American Cancer Society®

NATIONAL LUNG CANCER ROUNDTABLE

ACS NATIONAL LUNG CANCER ROUNDTABLE

ANNUAL MEETING

DECEMBER 8-9
GRAND HYATT BUCKHEAD
ATLANTA, GA

Introduction

The American Cancer Society National Lung Cancer Roundtable (ACS NLCRT) Steering Committee, Task Group Leads, and Annual Meeting Planning Committee were proud to host the 9th Annual Meeting and Task Group working sessions at the Grand Hyatt Atlanta in Buckhead on December 8–9, 2025. In the spirit of creating lung cancer survivors, the ACS NLCRT convened a multidisciplinary group of 241 clinicians, researchers, public health leaders, patient advocates, and policymakers from 202 collaborating member organizations representing medical, advocacy, government, community, and corporate organizations. United by a shared commitment to reducing lung cancer mortality and improving outcomes, participants gathered to advance evidence-based strategies across the lung cancer continuum.

Through coordinated leadership, strategic initiatives, and cross-sector engagement, the ACS NLCRT continues to drive progress toward equitable access to lung cancer early detection (screening and nodule management), tobacco prevention, staging, biomarker testing, and treatment to support survivorship and increase access to care. The Annual Meeting serves as a forum for sharing emerging evidence, elevating lived experiences, examining policy and practice challenges, and translating insights into action.

Over two days, participants engaged in keynote presentations, general sessions, and two series of topic-specific concurrent sessions addressing survivorship, screening, care delivery, research, communication, and state-based initiatives. Concurrent sessions covered the following topics:

- How to Build and Run a Lung Cancer Survivorship Clinic
- Steps Guide for Increasing Lung Cancer Screening: A Manual for Primary Care
- Evolving Landscape of Multidisciplinary Care & Treatment Paradigms
- Lung Cancer Research Updates: Part 1
- Public Health & Health Systems Communication
- Care Navigation Across the Lung Cancer Continuum
- Lung Cancer State-Based Initiatives
- Lung Cancer Research Updates: Part 2

In addition, plenary sessions highlighted policy and advocacy updates, showcased national and organizational partnership-based initiatives, detailed global efforts including the 2025 WHO Integrated Lung Health Resolution, and introduced the decision-making process used by multidisciplinary tumor board panels. Patient and caregiver perspectives were integrated

throughout the agenda, reinforcing the importance of centering lived experience in lung cancer care and systems change.

This document provides an overview of the 9th ACS NLCRT Annual Meeting, including selected session summaries and key themes that emerged from the discussions.

Reimagining Lung Cancer Survivorship

Keynote Lecture

In her keynote address, Stacy Wentworth, MD described how a cancer diagnosis marks a transition into a period focused on active treatment. During this phase, navigation supports patients in managing care and logistics. Survivorship is the phase that follows, when patients begin to reenter life while remaining connected to ongoing medical care. It sits outside the intensity of early treatment and focuses on living with and after a cancer diagnosis. She emphasized that survivorship should be a standard of care using an opt-in rather than an opt-out approach and should be designed as an expected part of lung cancer care.

From a provider perspective, medical surveillance remains a central component of survivorship that focuses on determining whether cancer has recurred through exams, imaging, and laboratory testing. At the same time, Dr. Wentworth noted the importance of education and engagement. Support groups, physical therapy, tobacco cessation, and palliative care are all central components of survivorship care. She highlighted that survivorship care is not one-size-fits-all and should be delivered in a person-centered, integrated way.

Dr. Wentworth noted that survivors often want clear guidance on what they can do to improve quality of life and manage ongoing health concerns. She emphasized the importance of ensuring that all patients have access to survivorship care while avoiding any unnecessary burden or duplication. Survivorship care should provide equal opportunity for support without assuming that every patient has identical needs. She also remarked on care coordination as a key consideration, and the importance of clarifying who is responsible for different aspects of ongoing care as patients move into the survivorship phase.

