



Accelerating Uptake of Lung Cancer Screening

Through Public and Clinician Education and Engagement

ACS NLCRT Workshop | August 9, 2024 | Chicago, IL

Table of Contents

Introduction.....2

Overview – Level-Setting Presentations3

 Welcome and Introduction 3

 Clinician Outreach, Education & Engagement 3

 Health Systems Outreach, Education & Engagement 5

 Community Outreach, Education & Engagement 6

 Public Outreach, Education & Engagement 8

Overview – Breakout Group Discussions 10

 Group 1 – Clinician Outreach, Education & Engagement..... 10

 Group 2 – Health Systems Outreach, Education & Engagement 11

 Group 3 – Community Outreach, Education & Engagement..... 13

 Group 4 – Public Outreach, Education & Engagement..... 14

Overview – List of Presentations..... 16

Thank You, ACS NLCRT Sponsors! 19

 About The American Cancer Society 20

 National Lung Cancer Roundtable 20

 American Cancer Society Roundtable Overview 20

 ACS National Lung Cancer Roundtable’s Work 21

Introduction

The American Cancer Society National Lung Cancer Roundtable (ACS NLCRT) held the ***Accelerating Uptake of Lung Cancer Screening Through Public and Clinician Education and Engagement*** workshop on August 9, 2024, in Chicago, Illinois. Accelerating the uptake of lung cancer screening is an ACS NLCRT strategic priority, and education and engagement for patients, the public, and clinicians was identified as a high priority during the July 2022 Summit, *Accelerating Uptake of Lung Cancer Screening – A National Initiative*.

This one-day workshop convened 90 participants with the goal of building on the existing groundwork for developing impactful communications and outreach approaches that will resonate with the needs of many crucial audiences to accelerate the uptake of lung cancer screening by:

- Promoting education and awareness through clinicians, health systems, community, and the public,
- Identifying best practices in communicating and educating regarding lung cancer screening awareness, and
- Increasing clinician endorsement of lung cancer screening.

The day consisted of four level-setting sessions, followed by two breakout sessions and two report-out sessions. The final activity of the workshop was a feedback session where attendees shared suggested potential partners and resources to implement the strategies.

- **Opening Session** – Welcome and Introduction
- **Session 1** – Clinician Outreach, Education & Engagement
- **Session 2** – Health Systems Outreach, Education & Engagement
- **Session 3** – Community Outreach, Education & Engagement
- **Session 4** – Public Outreach, Education & Engagement
- **Introduction of Breakout Groups Process** - Breakout Groups #1 Overview
- **Breakout Session 1** – Review Main Two Strategies per Audience and Brainstorm Tactics to Support the Strategies
- **All Attendee Report Out & Discussion** - Breakout Groups #1
- **Introduction of Breakout Groups Process** - Breakout Groups #2 Overview
- **Breakout Session 2** - Refine Tactics, Assess Feasibility, and Prioritization of Top 5 Tactics per Strategy
- **All Attendee Report Out & Discussion** - Breakout Groups #2
- **Feedback** - All Attendee Feedback via Slido
- **Closing Session** - Closing Remarks, Next Steps & Thank You

This document provides an overview of the workshop, presentations, and breakout group recommendations.

Overview – Level-Setting Presentations

Welcome and Introduction

Dr. Ella Kazerooni, a cardiothoracic radiologist and chair of the ACS National Lung Cancer Roundtable, opened the workshop. She highlighted the ACS NLCRT's three strategic priorities: increasing the adoption and quality of lung cancer screening, enhancing guideline-concordant diagnostics and treatment, and combating the stigma and nihilism associated with lung cancer. Dr. Kazerooni acknowledged the progress made in early detection and treatment, which has led to improved survival rates, and stressed the importance of continuing this momentum. She also expressed gratitude for the support of sponsors, which have enabled the Roundtable's initiatives, and emphasized the need for patient-centered, evidence-based, and inclusive approaches in lung cancer care.

Dr. Erin Hester, an assistant professor specializing in public interest communications, presented ***Just Do It: Lessons from Nike to Accelerate Lung Cancer Screening***. She spoke about the importance of applying social marketing strategies to public health outreach, specifically in the context of lung cancer screening. She used Nike's "Find Your Greatness" campaign as a metaphor, contrasting it with traditional awareness campaigns that often rely solely on information dissemination without inspiring action. She shared the need for a comprehensive, strategic approach to communication that includes understanding the target audience deeply and using behavior change theories to design compelling, personalized messages. Dr. Hester encouraged attendees to strive for driving meaningful action in their outreach efforts.

Mr. John Anderson, a patient advocate, shared his personal journey of overcoming a long-standing nicotine addiction and his unexpected path to lung cancer screening. Two years ago, his doctor referred him to a lung cancer screening program where his first CT scan was clear. A year later, a follow-up scan revealed a concerning area in his lower right lung. After discussing options with his thoracic surgeon, Mr. Anderson opted for surgery to remove the lower right lobe of his lung, which was suspected to be cancerous. The surgery was successful, and his follow-up screenings have been clean since. Mr. Anderson now advocates for lung cancer screening and shares his experience to inspire others to get screened for lung cancer.

