



**NLCRT**  
NATIONAL LUNG CANCER ROUNDTABLE

# 2021 Annual Meeting

## EXECUTIVE SUMMARY

December 6-7, 2021

# NLCRT 2021 Annual Meeting Executive Summary

## Disparities to Equity: Moving the Needle on Lung Cancer

The [American Cancer Society National Lung Cancer Roundtable](#) (NLCRT) convened its 5<sup>th</sup> annual meeting on December 6-7, 2021. The two-day virtual conference included a comprehensive series of speakers and panelists who shared the latest research, knowledge, and best practices in the field. The theme of the 2021 conference, ***Disparities to Equity: Moving the Needle on Lung Cancer***, featured the work of those who are shaping a more equitable direction to lung cancer care and control in areas such as risk reduction, early detection, tobacco prevention and treatment, diagnosis and therapy, survivorship, policy, and state-based initiatives. The overarching goal of the conference was to address the determinants of cancer-related health disparities to advance health equity across the lung cancer continuum. The conference was highlighted by two keynote presentations with expert panelists. In addition, the NLCRT showcased its strategic priority committees' work and initiatives that focus on eliminating lung cancer stigma, promoting lung cancer screening implementation, uptake, adherence, and optimizing lung cancer biomarkers in practice.

The NLCRT is a national consortium of more than 170 member organizations that are working together to create lung cancer survivors and improve the quality of life for those at risk for and diagnosed with lung cancer, and their families. We engage volunteer experts in multidisciplinary collaborations that drive the national conversation, catalyze action so we can create, build, and strengthen innovative solutions, and develop and disseminate evidence-based interventions and best practices. Our collective power and expertise propel us to take on challenges that reduce the impact of lung cancer through risk reduction, tobacco prevention and control, early detection, improved lung cancer imaging, assurance of optimal diagnosis to position patients for appropriate therapy and care, elimination of lung cancer-related stigma, and strengthening state-based initiatives. Through the efforts of our [10 strategic priority task groups](#) that focus on different aspects of lung cancer, we drive progress faster than working alone to overcome cancer control challenges, to accelerate change, and to address the determinants of cancer-related health disparities to advance health equity across the lung cancer continuum. This is the unique role of the NLCRT.

**Session 1** of the conference began with NLCRT Chair Ella Kazerooni, MD, MS, University of Michigan, who welcomed the participants and highlighted the work of the NLCRT and those dedicated to the future of lung cancer care and control. Next, Ms. Ida Pittman, Ms. Helena Price, and Cherie Erkmen, MD, Temple University, recounted their shared story of successful lung cancer detection and survivorship.

**Session 2** of the conference was the keynote address given by Monica Webb Hooper, PhD, Deputy Director of the National Institute on Minority Health and Health Disparities. The title of her presentation was *Racial and Ethnic Disparities in Lung Cancer: Tobacco & Key Root Causes*. She described the scientific evidence, needs, gaps, contributing factors, and structural racism causes of disparities around lung cancer detection and treatment in minority populations. A key point of the

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presentation was that equity was a key ingredient to the ultimate elimination of health disparities. The keynote was followed by short presentations from the keynote panel members. Dr. Webb Hooper's presentation was followed by presentations from the following keynote panel members: Ms. Jill Feldman, EGFR Resisters; Louis Penner, PhD, Karmanos Cancer Institute; David Cooke, MD, University of California, David Medical Center; and John Williams, MD, President's Cancer Panel.

**Session 3** featured a series of nine rapid-fire presentations on *Promoting Equity through Reaching Diverse and Vulnerable Populations*. The first presentations described the geographic access to lung cancer screening facilities and the necessity for understanding the populations eligible for screening. The following presentations described barriers to screening and interventions and solutions for increasing lung cancer screening detection and treatment.

