

# Challenges to the Implementation of Lung Cancer Screening

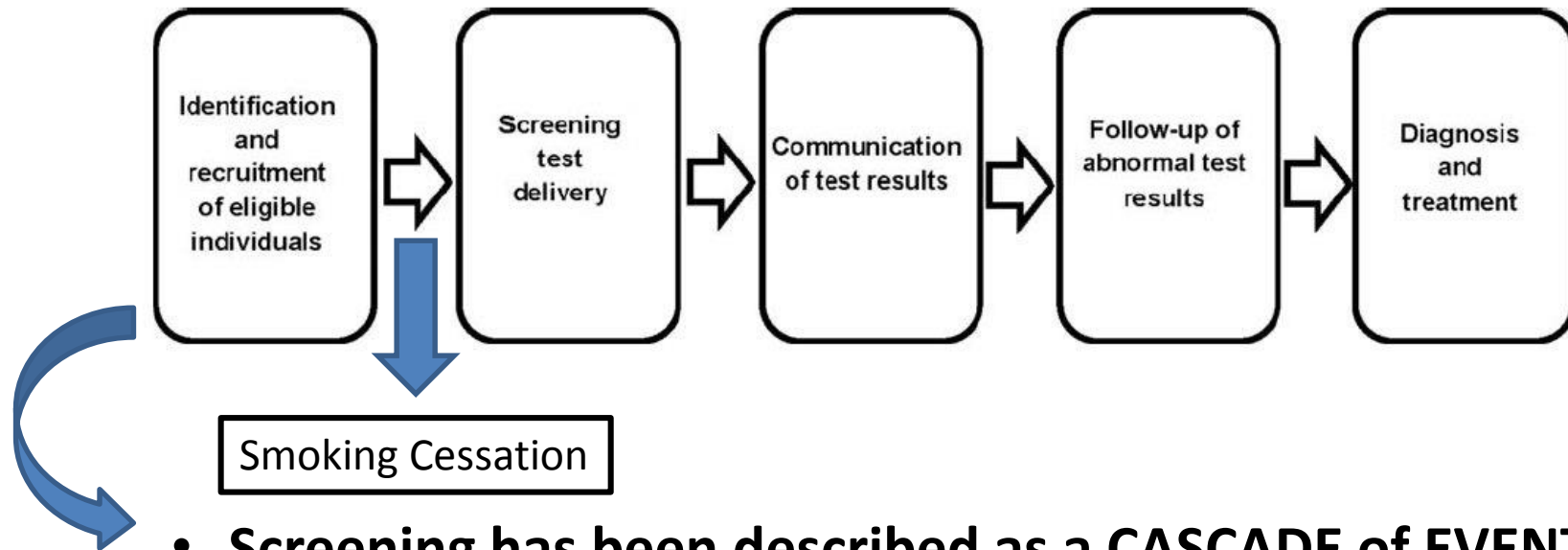
**National Cancer Policy Forum**

**June 21, 2016**

**Robert A. Smith, PhD  
American Cancer Society  
Atlanta, GA**

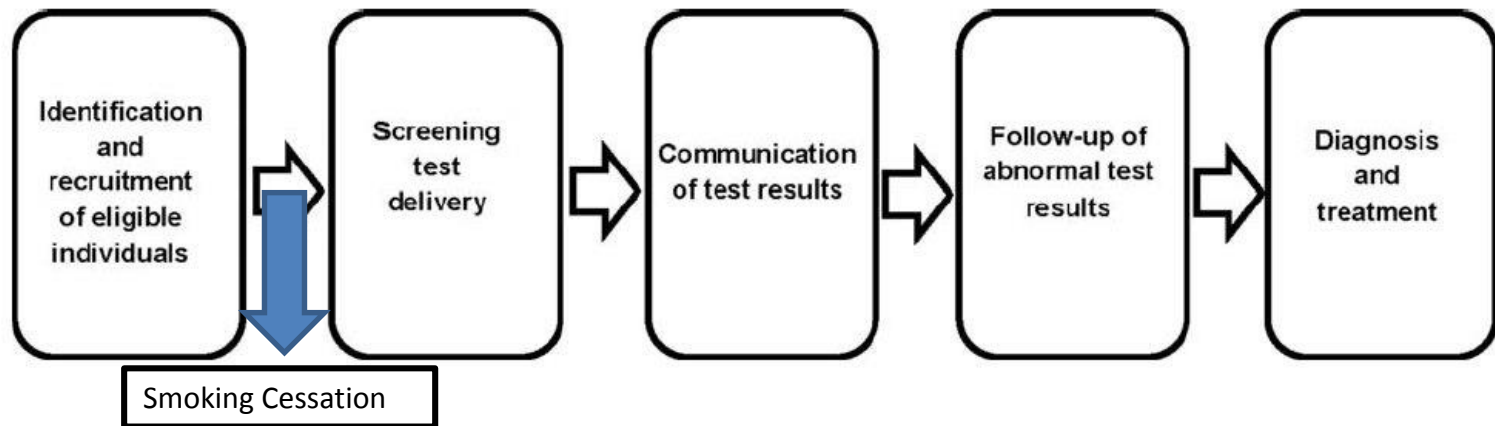


# Steps in the Screening Process



- **Screening has been described as a CASCADE of EVENTS**
- **Screening works best when it is ORGANIZED**
- **Organized screening means a SYSTEM is in place**
- **A SYSTEM means RULES, ROLES, AND RELATIONSHIPS**
- **The absence of organized screening in the U.S. means we are challenged to impose “elements of organization” where possible**

# Steps in the Screening Process



- Lessons Learned From Other Screening Tests
  - Years after implementation, each of these steps (EVENTS) has enduring, important shortcomings, and disparities
  - They are well understood, *but they persist*, with no central authority charged with improving all steps in the CASCADE
  - The challenge that remains is to collectively identify problems, collectively identify solutions, advocate for change and implementation
