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ROUNDTABLE

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LUNG CANCER SCREENING IMPLEMENTATION SCIENCE SUMMIT **EXECUTIVE SUMMARY**

MAY 13-14, 2026
PHILADELPHIA, PA

INTRODUCTION

The ACS NLCRT Lung Cancer Screening Implementation Science Summit brought together implementation scientists, clinicians, researchers, health care leaders, public health professionals, and community engagement experts to address a persistent challenge facing the field: despite strong evidence supporting lung cancer screening, screening uptake remains low and disparities in access continue. The summit focused on how implementation science can help bridge the gap between evidence and practice and accelerate equitable adoption of lung cancer screening programs.

The meeting successfully established a shared understanding of implementation science, identified common implementation challenges across health care settings, generated practical solutions and recommendations, and created momentum for a sustained national learning community focused on implementation. Participants left with increased understanding of applying implementation science principles and a strong commitment to advancing screening quality, uptake, and equity.



KEY INSIGHTS AND TAKEAWAYS

Why Did We Meet?

The summit was convened to address a critical implementation challenge: while lung cancer screening has been proven to reduce mortality, many eligible individuals are not screened.

The meeting was designed to help participants understand implementation science and how it can be used to systematically overcome barriers and improve adoption, delivery, sustainability, and equity. Participants recognized that the field has made significant progress generating evidence and clinical guidelines and recommendations, but implementation barriers continue to limit the public health impact of lung cancer screening.



What Did We Learn?

Several consistent themes emerged across subject matter expert presentations, large group discussions, and breakout sessions.

Implementation Science Provides a Practical Approach

Participants learned that implementation science offers structured approaches for understanding barriers, selecting strategies, measuring outcomes, and sustaining change. Frameworks, such as Consolidated Framework for Implementation Research (CFIR), Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM), Practical, Robust Implementation and Sustainability Mode (PRISM), and Expert Recommendations for Implementing Change (ERIC), provide practical tools that can be applied directly to lung cancer screening programs.

Common Challenges Exist Across Settings

Despite representing diverse health care systems, participants identified remarkably similar implementation barriers, including:

Difficulty identifying eligible patients	Follow-up and adherence gaps	Persistent access and health equity
Workflow integration challenges	Provider engagement challenges	Leadership engagement and development
Resource limitations	Staffing constraints	Stigma, nihilism, and fatalism

The consistency of these challenges suggests opportunities for scalable solutions and shared resources.

Equity Must Be Integrated Throughout Implementation

Participants repeatedly emphasized that equity cannot be treated as a separate initiative. Rather, equity should be incorporated into implementation planning, strategy selection, evaluation, and sustainability efforts from the outset.

Sustainable Change Requires Systems-Level Solutions

Successful programs move beyond individual champions and build infrastructure that supports long-term success, including leadership engagement, electronic health record/information technology (EHR/IT) integration, patient navigation, quality measures, accountability structures, and continuous improvement processes.



What Did We Decide?

Participants reached broad consensus around several priorities:

- Apply implementation science more intentionally across future lung cancer screening initiatives.
- Embed equity into all implementation efforts.
- Develop practical implementation tools and resources that can be adapted across settings.
- Strengthen community-centered approaches to engagement.
- Establish an ongoing implementation science learning community.
- Move future efforts beyond education toward measurable implementation action and outcomes.

Strategic Implications

Why Does This Matter?

The summit highlighted both the progress made and the persistent challenges facing implementation of lung cancer screening. These insights have important strategic implications, helping to identify the actions, partnerships, and investments needed to accelerate implementation and improve health outcomes.

Closing the Evidence-to-Practice Gap

One of the most important challenges facing lung cancer control today addressed was ensuring that proven interventions are consistently delivered to the populations that need them.

There is already a robust body of evidence demonstrating the effectiveness of lung cancer screening and generating further evidence on whether screening works is no longer the primary need of the field. Instead, it needs effective approaches for ensuring that screening is implemented, sustained, and scaled within real-world health care settings.

Advancing Health Equity

Implementation challenges disproportionately affect populations already experiencing health care disparities. Addressing barriers related to access, medical trust, culture and linguistic considerations, geography, and social determinants of health are essential to achieving equitable lung cancer outcomes.