**Session 3** also contained eight rapid-fire presentations that focused on *Innovations and Advancements in the Lung Cancer Field*. The presentations described how advancing payment models and harnessing EMR systems could increase screening uptake, how molecular screening and biomarker testing could improve diagnoses, and how other initiatives and programs were improving patient care. Day 1 concluded with final remarks from Dr. Kazerooni.

The Day 1 session recordings can be accessed in the table below.

| <b>December 6 - Day 1 Session Presentations and Video Links</b>   |
|---|
| <b>Session 1 - <a href="#">Welcome to the NLCRT 5th Annual Meeting and Opening Session</a></b>  |
| <ul style="list-style-type: none"><li>• Opening Remarks – Ella Kazerooni, MD, MS, University of Michigan, NLCRT Chair</li><li>• Patient Advocate Video Story – Ida Pittman, Helena Price, and Cherie Erkmen, MD, Temple University</li></ul>  |
| <b>Session 2 - <a href="#">Keynote Address and Expert Panel</a></b><br><i>Deconstructing Disparities to Prevent and Cure Lung Cancer</i>  |
| <ul style="list-style-type: none"><li>• Keynote: Racial and Ethnic Disparities in Lung Cancer: Tobacco &amp; Key Root Causes – Monica Webb Hooper, PhD, National Institute on Minority Health and Health Disparities</li><li>• Reaching Health Equity: Real-World Suggestions for Action – Jill Feldman, EGFR Resisters</li><li>• Impact of Implicit Bias and Race-Related Attitudes in Healthcare Delivery and Outcomes – Louis Penner, PhD, Karmanos Cancer Institute</li><li>• Spearheading the End of Racial Inequities and Social Constructs to Aid in the Prevention and Cure of Lung Cancer – David Cooke, MD, University of California, Davis Medical Center</li><li>• Cancer Screening EQUITY: A Public Policy Perspective – John Williams, MD, President's Cancer Panel</li></ul> |
| <b>Session 3 Part 1 - Rapid-Fire Presentations</b><br><b><a href="#">Promoting Equity through Reaching Diverse and Vulnerable Populations</a></b>   |

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- Geographic Access to Lung Cancer Screening Among Eligible Adults Living in Rural and Urban Environments in the US – Liora Sahar, PhD, GRACE GIS
- Lung Cancer is Just Different: Understanding the Population is the First Step in Reducing Disparities – Gerard Silvestri, MD, MS, Medical University of South Carolina
- Understanding the Hispanic Health Paradox in the Context of Lung Cancer – Heidi Hamann, PhD, University of Arizona
- Feasibility and Acceptability of a Collaborative Lung Cancer Screening Educational Intervention Tailored for Individuals with Serious Mental Illness – Kelly Irwin, MD, MPH, Massachusetts General Hospital
- Community Engagement Towards Increasing Lung Cancer Screening – Alexandra Potter, American Lung Cancer Screening Initiative
- Studying Trial Determinants of Success (STRIDES): Understanding Barriers and Facilitators to Clinical Trial Accrual Among Patients with Lung Cancer in the Deep South – Andrew Ciupek, PhD, GO<sub>2</sub> Foundation for Lung Cancer
- ACR Lung Cancer Screening Improvement Collaborative – Neville Irani, MD, University of Kansas Medical Center
- Kentucky Health Collaborative: Lung Cancer Screening, Detection, and Treatment Initiative – Timothy Mullett, MD, MBA, University of Kentucky
- ScreenNJ: A Statewide Prevention and Screening Program – Anita Kinney, PhD, RN, Rutgers Cancer Institute of New Jersey