Clinician Outreach, Education & Engagement

Dr. Jamie Studts, a professor and researcher at the University of Colorado School of Medicine, opened Session 1 with his presentation: ***Engaging Primary Care in Lung Cancer Screening: The Kentucky LEADS Collaborative***. Dr. Studts discussed the success of Kentucky in implementing lung cancer screening, particularly in areas with high lung cancer burdens like Appalachia. He explained how Kentucky has seen significant declines in late-stage lung cancer diagnoses due to strong

community and clinician engagement efforts. Dr. Studts described the Kentucky LEADS Collaborative, which focuses on normalizing lung cancer screening in primary care through academic detailing and quality improvement in lung cancer screening programs. He highlighted the importance of building strong relationships between primary care clinicians and lung cancer screening programs, noting that clinician engagement should be approached with humility, empathy, and a focus on collaboration. Dr. Studts concluded by stating that the sustainment of strong communication and problem-solving between primary care clinicians and lung cancer screening programs will lead to decreased lung cancer mortality in the country.

Dr. Thomas Varghese, a thoracic surgeon and medical quality officer at Huntsman Cancer Hospital, spoke about *Podcasts: The Art of Storytelling*. He underscored the power of storytelling in connecting, inspiring, and motivating action within the medical community. He discussed the science behind storytelling, highlighting how it activates various parts of the brain and enhances engagement. Dr. Varghese shared his involvement in several medical podcasts, such as "Beyond the Abstract" and "Same Surgeon Different Light," which aim to humanize surgeons and make the field more accessible, especially for young trainees. Dr. Varghese concluded by encouraging the audience to appreciate and utilize the power of storytelling in their own work.

Dr. Brendon Stiles, a professor and thoracic surgeon at the Montefiore Health System, discussed the role of social media in engaging clinicians and the broader lung cancer community. In his presentation, *Let's get social: connecting with clinicians about lung cancer screening*, Dr. Stiles emphasized that there isn't a single "right" way to use social media; rather, it should be an organic and comfortable process tailored to the user's strengths. Dr. Stiles highlighted the importance of using platforms like X, LinkedIn, and podcasts to share meeting content and journal articles, and to celebrate successes in the lung cancer screening community. He stressed the need to move beyond echo chambers by starting conversations and engaging with diverse perspectives, including those that might challenge the status quo. Finally, Dr. Stiles encouraged the integration of social media with mainstream media and the importance of making academic content accessible to a wider audience, thereby amplifying the impact of the work being done in lung cancer screening and treatment.

Dr. Ronald Myers, a researcher in cancer prevention, control and population science at Thomas Jefferson University, concluded Session 1 with a presentation on the *Mid-Atlantic Provider and Patient Support (MAPPS) Study: Tools for Engagement*. Dr. Myers discussed the development and implementation of tools aimed at improving lung cancer screening, emphasizing the importance of creating practical tools for both providers and patients to facilitate lung cancer screening, including shared decision-making guides, EMR prompts, and performance feedback mechanisms. Dr. Myers highlighted the collaborative effort across multiple health systems involved in the MAPPS study, stressing that the adoption and integration of these tools into routine care are crucial for their success. He noted that health systems should take the lead in this process, as they have the capacity

and responsibility to improve population health and value-based care. Dr. Myers concluded by suggesting that the ACS NLCRT should convene a collaborative workshop to synergize efforts in developing and implementing these tools.

Health Systems Outreach, Education & Engagement

Dr. Michael Pignone, a professor and internist at the Duke Cancer Institute, opened Session 2 with his presentation, ***Achieving equitable implementation of lung cancer screening: lessons from a safety net health system in Texas***. Dr. Pignone shared insights from his work on implementing lung cancer screening in underserved communities in Texas through a project funded by the Cancer Prevention and Research Institute of Texas. He discussed the challenges of implementing lung cancer screening in non-integrated health systems, especially among Latino populations, and noted the importance of creating an equitable system from the beginning. Dr. Pignone spoke about the success of a program that involved proactive outreach to eligible patients, the use of a social work-trained navigator for navigation and smoking cessation counseling, and the integration of virtual case conferences to ensure continuity of care. He advised starting small with new programs to ensure that the system can handle the patient load effectively and stressed the value of collaborative learning across different programs to share best practices. Dr. Pignone concluded by encouraging the audience to build on initial successes and continue refining their approaches to lung cancer screening implementation.

Dr. Renda Wiener, a pulmonologist and researcher at the VA Boston Healthcare System, presented on ***Best practices in delivery of high-quality lung cancer screening in the Veterans Health Administration***. She discussed the efforts of the Veterans Affairs (VA) National Center for Lung Cancer Screening to increase the uptake of lung cancer screening among veterans. She outlined the VA's mission to reduce lung cancer deaths by providing systematic and equitable access to screening. Dr. Wiener detailed the development of a comprehensive infrastructure, including policies, IT tools, and educational resources, to support lung cancer screening across VA medical centers. She shared progress on implementing a directive that mandates lung cancer screening for eligible veterans, noting both achievements and areas for improvement, such as increasing the assessment of tobacco history and adherence to screening protocols. Dr. Wiener also highlighted initiatives aimed at closing gaps in screening, particularly for rural veterans and those experiencing homelessness, and advocated for ongoing research and innovation efforts to further enhance lung cancer screening within the VA.