Dr. Wentworth touched on the survivorship clinic workflow developed at Atrium Health, Wake Forest with the support of a physician and IT champion. Patients diagnosed with lung cancer move into survivorship through a defined pathway after completing treatment. She described that patients who receive surgery, radiation, or combined chemotherapy and radiation are seen at a one-month follow-up visit and then transferred directly into survivorship care. She

emphasized that this approach ensures every patient has a plan for survivorship, and that the goal is to support them as survivors over the long term, not to treat them indefinitely as patients with cancer.

She also discussed the survivorship referral process that was developed and built directly into the electronic medical record to support consistent and efficient transitions into care. Referrals are made internally by surgical oncology, radiation oncology, or medical oncology using a streamlined process designed to be simple for clinicians to use. Auto-population of disease site and treatment modality helps ensure appropriate routing, while centralized scheduling supports standardized entry into the survivorship clinic.

Preparation for the first survivorship visit begins before patients arrive. Patients have access to an introductory video that explains what survivorship is and why the transition is occurring, helping set expectations for the visit. Patients are also asked to complete patient-reported outcomes in advance, including the distress thermometer and the PROMIS-29, a standardized patient-reported outcomes measure. Collecting this information ahead of time helps streamline visits and focus discussion on patients' day-to-day concerns.

Dr. Wentworth shared results from the first three years of Atrium Health's survivorship program. The clinic served a geographically diverse group of survivors, including many individuals from surrounding rural counties, as well as an older patient population with ongoing health needs. Survivorship visits and treatment summaries were frequently described as helpful, and many patients reported improved understanding of their treatment history and side effects after these visits. Patients also reported feeling better prepared to manage ongoing symptoms and to know when to seek additional support as they transitioned into survivorship care.

Common quality-of-life concerns identified through survivorship assessments included pain, anxiety, depression, and decreased physical function. Dedicated survivorship clinics played an important role in connecting patients with appropriate healthcare resources to address these needs. Outcomes were similar across treatment groups, suggesting that survivorship care was relevant regardless of treatment modality. Overall, patient feedback reflected high satisfaction with survivorship visits and care plan discussions.

Dr. Wentworth concluded with evidence supporting a family-centered approach to survivorship, noting that patients and caregivers experience survivorship as a shared transition that involves joint self-management and emotional adjustment. She also noted that clinicians have different views on how survivorship care should be delivered, and it is important to consider these perspectives when designing survivorship programs.

Policy and Advocacy Update for the Lung Cancer Community

The session provided an update on federal and state policy developments affecting the lung cancer community, with a focus on funding, insurance coverage, prevention, and advocacy priorities. The discussion was moderated by Katie McMahon, MPH, and featured contributions from Brandon Leonard, MA, Thomas Carr, Elridge Proctor, MPH, and Cori Chandler, MPA (presentation delivered by Katie McMahon).

Brandon Leonard opened with an overview of the federal policy landscape over the past year, focusing on congressional funding decisions. He described how repeated continuing resolutions resulted in flat funding for many agencies, including the National Institutes of Health, while creating greater challenges for others. He explained that much of Congress's time and attention was focused on the budget reconciliation package, commonly referred to as H.R. 1, which included significant Medicaid cuts. These changes involve reductions in funding and eligibility, along with new work requirements that will be phased in over time. Although the provisions are not taking effect immediately, they are expected to have substantial impacts on patients and on state budgets.

Leonard also discussed the 43-day government shutdown, which centered largely on efforts to extend enhanced Affordable Care Act premium tax credits. While Democrats secured a vote on extending those credits, the outcome remains uncertain, with multiple proposals still under consideration. He emphasized that uncertainty around whether the credits will be extended before they expire has created significant concern for patients and advocates. Leonard added that staffing reductions across federal agencies, particularly within the Department of Health and Human Services, have resulted in the loss of institutional knowledge and expertise, further complicating research and patient care efforts.

