



# Lung Cancer Screening - decentralized

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# Disclosures



**I have no conflicts to disclose**

**Step 1:**

Identify eligible patients.



**Step 2:**

Determine your screening model.

**Step 3:**

Review and refine LCS workflows.

**Step 4:**

Build proficiency in LCS conversations.

**Step 5:**

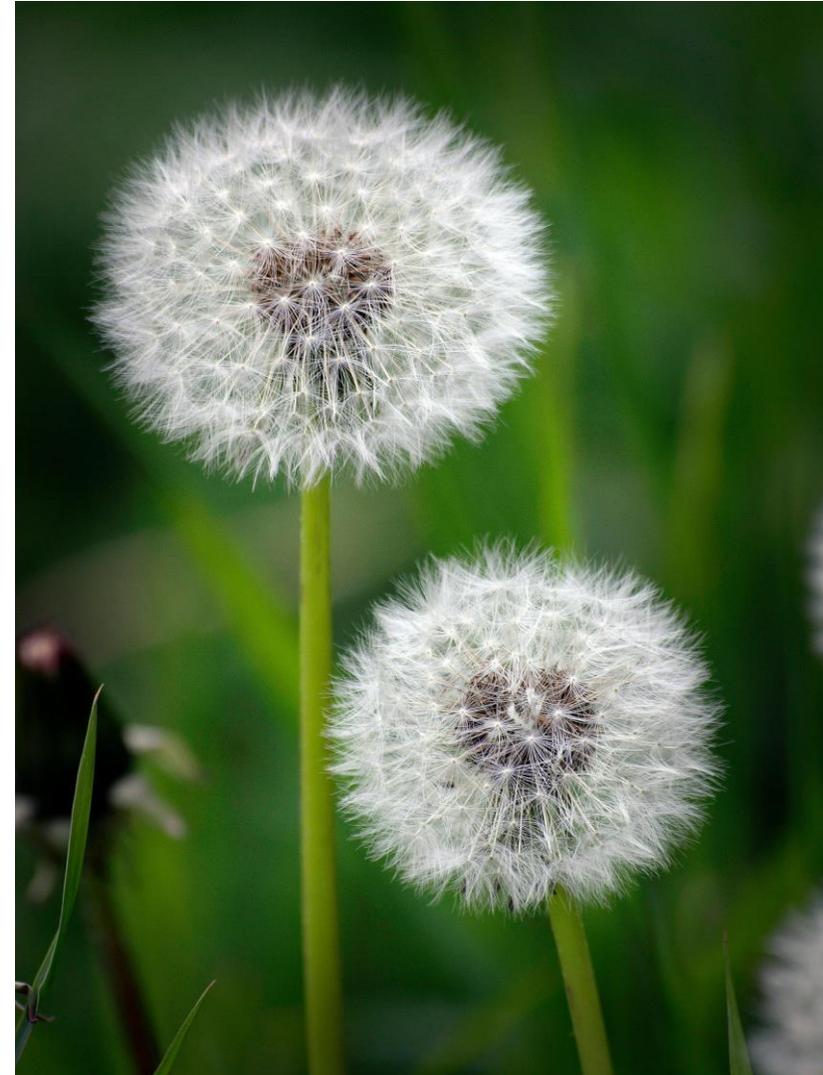
Get patients screened.

**Step 6:**

Measure and improve performance.

# Identify Eligible Patients

- EMR based tools
  - Common
  - Limitations based on the process
  - Rest upon an accurate smoking history
- Smoking history
  - Not routinely collected
  - Simplify
- Coverage is based on USPSTF guidelines
- Avoid stigmatizing language