Mr. Donald Noblett, an administrator director at Inspira Health, presented on ***Inspira Health's Impact in Southern NJ***. He shared his experiences and strategies for increasing lung cancer screening rates in Southern New Jersey, particularly in rural areas with high tobacco use and lung cancer mortality. He presented the challenges faced by residents in these regions, including limited access to screening locations and various social determinants of health. Mr. Noblett emphasized the

importance of integrating tobacco cessation efforts with lung cancer screening initiatives, educating both providers and patients, and addressing barriers such as transportation and insurance coverage. He discussed successful initiatives like providing no-cost screenings, offering gift card incentives, and using Uber Health for transportation. Mr. Noblett concluded by sharing the significant increase in screening rates his team has achieved and underscored the importance of normalizing lung cancer screening for people who smoke while continuing to address the associated stigma and fear.

Dr. Lawrence An, a professor and internist at the University of Michigan, closed Session 2 with a presentation on ***Addressing the Impact of COVID-19 on Cancer Screening in a CHC Network***. Dr. An shared his experience working on the "Catch Up on Cancer Screening" initiative, which aimed to address the impact of COVID-19 on cancer screening rates within Michigan's community health centers. Collaborating with the Michigan Primary Care Association, Dr. An and his team focused on using data to highlight the drop in cancer screenings during the pandemic and the ongoing lag in returning to pre-pandemic levels. They implemented a learning collaborative approach, emphasizing the importance of local solutions and the role of quality managers in driving improvements. Through this initiative, they successfully increased colorectal and cervical cancer screenings, while also positively influencing breast cancer screening trends. Dr. An concluded by emphasizing the importance of letting data drive decisions, promoting collaborative learning, and leveraging existing resources to support health center capacity and improve cancer screening rates.

Community Outreach, Education & Engagement

Ms. Nikki Hayes, Branch Chief of CDC's Division of Cancer Prevention and Control, opened Session 3, discussing ***State-Based Coalitions – Engagement Best Practices Towards Comprehensive Cancer Control***. Ms. Hayes detailed the efforts of the CDC's National Comprehensive Cancer Control Program to increase lung cancer screening through state-based initiatives and partnerships. She spoke to the importance of comprehensive cancer control plans that focus on risk reduction, early detection, and equity, noting that a growing number of these plans now include strategies specifically for lung cancer screening, despite the lack of dedicated funding for it. Ms. Hayes highlighted various activities across states, such as patient navigation, culturally adapted promotions, and provider training, which are being used to enhance lung cancer screening efforts. She shared examples of successful partnerships, including working with health systems to remove structural barriers and collaborating with tribal organizations to ensure culturally appropriate messaging. Ms. Hayes concluded by expressing excitement about the ongoing work and the potential for expanding successful strategies from colorectal cancer control to lung cancer screening.

Dr. Loretta Erhunmwunsee, an associate professor and thoracic surgeon at City of Hope Medical Center, discussed ***Partnering with FQHCs to implement LCS programs***. She spoke about her efforts to increase lung cancer screening by engaging marginalized and vulnerable communities through

partnerships with Federally Qualified Health Centers (FQHCs) in Los Angeles. She emphasized the importance of outreach to vulnerable populations who often cannot access academic centers, highlighting the need for building genuine, bidirectional relationships with these communities. Dr. Erhunmwunsee shared her experiences in speaking with various community groups, which helped her understand their needs and foster trust. This groundwork enabled her to successfully collaborate with FQHCs like Park TREE Community Health Center and Herald Christian Health Center, where she helped develop lung cancer screening programs tailored to the unique needs of each center. By creating culturally competent, bilingual educational materials and providing provider education, these partnerships have made a significant impact on lung cancer screening in underserved populations. Dr. Erhunmwunsee concluded by stressing the importance of local solutions and continued community engagement to sustain and expand these efforts.

Dr. Ryan Nguyen, a thoracic medical oncologist and assistant professor of clinical medicine at the University of Illinois Chicago, presented ***Building Bridges to Early Detection: Transforming Perceptions and Practices in Lung Cancer Screening through Community Engagement***. He shared insights into the lung cancer screening program at the University of Illinois in Chicago, highlighting the success of the BRIDGE Lung Cancer Screening Pilot, which was launched in 2023 with support from the Coleman Foundation. The program aims to connect high-risk patients outside the University system with lung cancer screening services through a multifaceted approach, including community outreach, shared decision-making at community events, and navigation and transportation assistance. Dr. Nguyen highlighted the positive outcomes of engaging local community members, such as community health workers and medical assistants, through a "Lunch and Learn" series that provided education on lung cancer and screening while gathering valuable feedback from participants. The pilot program has shown promising results, with participants demonstrating increased knowledge and skills related to lung cancer screening, and the team is now tracking the long-term impact on screening referrals. Dr. Nguyen underscored the significance of community collaboration and ongoing education in improving lung cancer screening rates and outcomes.