## **Session 3 Part 2 - Rapid-Fire Presentations**

### ***Innovation and Advancement in the Lung Cancer Field***

- Advancing Payment Models Towards Lung Cancer Screening Uptake – A. Mark Fendrick, MD, University of Michigan
- Harnessing the EMR: Lung Cancer Screening Shared Decision-Making Tool Integration into EPIC – Tanner Caverly, MD, MPH, University of Michigan and Kensaku Kawamoto, MD, PhD, MHS, University of Utah
- Department of Veterans Affairs Lung Precision Oncology Program – Christopher Slatore, MD, MS, Oregon Health & Science University
- Molecular Screening and Early Diagnosis of Cancer – Sana Raouf, MD, PhD, Memorial Sloan Kettering Cancer Center
- Barriers to Equitable Biomarker Testing in Underserved Patients with NSCLC – Leigh Boehmer, PharmD, Association of Community Cancer Centers
- Small Cell Lung Cancer Initiative – Jennifer King, PhD, GO<sub>2</sub> Foundation for Lung Cancer
- Palliative Care Interventions as Optimal Lung Cancer Care – Jennifer Temel, MD, Massachusetts General Hospital
- Looking through the Equity Lens: Vulnerable Populations with Lung Cancer – Narjust Duma, MD, Dana-Farber Cancer Institute

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**Session 4** began the second day of the conference. NLCRT Vice-Chair, Douglas Wood, MD, University of Washington, gave his opening remarks and a recap of the key messages from Day 1. His perspectives were followed by a patient advocate story from Heidi Nafman-Onda, MS, and Pierre Onda, MD. The NLCRT remembered Pierre Massion, MD, and presented his family with the inaugural Distinguished Mentorship Award accompanied by a video of many testimonials from colleagues for his friendship, research leadership, and outstanding mentorship.

**Session 5** of the conference highlighted the second keynote panel conversation with Robert A. Winn, MD, Director of the Massey Cancer Center at Virginia Commonwealth University. His presentation was titled *Next Steps: Why Science, Structure, and Trust Matter in Reducing the Gap*. He described the next steps in achieving advancements in equitable lung cancer care through inclusive clinical research that is representative of various cultures at risk for lung cancer. Dr. Winn's presentation was followed by presentations from the following keynote panel members: Ms. Brandi Bryant, Team Draft; Manali Patel, MD, MPH, MS, Stanford University; Marshall Chin, MPH, University of Chicago; and Nicole Richie, PhD, Genentech.

**Session 6** featured nine short presentations on *NLCRT Highlights – Priority Initiatives*, including five presentations on the National Campaign to End Lung Cancer Stigma and four presentations on the National Initiative for Optimizing Lung Cancer Biomarkers and Practice.

**Session 7** featured *NLCRT Highlights – Priority Projects* and consisted of five presentations on key projects for educating the lung cancer community about screening and multimodal interventions, helping states to build lung cancer coalitions, and helping providers and health systems to model the financial impacts of lung screening and nodule management programs with the new NLCRT tool called **LungPLAN**. The conference closed with remarks by Dr. Kazerooni and Dr. Wood.

The Day 2 session recordings are listed in the table below.

| <b>December 7 - Day 2 Session Presentations and Video Links</b>  |
|--|
| <b>Session 4 - <a href="#"><u>Welcome to Day 2 of the NLCRT 5th Annual Meeting</u></a></b>   |
| <ul style="list-style-type: none"><li>• Opening Remarks by Douglas Wood, MD, NLCRT Vice Chair</li><li>• Patient Advocate Video Story – Ms. Heidi Nafman-Onda and Dr. Pierre Onda, The White Ribbon Project</li><li>• NLCRT Remembrance of Pierre Massion, MD, and Presentation of NLCRT Distinguished Mentorship Award</li></ul> |

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## December 7 - Day 2 Session Presentations and Video Links

### Session 5 - [Keynote Address and Expert Panelist Presentations](#)

- Next Steps: Why Science, Structure, and Trust Matters in Reducing the Gap – Robert A. Winn, MD, Massey Cancer Center at Virginia Commonwealth University
- My Survivorship Story – Brandi Bryant, Team Draft
- Unity With Community – Manali Patel, MD, MPH, MS, Stanford University
- Advancing Health Equity Through Payment Reform – Marshall Chin, MD, MPH, University of Chicago
- Genentech’s Commitment to Health Equity – Nicole Richie, PhD, Genentech

