

2023 Staging Summit

Promoting Guideline-Concordant Lung Cancer Staging

American Cancer Society National Lung Cancer Roundtable

March 2, 2023

Loews O'Hare Hotel
Chicago, Illinois

Montrose Ballroom



Welcome to the ACS National

Dear ACS NLCRT Staging Summit Participants,

Welcome to the American Cancer Society National Lung Cancer Roundtable's (NLCRT) Summit: **Promoting Guideline-Concordant Lung Cancer Staging**. We hope your travels to Chicago were smooth, and that you come ready to roll up your sleeves and work together. We will explore this critical component of care towards delivering quality, timely, and appropriate lung cancer treatment, and begin to develop a comprehensive strategic plan with actionable recommendations.

Lung cancer is the leading cause of cancer death in the United States, and disproportionately impacts communities of color, the under- and uninsured, and those with less formal education. Lung cancer staging is a key determinant of appropriate treatment selection and optimal patient outcomes by increasing the chances of delivering stage-appropriate therapy. The ACS NLCRT's multidisciplinary Triage for Appropriate Treatment Task Group has been charged with addressing the knowledge and resource barriers to optimal care in several areas, and it has developed a strategic plan that identifies seven gaps in care delivery and proposes seven recommendations for increasing rates of guideline-concordant lung cancer staging.

Four of these recommendations have not been previously addressed and they are the focus of today's Summit:

- Clinician Education
- Patient Education
- Guideline Reconciliation
- Quality Improvement

Promoting Guideline-Concordant Lung Cancer Staging is a key strategic priority established by the ACS NLCRT to create lung cancer survivors. The Triage for Appropriate Treatment Task Group seeks to address provider, patient, and systems barriers, and issues that prevent all eligible patients from receiving care that is keeping with best practices. The ACS NLCRT also prioritizes *Accelerating the Implementation, Uptake, and Adherence of Early Detection of Lung Cancer* and *Promoting Initiatives to Eliminate Lung Cancer-Related Stigma and Nihilism*, both strategies with multiple on-going projects. Along with supporting and strengthening state and local initiatives, these strategies span the lung cancer continuum and the overlapping and comprehensive way in which these issues are addressed in a multidisciplinary, collaborative way. You can learn more about ACS NLCRT's lung cancer work on page 9.

Lung Cancer Roundtable

We remain grateful to the American Cancer Society and our partners, who make this critical work possible. The American College of Radiology, Amgen, AstraZeneca, Bristol Myers Squibb, Daiichi-Sankyo, Foundation Medicine, Genentech, Guardant Health, Janssen Pharmaceuticals, Merck, Novartis, Novocure, Regeneron, Sanofi, and Takeda all share the conviction that we can best make a difference in the lives of individuals affected by lung cancer when we come together, bringing our unique strengths and perspectives to find solutions to complex problems. It is that belief that embodies the mission of the Roundtable.

We are here today with a sense of urgency and the belief that we can improve guideline-concordant lung cancer staging by working together to save lives and making an impact on the leading cause of cancer death in the United States. Thank you for being an important part of this effort today and into the future.

With gratitude,



Farhood Farjah, MD, MPH, FACS
Summit Co-Chair
University of Washington



Gerard Silvestri, MD, MS, Master FCCP
Summit Co-Chair
Medical University of South Carolina



Raymond Osaragiagbon, MBBS, FACP
Summit Co-Chair
Baptist Memorial Healthcare Corporation



Douglas Wood, MD, FACS, FRCSEd
NLCRT Vice Chair
University of Washington

Meeting Agenda

7:00 AM – 8:00 AM
BREAKFAST AND REGISTRATION

8:00 AM – 8:10 AM
WELCOME AND THE IMPORTANCE OF STAGING

Farhood Farjah, MD, MPH, FACS

Associate Professor of Surgery
University of Washington

Douglas E. Wood, MD, FACS, FRCSEd

Vice Chair, National Lung Cancer Roundtable
Henry N. Harkins Professor and Chair, Department of Surgery
University of Washington

8:10 AM – 8:20 AM
STRATEGIC PLAN RECOMMENDATIONS AND TODAY'S TARGETS

M. Patricia Rivera, MD, ATSF, FCCP

Co-Chair, NLCRT Biomarker Initiative
Associate Director of Diversity, Equity, and Inclusion
University of Rochester Medical Center