Elridge Proctor expanded on the implications of federal funding decisions for lung cancer research. She explained that the continuing resolution effectively eliminated dedicated funding for the Department of Defense Lung Cancer Research Program, despite 16 years of sustained investment supported by advocacy from the lung cancer community. Instead, lung cancer research funding has been folded into a competitive pool shared across multiple cancers, forcing advocates to return to a decades-old process of trying to restore funding that had already been secured. Proctor emphasized that current funding levels do not meet the needs or expectations of the lung cancer community and stressed the importance of continued advocacy to restore and increase research funding.

Thomas Carr spoke about prevention and early detection, after a challenging year for tobacco prevention and control. He explained that the Centers for Disease Control and Prevention's Office on Smoking and Health has been effectively dismantled following reductions in force, leaving little remaining capacity. Carr noted delays in renewing state tobacco control grants, which led to staffing losses and interruptions in services, and raised concerns that reduced federal capacity could weaken tobacco use surveillance over time. He also discussed uncertainty surrounding the U.S. Preventive Services Task Force, emphasizing the importance of maintaining access to evidence-based preventive services, including lung cancer screening.

Katie McMahon discussed how states are responding to recent federal policy changes and the pressure those changes are placing on state budgets. She highlighted recent policy wins, including legislation in New York and Maryland to expand coverage for lung cancer screening follow-up and biomarker testing coverage laws in 22 states. McMahon noted that attention is now shifting to implementation and enforcement and explained that Medicaid changes and uncertainty around premium tax credits are expected to drive state legislative agendas in the coming year. She also pointed to growing state interest in addressing medical debt and preserving access to no-cost preventive services.

The session concluded with a discussion of advocacy strategies and collaboration. Panelists highlighted the importance of building and sustaining relationships with policymakers at the federal and state levels and underscored the role of patient and caregiver stories in educating elected officials. Speakers emphasized coalition-based advocacy, coordinated outreach, and continued engagement as key tools for advancing lung cancer policy priorities in a challenging and uncertain policy environment.

Lost in Translation: Closing the Gap Between What We Say and What Patients Hear

Keynote Lecture

In her keynote address, Lisa Carter-Bawa, PhD, MPH, APRN, ANP-C, FAAN, FSBM examined how communication in lung cancer care often breaks down between what clinicians intend to convey and what patients actually hear. Drawing on more than two decades of work as a nurse practitioner and behavioral scientist, she emphasized that this gap is not a theoretical problem, but one that is costing lives in real time through missed screening, delayed diagnosis, and worse outcomes.

Dr. Carter-Bawa opened by reflecting on the phrase “because I said so,” describing it as a form of authority-driven communication that shuts down questions and prioritizes compliance over understanding. While this approach may have been accepted in earlier eras of medicine, she emphasized that it is deeply mismatched to modern expectations of shared decision-making and patient-centered care. In lung cancer, she stated, communication that echoes this paternalistic model is particularly harmful because it intersects with decades of stigma related to smoking and blame.

She illustrated the scope of the problem by reviewing lung cancer screening uptake compared with other cancers. While breast cancer screening rates approach 80 percent and colorectal cancer screening rates near 70 percent, lung cancer screening remains far lower, roughly 18 percent by generous estimates. She emphasized that access and cost alone do not explain this gap. Even among insured individuals who are eligible for screening, uptake remains extremely low, and many people eligible for lung cancer screening have never heard of it more than a decade after national recommendations were issued. Awareness, she stated, is a major barrier, and stigma is the barrier.

Dr. Carter-Bawa described how stigma is embedded in language, messaging, and silence, often unintentionally. Citing her team’s work using the Lung Cancer Stigma Communications Assessment Tool, she noted that stigmatizing language appeared in the majority of contemporary patient education materials reviewed, despite being developed by well-intentioned professionals. She then walked the audience through a common clinical scenario in which a guideline-concordant screening recommendation is delivered clearly and compassionately, but translated by the patient as blame, judgment, and urgency tied to perceived personal fault.