### Session 6 Part 1 - [NLCRT Highlights - Priority Initiatives](#) [Campaign to End Lung Cancer Stigma - A National Initiative](#)

- Overview of the Campaign, Summit, and Future – Lisa Carter, PhD, APRN, Memorial Sloan Kettering Cancer Center
- Lung Cancer Stigma and the Veterans Community – James Pantelas, Veterans Health Administration
- IASLC Language Guide – Kristin Ito, International Association for the Study of Lung Cancer
- Empathic Communications Skills Training – Jamie Ostroff, PhD, Memorial Sloan Kettering Cancer Center
- Lung Cancer Stigma Health System Assessment Guide – Jamie Studts, PhD, University of Colorado

### Session 6 Part 2 - [NLCRT Highlights - Priority Initiatives](#) [Optimizing Lung Cancer Biomarkers in Practice - A National Initiative](#)

- Biomarker Testing Guidelines Consensus Panel – M. Patricia, MD, University of North Carolina at Chapel Hill
- Biomarker Testing Playbook – Bruce Johnson, MD, Dana-Farber Cancer Institute
- Biomarker Testing Turnaround Time – Ignacio Wistuba, MD, MD Anderson Cancer Center
- Addressing Comprehensive Lung Cancer Biomarker Testing through Project ECHO – Raymond Osarogiagbon, MBBS, Baptist Cancer Center

### Session 7 - [NLCRT Highlights - Priority Projects](#)

- Lung Cancer Screening Webinar & Podcast Series for the Lung Cancer Community – Efren Flores, MD, Massachusetts General Hospital

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## December 7 - Day 2 Session Presentations and Video Links

- State-Based Lung Cancer Coalition-Building Guide – Jessica Olson, PhD, MPH, Medical College of Wisconsin
- Partnership with American Academy of Family Physicians – Robert Volk, PhD, MD Anderson Cancer Center
- Multimodal Intervention Strategies to Improve Lung Cancer Screening for Women Undergoing Breast Screening – Kim Sandler, MD, Vanderbilt University Medical Center
- LungPLAN: Projecting Lung Assessment Needs – Carey Thomson, MD, MPH, Mount Auburn Hospital/Beth Israel Lahey Health and Curt Magnuson, MBA, FiscalHealth Group

## Session Highlights

Monday, December 6, 2021

### Day 1, Session 1 of 7: Welcome and Opening Session

The first session of the conference began with a welcome message and a patient story video. The chair of the NLCRT, Ella Kazerooni, MD, MS, opened the conference by reviewing the goals, operations, new members, and Task Group priorities of the Roundtable. Then she introduced the theme of the conference, **Disparities to Equity: Moving the Needle on Lung Cancer**, which was centered on building equitable lung cancer control and care for everyone. Finally, she introduced the patient stories and closed by thanking the conference sponsors.

Next, Ms. Ida Pittman, a lung cancer survivor, and her cousin and caregiver, Ms. Helena Price, were introduced by Cherie Erkmen, MD, from the Temple University Hospital. The Temple lung cancer screening program had a goal of providing patients with a shared decision-making visit, screening, and follow-up care coordination in a single visit so that patients could return to their homes and working lives as soon as possible. With the help of the Temple program, Ms. Pittman was able to stop using tobacco and treat her early cancer diagnosis successfully.

### Day 1, Session 2 of 7: Keynote Address and Moderated Expert Panel

In the second session of Day 1, Monica Webb Hooper, PhD, gave a keynote presentation on *Racial and Ethnic Disparities in Lung Cancer: Tobacco & Key Root Causes*. Two key messages in her presentation were that disparities in lung cancer incidence, detection, and treatment were historically linked to discrimination or exclusion and that creating equity is a key ingredient required for the ultimate elimination of health disparities.

