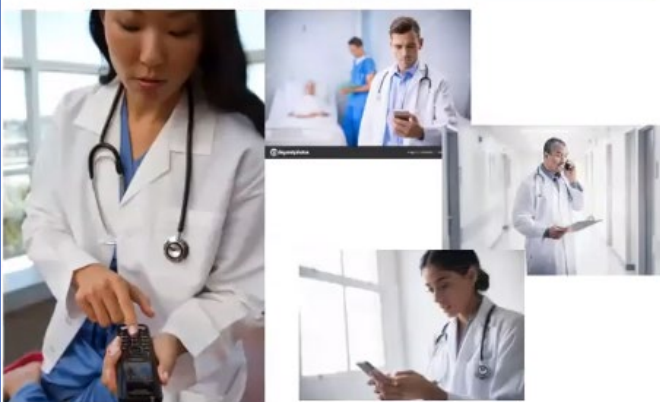
- MCTs are not tumor boards.
- A virtual MCT team is a physician-centric process and includes patients seeing individual MCT members during multiple visits over time, with the navigator communicating with MCT members virtually by phone, email, text, etc. The management plan changes over time because it takes weeks or months to visit all MCT team members.
- In contrast, a synchronous MCT team is a patient-centric and patient-present process that enables both navigator and patient to meet with all MCT team members together, in real time. There is one visit to all team members over a few hours instead of multiple visits over months. The cycle time of synchronous management is about two weeks.

- Synchronous MCTs provide one plan, one message, reduced visits, reduced time to diagnosis, reduced redundant testing, and reduced diagnostic costs.

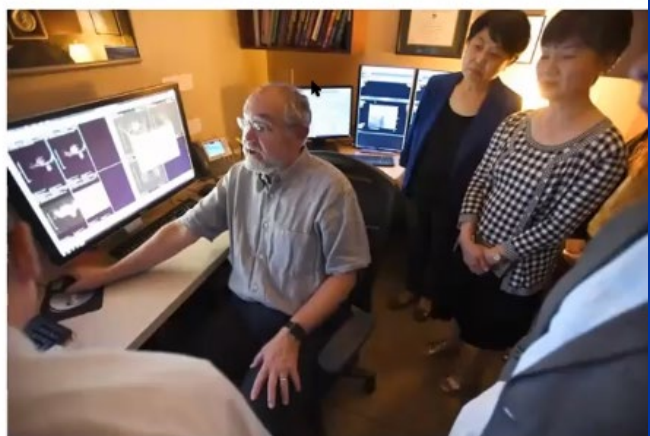
Keys to Screening Program Growth

- The primary drivers of screening volumes are navigation, primary care engagement, and patient and family engagement.
- Navigation includes education and outreach, disease management, and relationship building with everyone involved.
- Primary care engagement includes one call by the provider to the screening program, which provides management, reports, updates, and patient satisfaction.
- Patient and family engagements include one call by the patient to the screening program, which then provides reports, updates, navigation guidance through the program, and patient satisfaction.

Virtual Team



Synchronous Team



Important Tips for Program Success

- Navigators are the most important part of any screening program.
- Relationship building is critical to keep patients in the screening program.
- Spending time upfront helps to create long-term relationships.
- Schedule next year's exam when this year's report is given. This is critically important for a successful program.
- Provide a *complete* continuum of care program with strong patient navigation, a *synchronous* MCT approach, and provide a high level of service.

Online Resources

- *National Radiology Data Registry* (American College of Radiology) <https://nrdr.acr.org/Portal/LCSR/Main/page.aspx>
- *LungRADs* (American College of Radiology) <https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads>
- *Lung Cancer Atlas* (National Lung Cancer Roundtable) <https://nlcrt.org/atlas>
- *Who Should Be Screened for Lung Cancer?* (Centers for Disease Control and Prevention, CDC) https://www.cdc.gov/cancer/lung/basic_info/screening.htm
- *Lung Cancer Screening Programs* (CDC) <https://www.cdc.gov/cancer/ncccp/pdf/lungcancerscreeningprograms.pdf>
- National Comprehensive Cancer Network's *Lung Cancer Screening Guidelines* <https://www.nccn.org/patients/guidelines/content/PDF/nccnquickguide-lungscreening-patient.pdf>