8:20 AM – 8:50 AM
GRADUATE MEDICAL EDUCATION AND LUNG CANCER STAGING

James Huang, MD

Associate Vice Chair of Education, Department of Surgery
Memorial Sloan Kettering Cancer Center
Thoracic Surgery

Catherine R. Sears, MD

Assistant Professor of Medicine
Indiana University Simon Cancer Center
Pulmonary Medicine

Carolyn J. Presley, MD, MHS

Assistant Professor, Department of Medicine
The Ohio State University Medical Center
Medical Oncology

John Kang, MD, PhD

Assistant Professor of Radiation Oncology
University of Washington
Radiation Oncology

Ella A. Kazerooni, MD, MS, FACR, FACC, FSAB
Chair, National Lung Cancer Roundtable
Professor of Radiology, University of Michigan
Radiology

Question & Answer

8:50 AM – 9:15 AM DISPARITIES IN GUIDELINE RECOMMENDATIONS

Frank C. Detterbeck, MD, FACS, FCCP
Professor of Surgery, Chief of Thoracic Surgery
Yale University
American College of Chest Physicians Guideline Recommendations

Jane Yanagawa, MD
Associate Professor, Thoracic Surgery
University of California, Los Angeles
National Comprehensive Cancer Network Guideline Recommendations

Question & Answer

9:15 AM – 10:05 AM PERFORMANCE FEEDBACK PLATFORMS

Peter J. Mazzone, MD, MPH, FCCP
Pulmonologist and Director, Lung Cancer Program, Respiratory Institute
Cleveland Clinic
Quality Metrics for Lung Cancer Staging

Timothy W. Mullett, MD, MBA, FACS
Professor, Department of Surgery
Medical Director, Markey Cancer Center
University of Kentucky
American College of Surgeons National Cancer Database

Christopher W. Seder, MD
Professor of Surgery, Department of Cardiovascular and Thoracic Surgery
Rush University Medical Center
Society of Thoracic Surgeons General Thoracic Surgery Database

George A. Eapen, MD, FACP, FCCP
Professor, Department of Pulmonary Medicine,
University of Texas MD Anderson Cancer Center
American College of Chest Physicians Quality Improvement Registry (AQUIRE)

Question & Answer

**10:05 AM – 10:20 AM
BREAK**

**10:20 AM – 10:50 AM
PATIENT PERSPECTIVES ON MESSAGING LUNG CANCER STAGING**

Jill Feldman
EGFR Resisters

James Pantelas
Veterans Health Administration

Katie Wright
Patient Advocate

Question and Answer

**10:50 AM – 11:00 AM
ANTICIPATED CHANGES IN THE AMERICAN JOINT COMMITTEE ON CANCER
(AJCC) CANCER STAGING SYSTEM**

James Huang, MD
Associate Vice Chair of Education, Department of Surgery
Memorial Sloan Kettering Cancer Center

Question & Answer

**11:00 AM – 11:30 AM
CLINICAL TARGET 1: PRETREATMENT NODAL STAGING**

Farhood Farjah, MD, MPH, FACS
Associate Professor of Surgery
University of Washington

Question & Answer

11:30 AM – 12:30 PM

BREAKOUT GROUPS: PRETREATMENT NODAL STAGING

Clinician Education (Avedon Room)

Cherie P. Erkmen, MD, FACS

Professor, Thoracic Medicine and Surgery
Temple University

Nichole T. Tanner, MD, MSCR, FCCP

Professor, Department of Medicine
Medical University of South Carolina

Guideline Reconciliation (Montrose Ballroom)

Thomas D'Amico, MD, FACS

Professor, Department of Surgery
Duke University Cancer Center

Anne Valerie Gonzalez, MD, MSc, FCCP

Associate Professor, Department of Medicine
McGill University

Patient Education (Tate Room)

Adam H. Fox, MD

Instructor, Department of Medicine
Medical University of South Carolina

Jeffrey B. Velotta, MD, FACS

Asst Clinical Professor, Department of Surgery
UCSF Kaiser Permanente Oakland

Quality Improvement (Montrose Ballroom)