The keynote presentation was followed by four short presentations by expert panelists. The first presentation by Ms. Jill Feldman provided real-world suggestions for actions to achieve health equity. The second presentation by Louis Penner, PhD, reviewed the impact of implicit bias and race-related attitudes in healthcare delivery and outcomes. The third speaker, David Cooke, MD, showed the historical disparities in screening eligibility for African Americans and how the new 2021 USPSTF lung cancer screening eligibility recommendation increased the relative percentage of people eligible for screening by more than 100% for Black and Hispanic adults compared with the previous 2013 USPSTF recommendation. Finally, the fourth presentation by John Williams, MD, provided a public policy perspective on cancer screening equity and highlighted the effectiveness of the roundtable model for promoting health equity. He identified policy opportunities in improving and aligning communications, facilitating equitable access to screening services, building a screening workforce, and building effective IT systems to support screening and risk assessment activities.

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## Day 1, Session 3 of 7: Examining Disparities and Equity in Lung Cancer Across the Care Continuum

The third session of the day was divided into two parts. The first set of presentations focused on *Promoting Equity Through Reaching Diverse and Vulnerable Populations*, and the second focused on *Innovation and Advancement in the Lung Cancer Field*.

### ***Promoting Equity through Reaching Diverse and Vulnerable Populations***

Speakers in the first set of rapid-fire presentations spoke on the existence and impacts of healthcare disparities among diverse and vulnerable populations.

The first presentation by Liora Sahar, PhD, showed how geographic analysis of access to lung cancer screening facilities could be used to highlight access disparities across the United States. A significant number of Americans do not have access to lung cancer screening facilities within a 20-mile distance. The second presentation by Gerard Silvestri, MD, MS, discussed how populations affected by disparities are different than the general population in many ways (prevalence, screening, diagnosis, adherence) that must be addressed to improve health equity. The third presentation by Heidi Hamann, PhD, showed evidence that the Hispanic Health Paradox also exists for lung cancer mortality, and the fourth presentation by Kelly Irwin, MD, MPH, focused on cancer care disparities that contribute to premature cancer mortality among those with serious mental illnesses.

The fifth presentation by Alexandra Potter described multiplatform, multi-channel interventions and activities that increased awareness and community engagement around lung cancer screening among legislators, mayors, communities, and university students. The sixth presentation by Andrew Ciupek, PhD, showed evidence that Black, Hispanic, and Asian Americans with lung cancer are underrepresented in clinical trials leading to immunotherapy approvals and that a mixed-method approach with multi-level interventions holds promise to mitigate the issue. The seventh presentation by Neville Irani, MD, described methods for creating equitable health outcomes in the lung cancer field by improving screening practices and programs. The eighth presentation by Timothy Mullett, MD, MBA, described how lung cancer disparities were being addressed by various programs in Kentucky, and the ninth and final speaker, Anita Kinney, PhD, RN, described how the statewide *ScreenNJ* program was addressing lung cancer screening disparities in underserved populations in New Jersey.

### ***Innovation and Advancement in the Lung Cancer Field***

Speakers in the second part of the rapid-fire session focused on innovative approaches and advancements in the areas of lung cancer screening, testing, diagnosis, and treatment.

The first presentation by A. Mark Fendrick, MD, in the session outlined how better payment models and value-based insurance designs with better cost-sharing policies could improve the uptake of follow-up procedures after abnormal screening results. The second presentation by Tanner Caverly,

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MD, MPH, and Kensaku Kawamoto, MD, PhD, MHS, showed how using individualized information from electronic health records systems in the form of an EHR-integrated risk-calculator app could help to identify minorities who could benefit the most from screening. The third presentation by Christopher Slatore, MD, MS, described the Veterans Affairs Lung Precision-Oncology Program for increasing access to lung cancer screening processes for veterans in a systematic, integrated, and equitable way. The fourth presentation by Sana Raoof, MD, PhD, described new advances in the future of lung cancer screening using liquid biopsy methods based on analyzing methylation patterns on DNA fragments of different lengths.