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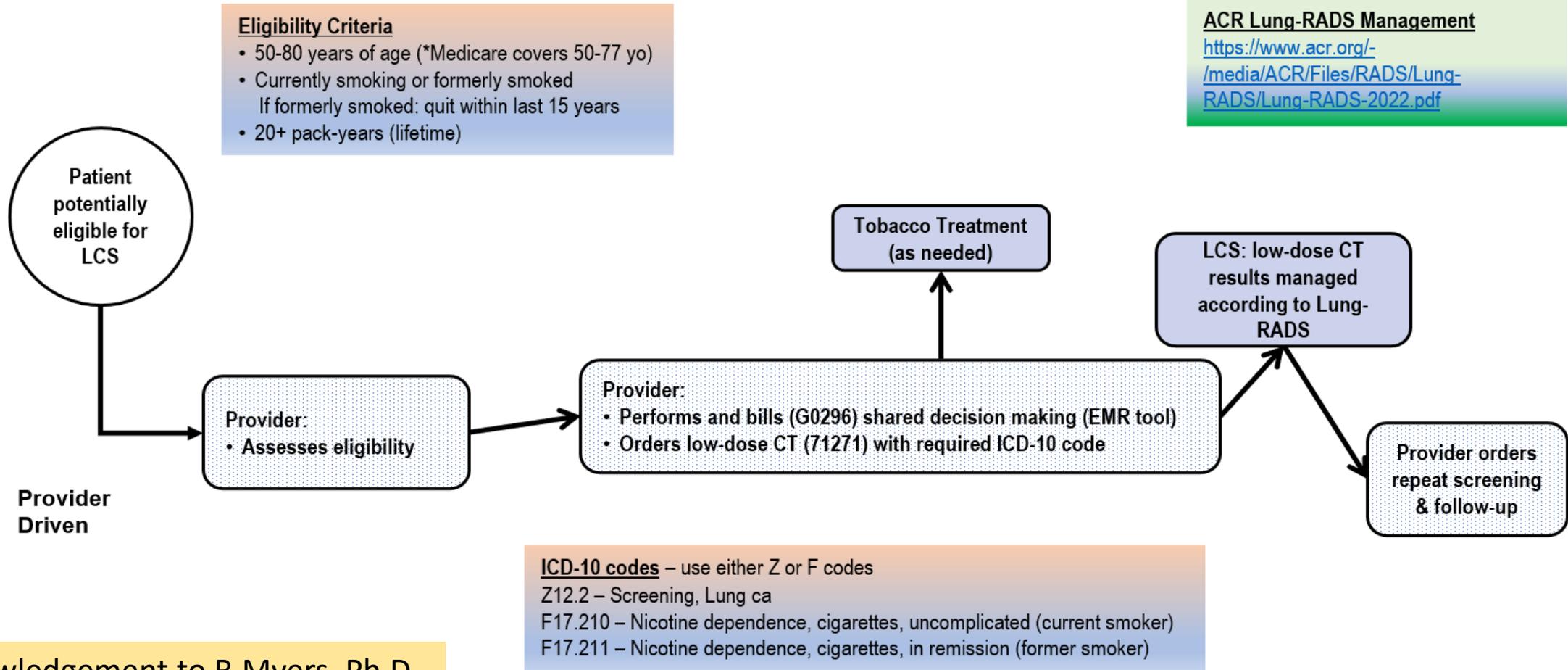
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## Process Map



Acknowledgement to R.Myers, Ph.D and the LCS-MAPPS research team

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# Shared Decision Making

## Beyond Informed Consent

- The STEPS guide provides information on risks and benefits of screening
- The benefits are clear; lung cancer screening saves lives
- Shared decision making incorporates the patients values and beliefs
- Empowers the patient to execute the decision that they have made and address any barriers such as fear of knowing

## Address nihilism

- Zealous messaging about the dangers of smoking may be a barrier
- Early detection and treatment have changed the game

## Use a tool

- Good care
- Required for compliance
- More examples in the guide



# LUNG CANCER SCREENING

If you are still smoking & need help quitting, talk with your healthcare provider & call: **1-800-QUIT-NOW (1-800-784-8669)**

## WHO SHOULD GET SCREENED?



50-80 Years Old

## HOW IS SCREENING DONE?

A LDCT machine takes an x-ray or 3D picture of your lungs:

1. You lie down on the table & raise your hands above your head.
2. The table slides into the scanner. The machine only covers your chest area.
3. You hold your breath for about 30 seconds.