Eric L. Flenaugh, MD, FCCP

Associate Professor, Department of Medicine
Morehouse School of Medicine

Christopher W. Seder, MD

Professor, Department of Surgery
Rush University Medical Center

12:30 PM – 1:30 PM

LUNCH

1:30 PM – 2:00 PM

CLINICAL TARGET 2: INTRAOPERATIVE NODAL STAGING

Raymond U. Osarogiagbon, MBBS, FACP

Chief Scientist and Director, Multidisciplinary Thoracic Oncology Program
Baptist Memorial Healthcare Corporation

Question & Answer

2:00 PM – 3:00 PM

BREAKOUT GROUPS: INTRAOPERATIVE NODAL STAGING

Clinician Education (Avedon Room)**Cherie P. Erkmen, MD, FACS**

Professor, Thoracic Medicine and Surgery
Temple University

Nichole T. Tanner, MD, MSCR, FCCP

Professor, Department of Medicine
Medical University of South Carolina

Guideline Reconciliation (Montrose Ballroom)**Thomas D'Amico, MD, FACS**

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Duke University Cancer Center

Anne Valerie Gonzalez, MD, MSc, FCCP

Associate Professor, Department of Medicine
McGill University

Patient Education (Tate Room)**Adam H. Fox, MD**

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Medical University of South Carolina

Jeffrey B. Velotta, MD, FACS

Asst Clinical Professor, Department of Surgery
UCSF Kaiser Permanente Oakland

Quality Improvement (Montrose Ballroom)**Eric L. Flenaugh, MD, FCCP**

Associate Professor, Department of Medicine
Morehouse School of Medicine

Christopher W. Seder, MD

Professor, Department of Surgery
Rush University Medical Center

3:00 PM – 3:40 PM**BREAKOUT GROUP REPORT OUTS****Clinician Education**

Nichole T. Tanner, MD, MSCR, FCCP
Cherie Erkmen, FACS

Patient Education

Adam H. Fox, MD
Jeffrey B. Velotta, MD, FACS

Guideline Reconciliation

Thomas D'Amico, MD, FACS
Anne Valerie Gonzalez, MD, MSc, FCCP

Quality Improvement

Eric L. Flenaugh, MD, FCCP
Christopher W. Seder, MD

Question & Answer

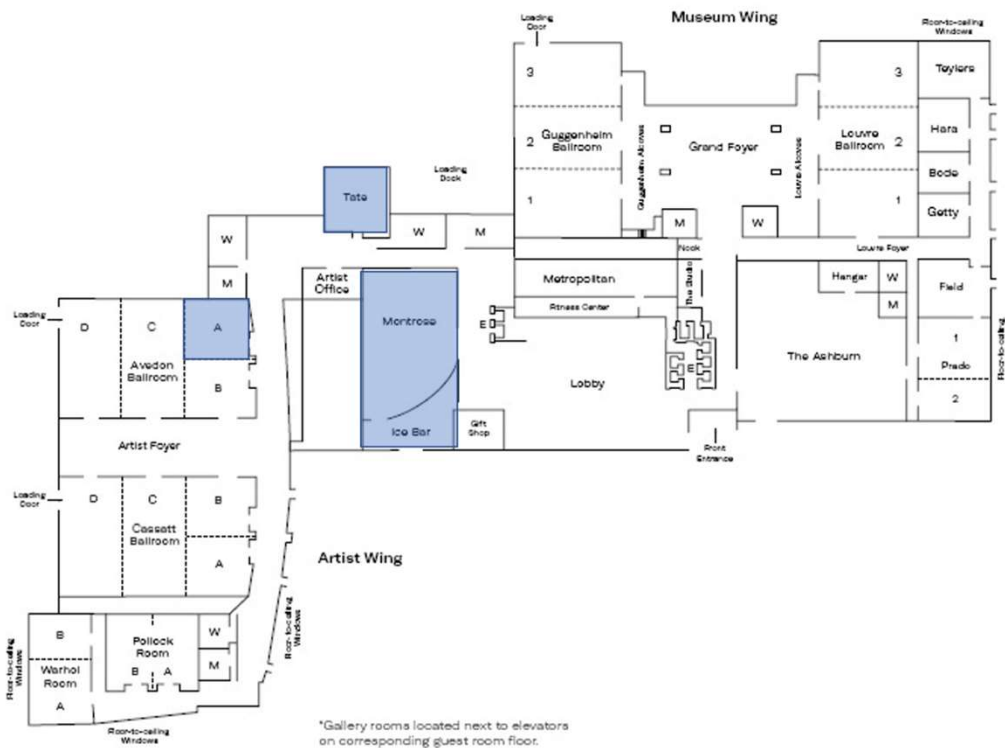
3:40 PM – 4:00 PM**WRAP-UP AND NEXT STEPS****Farhood Farjah, MD, MPH, FACS**