Dr. Lisa Carter-Bawa, a behavioral scientist and nurse practitioner at Hackensack Meridian Health, presented on ***Leveraging Social Media to Increase Awareness of, Knowledge about, and Uptake in Lung Cancer Screening***. She shared her decade-long experience using social media as a tool to reach individuals eligible for lung cancer screening, highlighting its potential to engage and educate hard-to-reach populations. She recounted how she began using targeted advertisements on Facebook as a cost-effective method to recruit participants for lung cancer screening studies during her time as a postdoc. This approach proved successful, leading her to explore social media as an avenue to increase awareness and uptake of lung cancer screening on a broader scale. Dr. Carter-Bawa discussed the ongoing INSPIRE Lung Study, funded by the NIH, which uses targeted advertisements on Facebook to reach individuals eligible for lung cancer screening across the United States. Over a

79-day period, the study's ads reached over a million people, resulting in significant engagement and a high enrollment rate in the study. The findings suggest that social media is a viable and effective tool for lung cancer screening outreach, particularly when used strategically and with careful attention to messaging and targeting. Dr. Carter-Bawa concluded that, while social media is not the only solution, it is a powerful addition to the range of tools available for increasing lung cancer screening and improving public health outcomes.

Public Outreach, Education & Engagement

Ms. Jeri Ramos, a Strategic Director at the American Cancer Society, opened the final level-setting session with her presentation, ***Leveraging the Power of Sports to Fuel Change***. She discussed her role at the American Cancer Society, where she leverages her background in pro sports and non-profits to enhance partnerships like the one with the NFL. She highlighted the "Crucial Catch" campaign, which aims to promote health equity, prevention, and screening, particularly during the NFL's October initiatives. Through this partnership, they use various platforms, including live reads during games, to direct fans to an online resource tool for cancer screening and education. The campaign has significantly increased engagement, with visits to their screening resource tool rising from 11,000 to 200,000 in October alone. Ms. Ramos stressed the impact of these initiatives in raising awareness and encouraging screening, particularly among underserved populations.

Ms. Linda Aragon, a director with the Los Angeles County Department of Public Health, presented on ***Hitting a Three-Pointer with Sports Marketing Partnerships***. She discussed her extensive experience in leveraging sports marketing partnerships to promote public health initiatives, particularly during her time directing tobacco control prevention in LA County. She spoke about a successful partnership with the LA Sparks, which was part of a larger media campaign aimed at promoting smoking cessation resources to key demographics, including African Americans, Latinx, LGBTQ, and low SES communities. The partnership involved a range of activities, including public service announcements, digital banners, and in-arena promotions, which significantly increased engagement with the California Smokers Helpline. Ms. Aragon emphasized the importance of viewing these collaborations as true partnerships, where co-creation and shared decision-making are central to long-term success. She also noted how this partnership was effectively extended to other public health initiatives, such as COVID testing and CPR training, demonstrating its broad impact.

Dr. Debra Dyer, a professor and cardiothoracic radiologist at National Jewish Health, presented on ***National Lung Cancer Screening Day – What, Why and How***. She discussed the National Lung Cancer Screening Day initiative, which aims to increase access to lung cancer screening by encouraging facilities to open their doors on a Saturday, particularly for those who cannot come during the regular workweek. Initially focused on access, the event has grown into a broader effort to raise awareness and normalize lung cancer screening. The event, held this year on November 9th,

is supported by multiple organizations and provides participating facilities with a comprehensive toolkit, including promotional materials and logistical guidance. Dr. Dyer highlighted the success of the initiative, noting a 75% increase in participating facilities in 2023, with significant involvement from the VA and facilities across 47 states and Puerto Rico. She also shared practical lessons learned, emphasizing the importance of making the day a celebratory event for both patients and staff.

Dr. Chi-Fu Jeffrey Yang, a professor at Harvard Medical School and thoracic surgeon at Massachusetts General Hospital presented on ***The Plus One Campaign***, a student-driven initiative by the American Lung Cancer Screening Initiative aimed at raising awareness about lung cancer screening. The campaign encourages students to educate their friends, family, and community members on identifying eligibility for lung cancer screening and guiding them through the screening process. The goal is to amplify the message quickly across college campuses and their associated communities. So far, 14 chapters have been established, with 500 students committed to the campaign, aiming to reach 50,000 people within the next year. Early pilot results show significant engagement, with many individuals learning about lung cancer screening for the first time and a high willingness to share information.

Ms. Margaret Harrison, who leads patient advocacy relations for lung cancer at Genentech, discussed the development and impact of the ***Screen Your Lungs*** campaign. Recognizing that past campaigns relied on fear-based tactics, Genentech aimed to create a more empathetic and nostalgic approach that resonated with those who smoked during the 1970s and 80s. The campaign sought to de-stigmatize lung cancer screening by acknowledging the historical prevalence of smoking without judgment and encouraging people to take action now based on current health knowledge. While the exact impact on screening rates is difficult to measure, the campaign effectively engaged audiences through various media channels, particularly social media, where personal stories have helped spread the message. Ms. Harrison stressed the power of patient-focused collaboration in shaping and driving the campaign's success.