She explained how this translation leads to outcomes often labeled as “noncompliance,” including missed appointments, scan no-shows, and delays in follow-up. She stated that these behaviors are better understood as survival responses shaped by fear and shame. To illustrate this point, she shared the stories of two patients. One was a woman who delayed seeking care for months because she believed her clinician would see her as responsible for her illness, and who ultimately died of advanced lung cancer. The other was a man who had never smoked and described feeling compelled to prove his innocence after diagnosis, while simultaneously feeling guilty for being able to do so. Together, these stories highlighted how lung cancer stigma creates divisions even among patients.

Dr. Carter-Bawa then reviewed evidence showing that perceived stigma is associated with lower screening engagement, delayed symptom presentation, worse psychological outcomes

after diagnosis, and reduced adherence to treatment. She emphasized that stigma is highest among people who currently smoke, the same group most in need of screening and early intervention.

To address this, she introduced a framework describing three simultaneous conversations that occur in every lung cancer encounter: the clinical facts, the emotional subtext, and the patient's internal decision-making process. While clinicians excel at the first, she stated that failure in the second prevents the third from ever moving forward. Delivering accurate information in a context of shame, she emphasized, produces no behavior change.

She offered specific, practical guidance for changing communication, including avoiding identity labels such as "smoker," leading with opportunity rather than risk, and reframing questions about tobacco use to emphasize support rather than judgment. She tailored recommendations to clinicians, researchers, and advocates, urging changes in clinical language, research terminology, and public-facing messaging. She emphasized the importance of small pauses in conversations to clarify intent and to ensure patients hear care rather than blame.

Dr. Carter-Bawa concluded by asking participants to take concrete actions, including auditing language in materials they control, practicing translation before key conversations, addressing stigmatizing language when they hear it, and amplifying patient voices. She closed by emphasizing that while medicine cannot undo past harm, changing how clinicians and advocates speak is a choice that can save lives. Communication in lung cancer care can either reinforce stigma or create hope.

Lunch & Learn: 2025 WHO Integrated Lung Health Resolution Adopted During The World Health Assembly

The session focused on the World Health Organization (WHO) Integrated Lung Health Resolution, adopted at the 78th World Health Assembly in May 2025, and what it may mean for lung cancer and broader lung health efforts. The discussion was moderated by Ella Kazerooni, MD, MS, FACR, FACC, FSABI, and featured panelists Andrea Ferris, MBA, Joelle Fathi, DNP, Laura Kate Bender, and M. Patricia Rivera, MD, ATSF, FCCP.

Dr. Kazerooni opened the session by noting that the resolution is notable as the first time WHO has formally identified lung health as a standalone global priority. She described its emphasis on an integrated approach that spans communicable and noncommunicable lung diseases, including asthma, chronic obstructive pulmonary disease, and lung cancer, while

addressing shared risk factors such as tobacco use, air pollution, and occupational exposures. She emphasized the role of primary care as a key entry point for prevention, early detection, and ongoing care. Finally, she stated that the resolution is intentionally high level and not prescriptive, allowing Member States to consider how existing efforts could be better aligned.

Andrea Ferris described the resolution as a relatively short document and noted that, despite its length, it touches on many areas that lung cancer organizations are already working on. She pointed out that priorities such as care coordination and access to evaluation and treatment are familiar challenges within the lung cancer space. She also discussed the value of placing lung cancer alongside other lung diseases, such as COPD, noting that this broader framing could support earlier detection and help reduce some of the barriers lung cancer faces. She added that while many organizations are addressing parts of the resolution, those efforts are often happening separately rather than in a coordinated way.

Dr. Rivera explained that the resolution was the result of sustained advocacy by international respiratory societies working together through the Forum of International Respiratory Societies. She described how long it took for noncommunicable respiratory diseases to gain visibility within the WHO, which historically focused more heavily on infectious respiratory diseases. She emphasized that explicitly naming asthma, COPD, and lung cancer, along with shared risk factors, marked an important change in how lung diseases are recognized at the global level.

Dr. Rivera also spoke about early detection, focusing particularly on COPD. She described international work to standardize spirometry and develop tools such as a global lung health index to help identify risk earlier in life. She noted that in the United States, spirometry is not routinely recommended or reimbursed as a screening tool, despite being widely available and well established. She explained that this limits opportunities to identify COPD earlier and to better understand how COPD relates to lung cancer risk.