Participants emphasized that implementation science offers a framework not only for increasing screening rates but also for reducing inequities in care delivery and health outcomes.

Building Capacity Across the Field

One of the summit's most important contributions was creating a shared language and foundation for implementation science among multidisciplinary professionals engaged in lung cancer screening. Participants reported increased understanding in applying these concepts and expressed strong interest in continuing to build implementation science capacity within their organizations.



Creating National Momentum

The summit helped establish a growing network of individuals committed to improving lung cancer screening implementation. New partnerships were formed, existing collaborations were strengthened, and participants identified opportunities to work together on shared implementation challenges.

Opportunities for Action

The four breakout groups identified several key opportunities for immediate and longer-term action.

Group 1: Centralized Lung Cancer Screening Programs

Leverage EHR/IT to identify eligible patients	Improve primary care engagement	Enhance performance monitoring
Expand proactive outreach	Standardize referral pathways	Secure sustainable funding and policy support

Group 2: Decentralized Lung Cancer Screening Programs

Improve care coordination	Enhance EHR/IT functionality	Standardize screening processes across sites
Expand patient navigation	Strengthen follow-up workflows	Secure sustainable funding and policy support

Group 3: Rural, Resource-Constrained, and FQHC Settings

Develop readiness assessment tools	Create clinician & staff training resources	Strengthen quality improvement infrastructure
Empower clinical champions	Optimize workflow toolkits	Secure sustainable funding and policy support



Group 4: Community and Equity-Focused Models

Co-design programs with communities	Develop culturally relevant communications	Improve affordability and accessibility
Partner with trusted messengers and navigators	Reduce stigma, nihilism, and fatalism	Secure sustainable funding and policy support

A recurring theme across all groups was the need to shift from traditional outreach efforts to identify eligible patients and communicate screening opportunities through established health care channels (e.g., primary care provider identification and referral and clinic-based in-reach during routine visits) toward authentic community engagement and partnership with community organizations (e.g., local health departments, community centers, or faith-based organizations) and navigators to discuss screening options and refer to smoking cessation services.

Recommendations for Next Steps

The following recommendations are intended to inform future priorities, investments, and collaborative efforts needed to advance equitable implementation and maximize the impact of lung cancer screening nationwide.

Establish a Community of Practice

The strongest recommendation emerging from the summit was the creation of an ACS NLCRT-led implementation science learning community.

Proposed activities include:

Virtual learning sessions	Implementation science coaching and mentorship	Ongoing collaboration among summit participants
Peer-to-peer problem solving	Sharing successes, challenges, and lessons learned	Highlighting Community of Practice work at the Annual Meeting



Develop and Disseminate Practical Resources

Participants recommended advancing development of:

Implementation toolkits	Readiness assessments	Quality measurement tools
Workflow templates	Community engagement resources	Strategy selection guides

Focus on Measurable Outcomes

Future work should ultimately be assessed based on improvements in:

Screening uptake	Follow-up completion	Equity outcomes
Annual adherence	Program sustainability	Implementation effectiveness

Expand Leadership Engagement

Many implementation barriers identified during the summit require organizational and system-level solutions.

Future efforts should include greater participation from:

Health system leaders	Operational executives
Health care administrators	Decision makers responsible for organizational change



Continue Structured Learning and Follow-Up

Participants overwhelmingly expressed a desire for the summit to have an "afterlife" through sustained collaboration.

Recommended next steps include:

Three post-summit peer-to-peer virtual learning sessions through the Community of Practice	Follow-up working groups hosted by the ACS NLCRT
Integration with future ACS NLCRT activities, including highlighting this work at the Annual Meeting	Continued implementation science education through webinars and training opportunities

Conclusion

The ACS NLCRT Lung Cancer Screening Implementation Science Summit demonstrated that the field is ready to shift from evidence generation to implementation at scale. Participants developed a shared understanding of implementation science, identified common challenges and promising solutions, and established consensus around priorities for future action. Most importantly, the summit created momentum for a sustained effort led by the ACS NLCRT to improve the implementation, quality, reach, and equity of lung cancer screening across the United States.

The opportunity ahead is clear: transform the knowledge, partnerships, and enthusiasm generated at the summit into measurable improvements in lung cancer screening delivery and outcomes through continued collaboration, practical implementation support, and ongoing learning.





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