Ms. Deborah Brown, Chief Mission Officer for the American Lung Association, discussed the ***Saved by the Scan*** campaign, a seven-year partnership with the Ad Council aimed at raising awareness about lung cancer screening. The campaign targets high-risk individuals with a smoking history, encouraging them to take a lung cancer screening quiz and consult their doctors about screening. Despite progress in increasing awareness, Ms. Brown noted challenges in getting individuals to act, often due to fears, misconceptions, and a sense of undeservingness. She highlighted key lessons learned from focus groups, including making lung cancer screening an extension of a healthy lifestyle and maintaining a multi-year commitment to awareness efforts. The campaign is preparing to launch its fourth iteration to continue driving engagement.

Dr. Scout, Executive Director of the National LGBT Cancer Network, closed the level-setting sessions with a presentation on the ***Breath Out Lung Cancer Screening Campaign***. Dr. Scout shared about

the tailored lung cancer screening campaign targeting the LGBTQ+ community, which faces high smoking rates and medical mistrust. The campaign, funded by Takeda, was developed by adapting ad concepts tested in West Virginia to resonate with the LGBTQ+ population. The ads were created with culturally relevant imagery and positive messaging, emphasizing that lung cancer screening is a way to continue taking steps toward better health. Launched with a modest budget, the campaign achieved over 245,000 impressions in two months, with strong engagement and interest from other cancer groups seeking to share the materials. Dr. Scout emphasized that tailoring health campaigns for underrepresented populations can be more accessible than expected and encouraged others to take similar steps.

Overview – Breakout Group Discussions

Workshop participants were organized into four groups that each focused on one topic area for their two breakout sessions. The four focus areas are listed below:

- Identifying Individuals Eligible for Lung Cancer Screening
- Patient Tracking After Lung Cancer Screening
- Education for Patients Including Shared Decision Making
- Key Performance Indicators and Quality Measure Dashboard

In the first breakout session, participants brainstormed and narrowed tactics to support the two strategies for the group.

In the second breakout session, participants refined and prioritized tactics associated with each strategy, considering feasibility and health equity.

Group 1 – Clinician Outreach, Education & Engagement

Subject Matter Experts	
Ella Kazerooni, MD, MS University of Michigan	Brendon Stiles, MD Albert Einstein College of Medicine and Montefiore Medical Center
Charge	
To engage physicians, advanced practice providers, navigators, and tobacco treatment specialists to prioritize the uptake of lung cancer screening.	
Strategy 1: Implement lung cancer screening HEDIS measure.	
Initial Tactics	Refined Tactics

<ul style="list-style-type: none"> • Redefine exposure with CMS from pack year history. • Increase number and quality of tools and opportunities to collect pack year history, including regular patient entered data. • Increase interoperability of patient history across EHR platforms. • Incentivize care teams. • Incorporate LCS quality measure into value-based care model. 	<ul style="list-style-type: none"> • Substantially simplify eligibility calculation. (Redefine exposure with CMS from pack year history.) • Increase number and quality of tools and opportunities to collect pack year history. Including regular patient entered data. • Increase interoperability of patient history across EHR platforms. • Incentivize care teams. • Incorporate LCS quality measure into value-based care model
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Strategy 2: Improve access to increase primary care team education on lung cancer screening; specifically, how to engage populations that are medically underserved

Initial Tactics	Refined Tactics
<ul style="list-style-type: none"> • Meet the primary care team where they are with multiple modalities and opportunities • Provide customizable/adaptable tools for organized/centralized, hybrid, and individual LCS programs including language and content for patients • Replicate Academic Detailing approach • CDC Lung Cancer Screening Program • Best practices and training repository for PCPs, RNs, MAs, CHWs, Admin, QI • Embed patient navigators into primary care 	<ul style="list-style-type: none"> • Meet the primary care team where they are with multiple modalities and opportunities • Provide customizable/adaptable tools for organized/centralized, hybrid, and individual LCS programs including language and content for patients • Replicate Academic Detailing approach • CDC Lung Cancer Screening Program • Best practices and training repository for PCPs, RNs, MAs, CHWs, Admin, QI • Embed patient navigators into primary care • Geocoded data with feedback loop for PCPs – how well are we doing reaching and screening patients who are medically underserved

Group 2 – Health Systems Outreach, Education & Engagement

Subject Matter Experts	
Jan Eberth, PhD Drexel University	Anita Kinney, PhD, RN

		Rutgers University
Charge		
To integrate and optimize/prioritize best practices in delivery of high-quality lung cancer screening.		
Strategy 1: Create a value proposition explaining why health systems should invest in LCS programs.		
Initial Tactics	Refined Tactics	
<ul style="list-style-type: none"> Educate stakeholders to convey the ROI on implementing a LCS program and quality reporting. Create data systems to demonstrate the population health impact of implementing a LCS program. Establish a program to garner recognition for implementing a high-quality LCS program (e.g., rating system). Educate stakeholders about the population health benefit of implementing a LCS program. 	<ul style="list-style-type: none"> Educate stakeholders to convey the ROI on implementing a LCS program and quality reporting (high feasibility, high equity). Create data systems to demonstrate the population health impact of implementing a LCS program (low feasibility, high equity). Educate stakeholders about the population health benefit of implementing a LCS program (high feasibility, high equity). 	
Strategy 2: Empower health systems to use social determinants of health (SDOH) data proactively and meaningfully to identify and address disparities in LCS.		
Initial Tactics	Refined Tactics	
<ul style="list-style-type: none"> Require the collection and reporting of SDOH data. Establish a mechanism to obtain financial rewards, accreditation/certification, and/or recognition for assessing and addressing SDOH. Create and implement a system to collect standardized SDOH data on all patients. Establish benchmarks for assessing and addressing SDOH in the context of lung cancer screening. Invest in infrastructure to address LCS disparities. 	<ul style="list-style-type: none"> Mandate the collection and reporting of standardized SDOH data for all patients (high feasibility, high equity). Invest in infrastructure to address LCS disparities, including leveraging community partners and advocacy groups (low feasibility, high equity). Strategically use SDOH to inform and expand creative access strategies to deliver LCS in the system's catchment area (medium feasibility, high equity). 	