Laura Kate Bender discussed the resolution from an advocacy perspective, emphasizing that it looks beyond the healthcare system alone. She pointed to environmental conditions, occupational exposures, and education as important contributors to lung health and noted that the resolution reflects a broader, whole-of-society view. She described it as a useful reference for reinforcing established public health approaches and for supporting prevention and risk reduction efforts.

Joelle Fathi emphasized the importance of collaboration across disease specific organizations, while also being clear about boundaries. She noted that treatment remains

disease specific, but that the resolution opens space for shared work earlier in the continuum, particularly in prevention, screening, and primary care. She underscored the value of aligning messages and supporting one another's policy priorities to strengthen lung health overall, without diluting the expertise of lung cancer focused organizations.

The discussion closed with recognition that the resolution is intentionally high level and does not prescribe implementation steps. Panelists agreed, however, that it provides a common framework that can help align lung cancer efforts with broader lung health strategies, particularly if organizations continue to work across disciplines and sectors.

Presentations and Slides

Monday, December 8, 2025
WELCOME, THANK YOU STEERING COMMITTEE, AND PATIENT ADVOCATE STORY
• Ella A. Kazerooni, MD, MS, FACR, FACC, FSABI – Chair, ACS NLCRT; University of Michigan • Natalie Brown – Patient Advocate
KEYNOTE 1 – REIMAGINING LUNG CANCER SURVIVORSHIP: REFLECTING AND SUPPORTING LIVED EXPERIENCES
Co-Moderators: • Laura Petrillo, MD – Massachusetts General Hospital • Jill Feldman – EGFR Resisters Keynote Speaker: • Stacy Wentworth, MD – Duke University Panelists: • Natalie Brown – Patient Advocate • Alan Balch, PhD – Patient Advocate Foundation • Yamile Leon, MSN, RN, OCN, ONN-CG, ONN-CG (T) – University of Miami
A CONVERSATION BETWEEN A PATIENT AND HER CLINICIAN
Speaker: • Betty Frasier - Patient Advocate • Gerard Silvestri, MD, MS, Master FCCP – Medical University of South Carolina
POLICY AND ADVOCACY UPDATE FOR THE LUNG CANCER COMMUNITY
Moderator: • Katie McMahon, MPH – ACS Cancer Action Network Panelists: • Brandon Leonard, MA – LUNGevity Foundation • Thomas Carr – American Lung Association • Elridge Proctor, MPH – GO2 for Lung Cancer • Cori Chandler, MPA – ACS Cancer Action Network
CONCURRENT SESSION A: HOW TO BUILD AND RUN A LUNG CANCER SURVIVORSHIP CLINIC
Moderator: • Grant Greenberg, MD, MA, MHSA – Virginia Tech Panelists: • Stacy Wentworth, MD – Duke University • Brett Bade, MD – Mayo Clinic • Upal Basu-Roy, PhD, MPH – LUNGevity Foundation • Jill Feldman – EGFR Resisters

Monday, December 8, 2025

CONCURRENT SESSION B: STEPS GUIDE FOR INCREASING LUNG CANCER SCREENING – A MANUAL FOR PRIMARY CARE

Moderator:

- Richard Wender, MD – Penn Medicine

Panelists:

- Heather Bittner Fagan, MD, MPH, FAAFP – ChristianaCare
- Michael Gieske, MD – St. Elizabeth Healthcare
- Joelle Fathi, DNP, RN, ARNP, ANP-BC, CTTS, FAANP, FAAN – GO2 for Lung Cancer
- Vickie Fowler, MD, FAAFP – WakeMed Health and Hospitals

CONCURRENT SESSION C: EVOLVING LANDSCAPE OF MULTIDISCIPLINARY CARE & TREATMENT PARADIGMS – CLINICAL PERSPECTIVES

Moderator:

- Adam Fox, MD, MS – Medical University of South Carolina – Pulmonary Medicine

Panelists:

- Haley Tupper, MD, MS, MPH – UCLA – Thoracic Surgery
- Florence (Katie) Keane, MD – Massachusetts General Hospital – Radiation Oncology
- Raymond Osarogiagbon, MBBS, FACP – Baptist Memorial Health Care – Medical Oncology

CONCURRENT SESSION D: LUNG CANCER RESEARCH UPDATES – PART 1

Moderator:

- Mary Pasquinelli, DNP, APRN, FNP-BC – University of Illinois, Chicago

Panelists:

- Hasmeena Kathuria, MD, ATSF – University of Wisconsin – Tobacco Treatment
- Peter Mazzone, MD, MPH, FCCP – Cleveland Clinic – Biomarkers for the Early Detection of Lung Cancer
- Lecia Sequist, MD, MPH – Massachusetts General Hospital – Sybil Consortium
- Colleen Spees, PhD, MEd – The Ohio State University – Nutrition as Medicine in Lung Cancer

UPDATES ON SELECT ACS NLCRT INITIATIVES

Moderator:

- Robert Smith, PhD, FSBI – American Cancer Society – ACS NLCRT Strategic Plan

Panelists:

- Carey Thomson, MD, MPH, ATSF, FCCP – Mt. Auburn Hospital/Beth Israel Lahey Health – LungPLAN 2.0
- Robert Volk, PhD – MD Anderson Cancer Center – LCS Shared Decision-Making Videos and Encounter Tool
- Jeffrey Velotta, MD, FACS – Kaiser Permanente Northern California – Lung Cancer Staging Video Series
- Timothy Mullett, MD, MBA, FACS – University of Kentucky – Biomarker Testing ECHO
- Nicole Stout, DPT, CLT-LANA, FAPTA – American Cancer Society – Lung Cancer Treatment Adverse Events Resource Guide

UPDATES ON SELECT ORGANIZATIONS' INITIATIVES
Moderator: • Katie Bathje, MA – University of Kentucky Panelists: • Priti Bandi, PhD – American Cancer Society – BRFSS 2024 Update • Debra Dyer, MD, FACR – National Jewish Health, American College of Radiology – National Lung Cancer Screening Day • Lawrence Benjamin, MD – UCLA, Impact of Screening Coordinators on Longitudinal Annual Lung Cancer Screening Adherence Among US Veterans • Matthew Smeltzer, PhD – University of Memphis, IASLC – 2024 IASLC Global Survey on Biomarker Testing in Lung Cancer • Omar Escontrias, DrPH, MPH – National Health Council – The Patient Experience Dossier: A Use Case in Metastatic NSCLC • Frank Weinberg, MD, PhD – University of Illinois, Chicago – Advancing Lung Cancer Clinical Trial Enrollment: Insights from an Academic Thoracic Oncology Program
END OF DAY 1 – CLOSING COMMENTS

Tuesday, December 9, 2025

WELCOME AND PATIENT ADVOCATE STORY
• Douglas Wood, MD, FACS, FRCSEd – ACS NLCRT Vice Chair, University of Washington • Sydney Barned, MD – Patient Advocate, Anne Arundel Medical Center
KEYNOTE 2 – LOST IN TRANSLATION: CLOSING THE GAP BETWEEN WHAT WE SAY AND WHAT PATIENTS HEAR
Moderator: • Cherie Erkmen, MD, FACS – Temple Health Keynote Speaker: • Lisa Carter-Bawa, PhD, MPH, APRN, ANP-C, FAAN, FSBM – Center for Discovery & Innovation at Hackensack Meridian Health Panelists: • Sydney Barned, MD – Anne Arundel Medical Center, Patient Advocate • Jeffrey Velotta, MD, FACS – Kaiser Permanente Northern California • Erin Hester, PhD – University of Kentucky • Jamie Studts, PhD – University of Colorado

Tuesday, December 9, 2025

CONCURRENT SESSION E: PUBLIC HEALTH & HEALTH SYSTEMS COMMUNICATION

Moderator:

- Jennifer Redmond-Knight, DrPH – University of Kentucky

Panelists:

- Lisa Carter-Bawa, PhD, MPH, APRN, ANP-C, FAAN, FSBM – Center for Discovery & Innovation at Hackensack Meridian Health
- Christine Lovly, MD, PhD – Vanderbilt University Medical Center
- Drew Moghanaki, MD, MPH, FASTRO – University of California Los Angeles
- John Matthews, MBA, MS – Ride Hard Breathe Easy

CONCURRENT SESSION F: CARE NAVIGATION ACROSS THE LUNG CANCER CONTINUUM

Moderator:

- Neel Chudgar, MD – Montefiore Einstein Cancer Center

Panelists:

- Teresa Giamboy, DNP, MBA, CRNP, NEA-BC – Jefferson Health
- Renda Wiener, MD, MPH – VA Boston Healthcare System
- Travis Baggett, MD, MPH – Harvard University
- Dusty Donaldson – LungCAN

CONCURRENT SESSION G: LUNG CANCER STATE-BASED INITIATIVES

Moderator:

- Jessica Olson, PhD, MPH – Medical College of Wisconsin

Panelists:

- Alberta Becenti, MPH – Indian Health Service
- Kelly Willingham – Oklahoma Hospital Association
- Allison Antoine – Wisconsin Cancer Collaborative
- Bradley Icard, DO – Pinehurst Medical Clinic | FirstHealth of the Carolinas
- MacKenzie White – End Lung Cancer Now

CONCURRENT SESSION H: RESEARCH UPDATES – PART 2

Moderator:

- Bruce Johnson, MD, FASCO – Dana-Farber Cancer Institute – Medical Oncology

Panelists:

- M. Patricia Rivera, MD, ATSF, FCCP – University of Rochester – Pulmonary Medicine
- Frank Detterbeck, MD, FACS, FCCP – Yale University – Thoracic Surgery
- Kristin Higgins, MD, FASTRO – City of Hope Cancer Center Atlanta – Radiation Oncology
- Sinchita Roy-Chowdhuri, MD, PhD – MD Anderson Cancer Center – Pathology
- Jhanelle Gray, MD – Moffitt Cancer Center – Medical Oncology

Tuesday, December 9, 2025

LUNCH & LEARN: 2025 WHO INTEGRATED LUNG HEALTH RESOLUTION ADOPTED DURING THE WORLD HEALTH ASSEMBLY

Moderator:

- Ella Kazerooni, MD, MS, FACR, FACC, FSABI – ACS NLCRT Chair, University of Michigan

Panelists:

- Andrea Ferris, MBA – LUNGevity Foundation
- Joelle Fathi, DNP, RN, ARNP, ANP-BC, CTTS, FAANP, FAAN – GO2 for Lung Cancer
- Laura Kate Bender – American Lung Association
- M. Patricia Rivera, MD, ATSF, FCCP – American Thoracic Society

MULTIDISCIPLINARY TUMOR BOARD PANEL

Moderator:

- Gerard Silvestri, MD, MS, Master FCCP – Medical University of South Carolina – Pulmonary Medicine

Panelists:

- Sydney Barned, MD – Anne Arundel Medical Center, Patient Advocate
- Claudia Miller, BSN, RN, OCN, ONN-CG – Medical University of South Carolina, Nurse Navigator
- Ashley Prosper, MD – UCLA – Radiology
- Timothy Mullett, MD, MBA, FACS – University of Kentucky – Thoracic Surgery
- Drew Moghanaki, MD, MPH, FASTRO – University of California Los Angeles – Radiation Oncology
- Ignacio Wistuba, MD – Moffitt Cancer Center – Pathology
- Raymond Osarogiagbon, MBBS, FACP – Baptist Memorial Health Care – Medical Oncology

BECAUSE I SAID I WOULD

Special Guest:

- Alex Sheen, Founder of because I said I would

CLOSING OF THE 9TH ACS NLCRT ANNUAL MEETING

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