  - Identifying needs and challenges is something we do well ...not doing anything about them is unacceptable

# National Lung Cancer Screening Roundtable

- The CMS Coverage Decision provides a unique opportunity to accelerate progress in reducing lung cancer mortality—linking quality to reimbursement
- ACS has taken the initial steps to bring key national organizations together to address the challenges we've discussed at this workshop through a **National Lung Cancer Screening Roundtable (NLCSR)**.
- The ultimate goal of the National Lung Cancer Screening Roundtable is to reduce lung cancer mortality by insuring that adults at significant risk have access to high quality screening.



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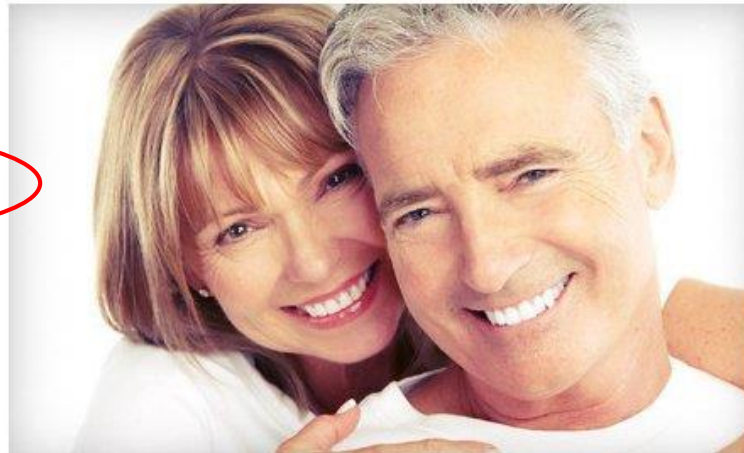
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### In a Nutshell

Advanced CT scanner obtains diagnostic images that can show internal warning signs and help patients thwart major disease and illness

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# National Lung Cancer Screening Roundtable Membership