<ul style="list-style-type: none"> Strategically use SDOH to inform and expand creative access strategies to deliver LCS in the system’s catchment area. 	
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Group 3 – Community Outreach, Education & Engagement

Subject Matter Experts	
Jennifer Redmond Knight, DrPH University of Michigan	Loretta Erhunmwunsee, MD City of Hope Comprehensive Cancer Center
Charge	
To facilitate engagement between health systems, community organizations, health departments, and comprehensive cancer coalitions to promote lung cancer screening.	
Strategy 1: Develop a community engagement and outreach framework for LCS that prioritizes health equity.	
Initial Tactics	Refined Tactics
<ul style="list-style-type: none"> Define what we mean by community. Use data to identify population and hotspots/burden of eligible. Identify relevant partners in the community; find champions. Needs Assessment: Get input from the community – what is happening (providers, public, what is already going on) Recognize importance of the right message and messenger (culturally competent, simple...potential examples - lung health rather than lung cancer, screening for all screenings - normalizing screening). Clearly define partner roles. Get community leader buy-in. 	<ul style="list-style-type: none"> Define what we mean by community. Identify relevant partners in the community; find champions. Needs Assessment: Get input from the diverse community – what is happening (providers, public, what is already going on).
Strategy 2: Implement community led LCS outreach efforts that include community representation to build a sense of hope, empowerment, and respect for the community.	
Initial Tactics	Refined Tactics

<ul style="list-style-type: none"> • Connect with mid-stream messengers that represent community voices (e.g. community health workers, coaches, barbershop, etc.) • Conduct training that includes diverse participation from the community and is co-developed by the community. • Share information that already exists and tailor it for local communities with a positive message. • Create a patient network/advisory board with a safe environment to give input into everything that is developed – including those who have been screened and had cancer and those who were screened and did not have cancer. • Convene mid-stream trusted messengers and connect them to the right resources including assisting to actual screening. 	<ul style="list-style-type: none"> • Connect (find them, listen to them) with mid-stream messengers that represent community voices (e.g. community health workers, coaches, barbershop, etc.) • Share information that already exists and tailor it for local communities with a positive message. • Convene mid-stream trusted messengers to share best practices and lessons learned.
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Group 4 – Public Outreach, Education & Engagement

Subject Matter Experts	
Jessica Olson, PhD, MPH Medical College of Wisconsin	Scout, PhD National LGBTQI+ Cancer Network
Charge	
To harness the power of diverse marketing and media communications tools to increase public awareness and education about the importance of lung cancer screening.	
Strategy 1: Increase awareness & eliminate knowledge gaps for those who are eligible.	
Initial Tactics	Refined Tactics
<ul style="list-style-type: none"> • Open house with passport you get checked off as you see all • Screening trucks • Multimodal campaign with tailored & personal resources • Social media campaign with reporters/celebs+ 	<ul style="list-style-type: none"> • FE1 Open house with passport you get checked off as you see all • FE1 National database with best practices, case studies, campaigns+ • FE1 Set a national goal for all to aim for • FE1.25 Pink & pearls • FE2 Screening trucks

<ul style="list-style-type: none"> • National database with best practices, case studies, campaigns+ • Set a national goal for all to aim for • Pink & pearls 	
<p>Strategy 2: Implement robust awareness campaign with local feel & impact.</p>	
<p>Initial Tactics</p>	<p>Refined Tactics</p>
<ul style="list-style-type: none"> • Compelling personal stories, using the concept where you don't know what's being sold until the end. Selling: surviving! & not scary • Changing the messaging to hope and opportunity (like HIV, used to be death but no longer) • Having culturally competent campaign materials, potentially using holidays, having toolboxes of campaign materials locals can mod. • World lung cancer day, flight attendant making announcements • Multimodal, to reach all pops • Partnering with sports teams, need pink socks moment • Partnering with survivors and show what it's like to get a CAT scan 	<ul style="list-style-type: none"> • FE1 Multimodal to reach all pops w/culturally tailored sub campaigns • FE1 Community Driven! Show how easy it is. <ul style="list-style-type: none"> ○ Potentially use stories with a reveal at end that it's about lung cancer ○ Show what it's like to get a CT scan/how easy it is • FE1Toolbox of campaign materials for locals to tailor and deploy (is this same as 2?) • F1.25E1 Changing the messaging to hope, opportunity, and surviving, not scary! (haven't done in 20 years but maybe national goals c/help?) • F1.25E1 Partner with sports teams • F2E2 Partnering re: diverse holidays to engage folk • F3E2 (w/mod) Getting airlines/all public transport support to announce screening info on trips