Associate Professor of Surgery
University of Washington

Gerard A. Silvestri, MD, MS, Master FCCP

Professor, Department of Medicine
Medical University of South Carolina

Staging Summit Breakout Rooms



Breakout Group Assignments



Clinician Education



Patient Education



Guideline Reconciliation



Quality Improvement

About the ACS NLCRT Mission

The American Cancer Society (ACS) is the leading cancer-fighting organization with a vision of ending cancer as we know it, for everyone. We are the only organization working to improve the lives of people with cancer and their families through advocacy, research, and patient support, to ensure everyone has an opportunity to prevent, detect, treat, and survive cancer. ACS exists to improve the lives of individuals with cancer and their families through advocacy, discovery, and patient support. Our reach is unique in that we are a leader and convener at the national and state levels where we influence public policy, engage key leaders in advancing science and evidence-based patient care, and act as a collaborator and advisor at the health system level and a trusted partner, communicator, and connector at the community and individual patient levels.

The American Cancer Society National Lung Cancer Roundtable (ACS NLCRT) was established in 2017. The ACS NLCRT is a coalition of 210 member organizations dedicated to creating lung cancer survivors. The ACS provides organizational leadership and expert staff support to the ACS NLCRT. Through the activation of over 225 leading experts, as well as patient and caregiver advocate representatives, at the national, state, and local levels, we collectively partner to problem-solve and achieve enduring systematic change to reduce deaths from lung cancer. We engage experts in multidisciplinary, problem-solving collaborations, catalyze action to create, build, and strengthen innovative solutions, and develop and disseminate evidence-based interventions and best practices.

The ACS NLCRT was recommended by the recent [President's Cancer Panel Report](#) as a priority cancer control model that effectively harnesses the collective power and expertise of the entire lung cancer community to close gaps in cancer

screening by connecting people, communities, and systems to improve equity and access. Through its multidimensional and multisectoral approach, the ACS NLCRT stimulates multidisciplinary collaborations to reduce lung cancer mortality through actions aligned to the following priorities:

- Accelerate implementation, uptake, and adherence of lung cancer screening and nodule detection and management
- Promote guideline-concordant staging and optimize the use of biomarker testing to guide appropriate and timely therapy and care
- Eliminate the pervasive lung cancer-related stigma and nihilism to diminish the harmful health and quality of life outcomes for those affected by lung cancer
- Support and strengthen state-based initiatives based on the belief that individual states or regions know the needs of their population, and therefore are best positioned to tailor broad recommendations and best practices to fit the cultures and needs of the communities represented in their area

Addressing health equity is integral to increasing the number of lung cancer survivors, and initiatives that target health disparities and equity are central to our work. Taken together with the strategic priorities that span the lung cancer care and control continuum, the ACS NLCRT has developed a comprehensive way in which these issues are addressed through a collaborative and collective coalition of members.

Details on each of these initiatives and the associated projects can be found on the ACS NLCRT website, www.NLCRT.org.

and Our Strategic Priorities



In July 2022, the ACS NLCRT convened the inaugural Summit: **Accelerating Uptake of Lung Cancer Screening – A National Initiative** to develop the foundation for a comprehensive strategic plan with actionable recommendations to accelerate uptake of screening. Together, we will ensure that more individuals are screened, ultimately creating better outcomes for individuals affected by lung cancer.

Select ACS NLCRT activities that currently advance this priority are detailed below with additional activities in progress.

LungPLAN™. LungPLAN is a free financial planning tool that helps healthcare professionals, financial experts, and administrators model implementation costs and outcomes to demonstrate downstream value of a lung cancer early detection program (screening and nodule detection and management), thereby ensuring these programs are successful and tailored to their patient population. It can be used to build new lung cancer early detection programs, as well as strengthen and expand existing programs for different types of facilities.