- American Association for Thoracic Surgery
- American Cancer Society
- American Cancer Society Cancer Action Network
- American College of Chest Physicians (or “Chest”)
- American College of Physicians
- American Academy of Family Physicians
- American College of Radiology
- American College of Surgeons’ Commission on Cancer
- American Lung Association
- American Roentgen Ray Society
- American Society of Clinical Oncology
- American Thoracic Society
- Centers for Disease Control and Prevention
- Centers for Medicare and Medicaid Services
- Consumer Organizations (to be identified)
- Health Plan Organizations (to be identified)
- International Early Lung Cancer Action Program
- Lung Cancer Alliance
- National Alliance of Community Health Centers
- National Cancer Institute
- National Comprehensive Cancer Network
- National Medical Association
- Prevent Cancer Foundation
- Radiological Society of North America
- Society of Chairs of Academic Radiology Departments
- Society of Thoracic Radiology
- The American Association of Physicists in Medicine
- The Fleischner Society
- The Society of Thoracic Surgeons
- **Others**





## Core Roundtable Operating Principles

### ***Don'ts***

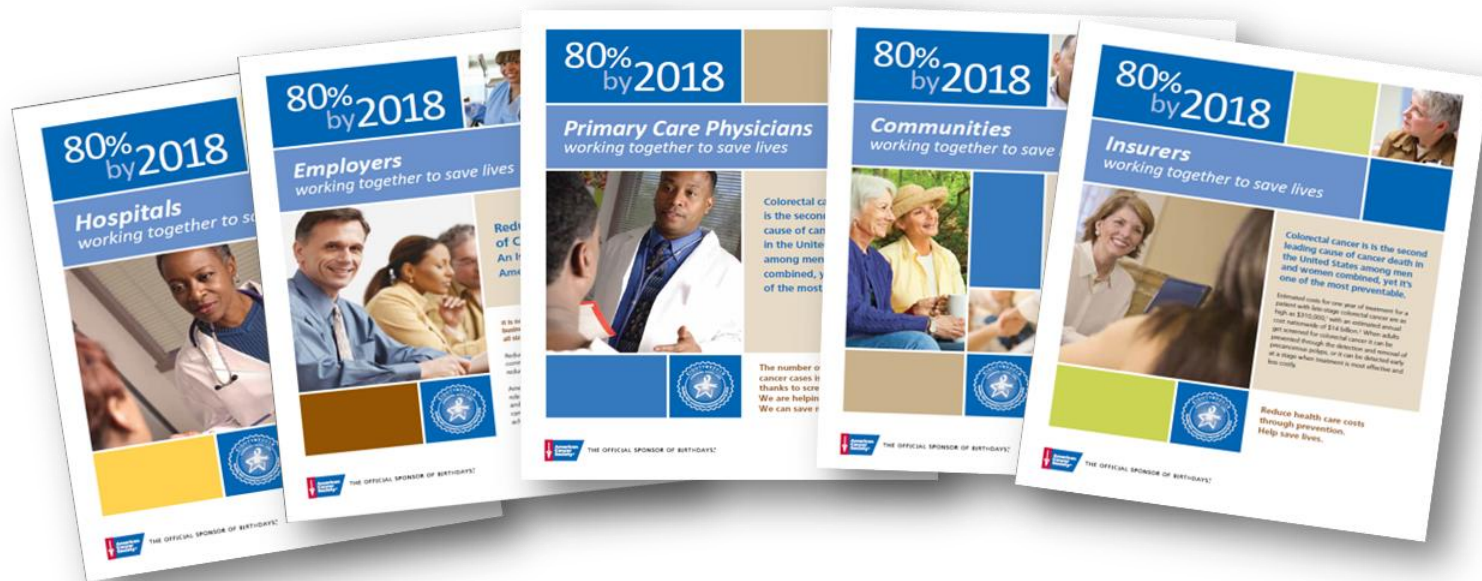
- Duplicate member organization roles
- Compete with member organizations
- Take on positions or projects that are in conflict with member organizations
- *Keeping key groups at the table is the higher priority*

### ***Do's***

- Provide the “Big Tent”
- Serve as a Forum
- Be the “Go To” organization
- Challenge the membership to be participatory
- Identify unmet needs (GAPS)
- Identify unforeseen challenges
- Stimulate collaborations to address those needs
- Support projects best conducted by the Roundtable



# Example—NCCRT 80% by 2018 Briefs



**What can... primary care doctors, hospitals, insurers, employers, community organizations, gastroenterologists and endoscopists, women's health providers, and survivors and families... do to achieve 80% colorectal cancer screening by 2018?**

Available at [www.nccrt.org](http://www.nccrt.org)