Overview – List of Presentations

<u>Welcome and Introduction</u>
<p>Ella A. Kazerooni, MD, MS, FACR, FACC, FSABI, Chair, NLCRT, University of Michigan Erin Hester, PhD, University of Kentucky</p> <p><i>Just Do It: Lesson from Nike to Accelerate Lung Cancer Screening</i> John Anderson, Patient Advocate</p>
<u>Session 1 - Clinician Outreach, Education & Engagement</u>
<p>Moderator: Thomas Houston, MD, American Academy of Family Physicians Jamie Studts, PhD, University of Colorado</p> <p><i>Engaging Primary Care in Lung Cancer Screening: The Kentucky LEADS Collaborative</i> Thomas Varghese, Jr., MD, MS, MBA, University of Utah</p> <p><i>Podcasts: The Modern Art of Storytelling</i> Brendon Stiles, MD, Albert Einstein College of Medicine and Montefiore Medical Center</p> <p><i>Let's get social: connecting with clinicians about lung cancer screening</i> Ronald Myers, DSW, PhD, Thomas Jefferson University</p> <p><i>Mid-Atlantic Provider and Patient Support (MAPPS) Study: Tools for Engagement (R01CA258849)</i></p>
<u>Session 2 – Health Systems Outreach, Education & Engagement</u>
<p>Moderator: Anita Kinney, PhD, RN, Rutgers Cancer Institute of New Jersey Micael Pignone, MD, MPH, Duke Cancer Institute</p> <p><i>Achieving equitable implementation of lung cancer screening: lessons from a safety net health system in Texas</i> Renda Wiener, MD, MPH, VA Boston Healthcare System</p> <p><i>Best practices in delivery of high-quality lung cancer screening in the Veterans Health Administration</i> Donald Noblett, MPH, Inspira Health</p> <p><i>Inspira Health's Impact in Southern NJ</i> Lawrence An, MD, University of Michigan</p> <p><i>Addressing the Impact of COVID-19 on Cancer Screening in a CHC Network</i></p>
<u>Session 3 - Community Outreach, Education & Engagement</u>
<p>Moderator: Jennifer Redmond Knight, DrPH, University of Kentucky</p>

Nikki Hayes, MPH, Centers for Disease Control and Prevention

State-Based Coalitions – Engagement Best Practices Towards Comprehensive Cancer Control

Loretta Erhunmwunsee, MD, City of Hope Comprehensive Cancer Center

Partnering with FQHCs to implement LCS programs

Ryan Nguyen, DO, University of Illinois

Building Bridges to Early Detection: Transforming Perceptions and Practices in Lung Cancer Screening through Community Engagement

Lisa Carter-Bawa, PhD, APRN, ANP-C, Hackensack Meridian Health

Leveraging Social Media to Increase Awareness of, Knowledge about, and Uptake in Lung Cancer Screening

[Session 4 - Public Outreach, Education & Engagement](#)

Moderator: Jessica Olson, PhD, MPH, Medical College of Wisconsin

Jeri Ramos, MA, American Cancer Society

Leveraging the Power of Sports to Fuel Change

Linda Aragon, MPH, Los Angeles County Department of Public Health

Hitting a Three-Pointer with Sports Marketing Partnerships

Debra Dyer, MD, National Jewish Health

National Lung Cancer Screening Day – What, Why and How

Chi-Fu Jeffrey Yang, MD, Massachusetts General Hospital

The Plus One Campaign

Margaret Harrison, MA, Genentech

Screen Your Lungs

Deborah Brown, MS, American Lung Association

Saved By The Scan

Scout, PhD, National LGBTQI+ Cancer Network

Breath Out Lung Cancer Screening Campaign

[All Attendee Report Out & Discussion – Breakout Groups 1](#)

Group 1 – Clinician Outreach, Education & Engagement

Group 2 – Health Systems Outreach, Education & Engagement

Group 3 – Community Outreach, Education & Engagement

Group 4 – Public Outreach, Education & Engagement

[All Attendee Report Out & Discussion – Breakout Groups 2](#)

- Group 1 – Clinician Outreach, Education & Engagement
- Group 2 – Health Systems Outreach, Education & Engagement
- Group 3 – Community Outreach, Education & Engagement
- Group 4 – Public Outreach, Education & Engagement

Closing

Ella A. Kazerooni, MD, MS, FACR, FACC, FSAB, Chair, NLCRT, University of Michigan

Closing Remarks, Next Steps & Thank You

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About The American Cancer Society National Lung Cancer Roundtable

American Cancer Society Roundtable Overview

The American Cancer Society (ACS) is the leading cancer-fighting organization with a vision of ending cancer as we know it for everyone. It is the only organization working to improve the lives of people with cancer and their families through advocacy, research, and patient support. This provides ACS with unmatched reach – able to function as a leader and convener at the national and state levels to influence public policy, engage key leaders in advancing science and evidence-based patient care, and to serve as a trusted partner, communicator, and connector in our communities and with individual patients and their families. ACS seeks to ensure that everyone has an opportunity to prevent, detect, treat, and survive cancer.