## SIGNS THAT MAY MEAN YOU HAVE LUNG CANCER:

If you notice any of the following symptoms, you should contact your healthcare provider:



- New cough that doesn't go away
- Coughing up blood (even a small amount)
- Hoarseness
- Shortness of breath
- Chest pain
- Unexplained weight loss



**REMEMBER:**  
Getting screened early can save your life!

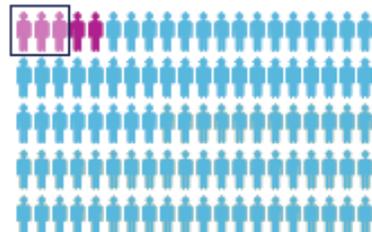
Find more information at:  
<https://www.cancer.org/cancer/lung-cancer.html>

# SCREENING BENEFITS, RISKS, AND DECISION MAKING

Screening can find lung cancer early and treatment can reduce the chance of dying from this disease.<sup>1,2</sup>

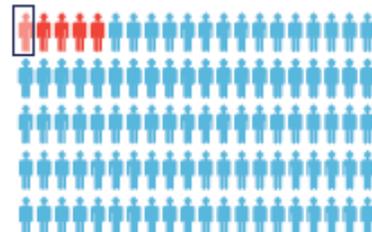
Of 100 people who have annual screening and recommended follow-up...

About 5 are likely to be diagnosed with lung cancer. Three (60%) of those 5 are likely to be diagnosed with early-stage disease.<sup>2</sup>



Of 100 people who DO NOT have annual screening and recommended follow-up...

About 5 are likely to be diagnosed with lung cancer. Only 1 (20%) of those 5 is likely to be diagnosed with early-stage disease.<sup>2</sup>

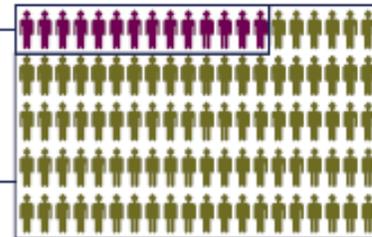


Among 100 people who are screened...

About 14 are likely to be advised to have follow-up evaluations such as imaging, needle biopsy, bronchoscopy, or thoracic surgery, which may have complications.<sup>3</sup>



About 86 are likely to be advised to have follow-up repeat screening in a year.<sup>3</sup>



### Over-diagnosis

Screening may find a cancer or some other condition that is not likely to cause harm.



### Safety

Exposure to radiation from a screening test (low-dose computed tomography) is about the same as a back x-ray.

### Cost

Screening and diagnostic follow-up are covered by Medicare, and by most state Medicaid and private insurance plans.



### Quitting Smoking

Quitting smoking can reduce the risk of developing lung cancer and many other types of cancer, and can improve overall health.



Why do you want to screen? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 Why do you not want to screen? 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
 What do you want to do?  Screen  Unsure  Not screen

<sup>1</sup> The National Lung Cancer Screening Trial Research Team. Reduced Lung-Cancer Mortality with Low-Dose Computed Tomographic Screening. The New England Journal of Medicine 2011;365:858-69.

<sup>2</sup> deLoraine et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. The New England Journal of Medicine 2020;382:503-13.

<sup>3</sup> Pirasty et al. Performance of Lung-RAIS in the National Lung Screening Trial: A Retrospective Assessment. Annals of Internal Medicine 2015;162(7):485-91.

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2 steps left to go!

# Get Patients screened

ACR Website has a locator according to zip code

- ACR Lung Cancer Screening Locator Tool

An order alone is often insufficient

## Measure and Improve

Track within EMR

Longitudinal history

Process measures, as well as Outcomes





NATIONAL  
LUNG CANCER  
ROUNDTABLE

# Thank You