LungPLAN was created by a team of ACS NLCRT clinical, navigation, health systems, and financial experts, and was field-tested by health systems and provides a framework for predicting lung cancer screening and nodule management program costs, resources, staffing, volume, and revenue. It is based on current evidence including data from the American College of Radiology [Lung CT Screening Reporting & Data System](#) (LUNG-RADS) and the [Lung Cancer Screening Registry](#).

State Based Initiative (SBI) Planning Tool.

Building and strengthening local initiatives led by a multidisciplinary team of partners is a critical strategy for reducing lung cancer

mortality. Our goals in creating this tool were to create a formula to help build initiatives and coalitions that could be tailored to the unique needs of each state and encourage common goals with the understanding that approaches will depend on existing initiatives, resources, and partner engagement.

The web- and PDF-based SBI Planning Tool is an easy-to-follow roadmap for building these efforts and can be tailored to each user regardless of their experience with coalitions or lung cancer expertise. It provides for flexible navigation, allowing users to explore approaches to identify partners, priorities, goals, and strategies that ensure alignment in focus and direction. It also shares field-tested strategies to overcome common obstacles and provides worksheets and useful references. Its intended audience is wide-ranging – from clinicians, health systems, public health partners, and advocacy organizations who want to work together to leverage collective action to improve lung cancer risk reduction, early detection, and care services across the nation.

Webinar and Podcast Series. In partnership with the American College of Radiology (ACR), the ACS NLCRT hosts an annual webinar and podcast series addressing the challenges and opportunities around lung cancer screening.

Last year's theme, "[Lung Cancer Screening 201: Accelerating Screening Uptake](#)," was the third year of the series. It highlights established screening programs and showcases methods and metrics health centers and hospital systems can use to accelerate lung cancer screening uptake and adherence. The nationally-promoted webinar series features perspectives from key partner groups – primary care physicians, pulmonologists

radiologists, thoracic surgeons, medical oncologists, epidemiologists, behavioral scientists, and the advocacy community. The series concluded in November 2022, but episodes are available to download.

[**Pleural Space | Conversations in Lung Cancer**](#) is our podcast channel that features conversations about every aspect of lung cancer and hope for the future. With 2500+ downloads currently, we are excited about the third series, “**Lung Cancer Screening 201: Expanding Horizons**,” which launched in November 2022 during Lung Cancer Awareness Month.



Despite an unprecedented acceleration of new treatment options for NSCLC that target specific biomarkers, many patients face multiple, cascading challenges for receiving comprehensive biomarker testing. In fact, many cancer treatment facilities, particularly in community practice settings (and in rural communities), where most cancer patients are treated, are limited in their ability to offer biomarker testing.

The ACS NLCRT’s second priority, **Optimizing Lung Cancer Biomarkers in Practice – A National Initiative**, seeks to address provider, patient, and systems barriers and issues that prevent all eligible patients from receiving care that is in keeping with best practices.

Focused work began with a 2020 virtual Summit that brought together a multidisciplinary team of experts to determine the primary challenges to optimizing comprehensive biomarker testing. ACS NLCRT activities that were initiated in response to the Summit’s recommendations include:

Comprehensive Biomarker Testing Consensus Statement. Identifies common and dissimilar elements of the leading comprehensive biomarker testing clinical practice guidelines and explores the potential to harmonize and modernize the

guidelines established by professional societies to create a multi-society professionally-engaged and endorsed best practice statement on comprehensive biomarker testing in lung cancer.

Acquiring Tissue for Lung Cancer Diagnosis and Comprehensive Biomarker Testing. Multi-disciplinary educational and practical procedure-specific resource that focuses on what successful incorporation of comprehensive biomarker testing looks like in the healthcare setting and what it looks like when the process is interrupted and disjointed.

Process Map and Assessment Tools to Reduce Biomarker Testing Turnaround Time. Identifies key factors that prolong biomarker testing turnaround time, proposes strategies to reduce it, and presents a process map to aid clinicians and key organizational partners in improving testing efficiency.

Addressing Lung Cancer Biomarker Testing Through Project ECHO. The ACS NLCRT, ACS, and state-based partners are utilizing the ECHO Model to improve biomarker testing and cancer outcomes, increase health equity, and address the needs of the most vulnerable populations by equipping hospital systems and clinicians with the right knowledge, at the right place, at the right time.