Leigh Boehmer, PharmD, served as the fifth presenter and described barriers to equitable biomarker testing faced by underserved patients, including gaps in provider education and a lack of clinical practice models for guideline-concordant testing procedures. The sixth presentation by Jennifer King, PhD, described the Small Cell Lung Cancer Initiative that was formed to reach, educate, and engage the small population of SCLC patients and their families. The seventh presentation by Jennifer Temel, MD, described how palliative care is an essential component of optimal lung cancer care because it can help to manage physical and psychological symptoms and treatment side effects for patients who are near the end of their life. Finally, the eighth presentation by Narjust Duma, MD, described disparities in lung cancer care for women, for the LGBTQIA+ community, for the incarcerated, and for the undocumented people living in the United States.

Day 1 ended with closing remarks by the NLCRT chairperson.

## Tuesday, December 7, 2021

The second day consisted of sessions that provided opening remarks, a patient story, remembrance of a dear member of the lung cancer community, a keynote presentation with expert panelists, and two final sessions that highlighted NLCRT priority initiatives and NLCRT priority projects in the lung cancer field.

### Day 2, Session 4 of 7: Welcome, Patient Advocate Story, and Remembrance

Day 2 began with a recap of key messages from Day 1 by Douglas Wood, MD, and was followed by a second inspirational patient advocate story of the founding of the White Ribbon Project by husband and wife, Ms. Heidi Nafman-Onda and Dr. Pierre Onda. The NLCRT remembered Pierre Massion, MD, director of the Cancer Early Detection and Prevention Initiative at the Vanderbilt Ingram Cancer Center and an internationally-known thought leader in the lung cancer field. NLCRT leadership presented Dr. Massion's family with its inaugural Distinguished Mentorship Award and testimonial video that offered sincere words of thanks, love, and friendship for his decades of contributions of impactful and ground-breaking research and outstanding mentorship.

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## Day 2, Session 5 of 7: Keynote Address and Expert Panelists

**Session 5** of the conference was a moving keynote presentation by Robert A. Winn, MD, who presented on *Next Steps: Why Science, Structure, and Trust Matters in Reducing the Gap*. The presentation reviewed the 50-year history of disparities in cancer care since the 1971 National Cancer Act that established NCI-designated Cancer Centers to translate scientific knowledge from promising laboratory discoveries into new treatments for cancer patients. The presentation identified many disparities that still exist and gave nine suggestions for how to close the gap in cancer care.

Following the keynote presentation, four panelists gave their perspectives on the disparities gap. The first presenter, Ms. Brandi Bryant, recounted her cancer care journey from initial symptoms through diagnosis, biomarker testing, and treatment to become a lung cancer advocate. The second panelist, Manali Patel, MD, MPH, MS, discussed ways to achieve equity by using partnerships to deliver high-quality cancer care through all phases of the disease: risk reduction, detection, diagnosis, treatment, survivorship, and end-of-life care. The third presentation by Marshall Chin, MD, MPH, focused on how to advance health equity by reforming the payment systems in ways that addressed structural racism and the social determinants of health. The last presentation by Nicole Richie, PhD, described how disparities in health are complex and ways in which Genentech is focusing on the three priority areas of inclusive research, equity in care, and workforce diversity to advance a more fair and just healthcare system.

## Day 2, Session 6 of 7: NLCRT Priority Initiatives

**Session 6** of the conference included two sets of presentations offered by the committees who are leading the work on NLCRT Priority Initiatives. The first set of presentations focused on the *National Campaign to End Lung Cancer Stigma*, and the second set of presentations focused on the *National Initiative for Optimizing Lung Cancer Biomarkers in Practice*.