The ACS has invested in the roundtable model since 1987, when the ACS and partners established the National Colorectal Cancer Roundtable (NCCRT). The NCCRT's *80% by 2018* campaign became one of the most effective and transformative public health cancer prevention campaigns, with over 1800 organizations making the pledge to become involved in reaching the goal of 80% screened for colorectal cancer by 2018. The follow-up campaign, *80% in Every Community*, continues the initiative, with a focus on health equity and ensuring that all communities meet this goal.

The success of the ACS NCCRT laid the foundation for the establishment of the ACS National Lung Cancer Roundtable (ACS NLCRT), the ACS National Navigation Roundtable (ACS NNRT), the ACS National HPV Vaccination Roundtable (ACS NHVRT), the ACS National Breast Cancer Roundtable (ACS NBCRT), the ACS National Roundtable on Cervical Cancer (ACS NRTCC), and the ACS National Prostate Cancer Roundtable (ACS NPCRT). Each were logical extensions of prior ACS work. Before 2017, with regard to lung cancer, the ACS was instrumental in efforts to evaluate low-dose CT (LDCT) for lung cancer screening, released one of the earliest lung cancer screening guidelines, and strongly advocated for Medicare coverage for lung cancer screening.

In the 2022 *President's Cancer Panel Report: Closing Gaps in Cancer Screening*, (<https://prescancer-panel.cancer.gov/report/cancerscreening/Recommendations.html>), the Panel endorsed ACS roundtables. Recommendation 1.2 specifically challenged the nation to, "Expand and strengthen National Cancer Roundtables that include a focus on cancer screening," adding that, in calling for new roundtables, the Panel's Report also appealed for increased support for two existing ACS roundtables, the ACS NCCRT and ACS NLCRT, "to allow important work on colorectal and lung cancer screening to continue and expand their reach to communities with low rates of screening and follow-up care."

“The Panel believes that the National Roundtable model provides an ideal framework for bringing stakeholders together and addressing gaps in cancer screening and follow-up care, including inequities experienced by various sociodemographic groups.”

- 2022 President’s Cancer Panel

The ACS has accepted the President’s Cancer Panel’s challenge, understanding that it has unique experience and capacity to build and expand roundtables, and lead critical initiatives. By the end of 2022, the ACS had launched two new roundtables – the ACS NBCRT and the ACS NRTCC, with the ACS NPCRT launching in 2024.

The goal of all ACS roundtables is the accelerated development of collaborative initiatives that would neither be feasible nor likely for any member organization to pursue alone. The ACS recognizes that many challenges warrant a comprehensive solution and a mission-oriented approach, one that must be met at both the national and local levels, and ACS roundtables offer a proven and effective platform to achieving these national goals more rapidly.

ACS National Lung Cancer Roundtable’s Work

The ACS has a strong history of improving the lives of individuals affected by lung cancer. Through research, it is currently funding 73 extramural grants that address lung cancer, totaling \$30 million. Since the 1990s, it has invested over \$29 million in research specific to lung cancer not related to tobacco – including research that found the link between the enzyme ALK and cancer, the key discovery that enabled industry researchers to develop crizotinib. The ACS was instrumental in international and U.S. efforts to evaluate LDCT for lung cancer screening and was one of the earliest organizations to release lung cancer screening guidelines. It strongly advocated for Medicare coverage for lung cancer screening when it appeared the Centers for Medicare & Medicaid Services (CMS) would not add LDCT screening to the benefits package based on concerns regarding quality. In fact, in a multi-organizational appeal to CMS, the ACS pledged to launch a new national roundtable focused on promoting best practices in lung cancer screening.

Since 2017, the ACS NLCRT has galvanized public, private, and government member organizations and leading experts, as well as patient and caregiver advocate representatives, to collectively address and problem-solve the challenges around lung cancer. While originally envisioned as having a focus on lung cancer screening, the early recommendations of its Steering Committee led the ACS NLCRT to broaden its scope to include the entire lung cancer continuum and to include industry partners in its mission. Through a multidimensional and multisectoral approach, the ACS NLCRT engages these experts and organizations in all areas to catalyze action to conceive, build, and strengthen innovative solutions.

After seven years of dedicated work, the ACS NLCRT has reached a point of maturity where ongoing research and design has produced valuable tools, publications, and initiatives. Our wide-ranging membership allows us to harness the collective power and expertise of the entire lung cancer community by connecting leaders, communities, and systems to improve equity and access. These relationships, both national and local, provide immediate partnerships and dissemination outlets for these tools and resources.

The ACS NLCRT’s scope of work is comprehensive and covers the lung cancer continuum – from risk reduction, tobacco prevention and control, early detection (screening and incidental lung nodule management), and guideline-based staging, biomarker testing, and treatment to survivorship, including overarching issues such as stigma and nihilism and health equity, to tactical approaches including state coalition efforts and policy initiatives. These themes fall under 3 strategic priorities and 1 cross-cutting priority. These priorities allow us to advance lung cancer-related best practices and health equity by identifying and working to overcome barriers to quality care and equitable access to care. More information about the ACS NLCRT and its current work can be found at www.NLCRT.org.