### ***Campaign to End Lung Cancer Stigma – A National Initiative***

Lisa Carter, PhD, APRN, offered the first presentation that reviewed the history of the Campaign to End Lung Cancer Stigma and its development, implementation, and evaluation of interventions to reduce stigma throughout the lung cancer continuum. The second presentation by James Pantelas reviewed the history and psychology of smoking among Veterans, emphasizing the psychological appeals of safety, reward, and equality that were associated with tobacco use in the military. The third presentation by Kristin Ito shared how the language around lung cancer could be used to create positive change in the cancer community by eliminating blame and emphasizing person-first and stigma-free language. The next presentation by Jamie Ostroff, PhD, described the findings of pilot studies that showed how empathic communication skills training could reduce lung cancer stigma among providers and patients. And the final presentation by Jamie Studts, PhD, described a new *Lung Cancer Stigma Biopsy Toolkit* that will be available to individuals and healthcare systems to identify

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stigmatizing language and imagery in their communications that could undermine the expression of empathy, compassion, and support through the patient's cancer journey.

## ***Optimizing Lung Cancer Biomarkers in Practice - A National Initiative***

The second set of presentations in Session 6 focused on the use of lung cancer biomarkers in clinical practice to drive the use of appropriate and timely therapy.

M. Patricia Rivera, MD, offered the first presentation that provided highlights about the development of a consensus statement on the use of biomarker testing that was identified as a priority item in the 2020 National Summit on Optimizing Lung Cancer Biomarkers in Practice. The second presentation by Bruce Johnson, MD, described the development of a Biomarker Testing Playbook (also identified as a priority item in the 2020 summit) that would guide the development of educational materials and initiatives with uniform content and provide new solutions to reduce the turnaround time of biomarker testing results. The third presentation by Ignacio Wistuba, MD, focused on the goal of large-scale utilization of guidelines and algorithms that could deliver biomarker testing results with short turnaround times to help guide timely therapeutic decisions. The fourth and final presentation by Raymond Osarogiagbon, MBBS, described how a pilot project led by NLCRT and the American Cancer Society that utilizes the ECHO model, which equips medical teams with the right knowledge in the right place at the right time, is addressing provider- and system-level barriers to the successful use of biomarker testing at institutions.

## **Day 2, Session 7 of 7: NLCRT Highlights – Priority Projects**

**Session 7** was the last session of the conference and highlighted several NLCRT Priority Projects that are led by Task Groups.

Efren Flores, MD, offered the first presentation that described a 7-part lung cancer webinar series and the launch of a joint podcast channel from the NLCRT and the American College of Radiology - [Pleural Space | Conversations in Lung Cancer](#). This multi-channel series is intended to help providers and patients understand the barriers and challenges to seeking equitable access to screening under the updated USPSTF lung cancer screening recommendation. The second presentation by Jessica Olson, PhD, MPH, described a new planning tool to help state-based lung cancer coalitions to get the maximum bang-per-buck from their initiative and coalition-building efforts. The third presentation by Robert Volk, PhD, described a 2-year partnership with the American Association of Family Physicians ([AAFP](#)) to complete an environmental scan of current lung cancer shared decision-making tools, conduct a survey of AAFP members to learn about their knowledge of and practices related to screening, and create a new suite of decision aids and supplemental resources to promote lung cancer screening in various primary care settings and patient groups. The fourth presentation by Kim Sandler, MD, described the CALM project, which has the goal of *Coordinating A Lung Cancer Screening with Mammography* to increase lung cancer screening rates and convenience for eligible patients who are

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identified via mammography programs. The final presentation of the conference introduced the new and powerful LungPLAN (Projecting Lung Assessment Needs) business tool that healthcare systems can use to explore the financial impact of customized lung screening and nodule management programs in their local healthcare settings.

### Conference Concluding Remarks

The conference ended with closing remarks made by the Chair and Vice-Chair of the NLCRT, who highlighted the quality of the conference presentations that focused on different aspects of the conference theme ***Disparities to Equity: Moving the Needle on Lung Cancer***, and thanked the advocates for their inspirational stories, the sponsors for their financial support, and all attendees for their participation in the fight against lung cancer.

# Thank you to our NLCRT Sponsors!