In 2021, a 3-state pilot in Georgia, Mississippi, and Kentucky was launched. The evaluation and success of this pilot resulted in an 8-state expansion that subsequently launched in September 2022. The ACS NLCRT’s goal is to expand to the remaining 39 states and Puerto Rico expeditiously due to the rapid pace of discovery of driver mutations and novel therapies.

In October 2022, the ACS NLCRT hosted a follow-up Summit, during which accomplishments from the inaugural Summit were shared, ACS NLCRT members highlighted ways in which partnerships can improve access to biomarker testing and create better outcomes, and workflow perspectives detailed key barriers and ways to overcome them.



Planning is underway for the 2nd Summit:

Eliminating Lung Cancer Stigma - A National Initiative in April 2023. The **Campaign to End Lung Cancer** has its roots in a 2020 Summit that brought together 65 individuals from over 40 organizations to identify the challenges to care and health outcomes caused by stigma. The inaugural summit in 2020 addressed the urgent need for a national strategic plan to confront lung cancer stigma and its adverse impacts on perception, self-esteem, lung cancer care, and outcomes. The strategic plan served as an organizing framework for a sustained multi-stakeholder effort to end lung cancer stigma.

Research has consistently documented that the majority of individuals diagnosed with lung cancer experience stigma from peers, family members, clinicians, and society. Not only has lung cancer stigma been shown to be associated with greater psychosocial distress following diagnosis, but the element of self-blame can also reduce motivation for an individual to play an active role in their care and hinders self-disclosure of a lung cancer diagnosis. Lung cancer stigma and nihilism adversely impacts each phase of the lung cancer continuum and negatively affects all individuals and groups within the lung cancer community and beyond. It impedes access to and utilization of: (1) evidence-based tobacco prevention and treatment, (2) high quality lung cancer screening, (3) optimal diagnosis and treatment, (4) survivorship support and palliative care, and (5) end-of-life and bereavement care.

Stigma Health System Assessment Guide.

Available in early 2023, one deliverable from the Summit is a project that aims to increase awareness.

This toolkit will help organizations (cancer centers and health systems, professional societies, advocacy organizations, government agencies, etc.) and initiatives explore the impact that the language in their internal and external materials may have on individuals affected by lung cancer. Components of the toolkit include a comprehensive, consensus-based definition of lung cancer stigma to guide toolkit development, a toolkit manual, an assessment tool that identifies potentially stigmatizing language and imagery, a guide to language and imagery, and a website buildout that will house the publicly available tools and include brief videos and testimonials on how to use the toolkit.

Empathic Communications Skills Training. Led by Memorial Sloan Kettering Cancer Center, this project launched in Spring 2022 and will be conducted in 16 cancer centers nationwide through collaboration with the American Cancer Society and the GO2 Foundation for Lung Cancer. This work investigates the efficacy of empathic communication skills training to promote destigmatizing interactions with oncology care providers (OCP) treating patients diagnosed with lung cancer. The aim is to evaluate OCP uptake of empathic communications skills training on patient-related outcomes (stigma, psychological distress, perceived clinician empathy, etc.).

Lung Cancer Stigma Presentations. Currently under development is a series of Grand Rounds-style lung cancer stigma presentations for multiple audiences for professional, community, and academic use with an accompanying website buildout containing speaker bios and topics. These decks will be free for all to use as whole decks or as individual slides if needed for presentations

ACS NLCRT Staging Summit

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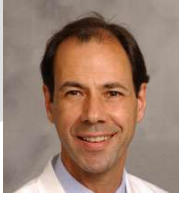
ACS NLCRT Member

A Breath of Hope Lung Foundation	Anne Arundel Medical Center	Commoner Center, City University of New York
AbbVie	Arkansas Cancer Coalition	CT Cancer Partnership
Academy of Oncology Nurse & Patient Navigators	Ascension Sacred Heart Cancer Center (FL)	Daiichi-Sankyo
Advocate Aurora Lutheran General Hospital	Association for the Treatment of Tobacco Use and Dependence	Dana-Farber Cancer Institute
Aetna	Association of Community Cancer Centers	Delfi Diagnostics, Inc.
ALK Fusion	Association of State & Territorial Health Officials	Duke Cancer Institute
ALK Positive	AstraZeneca	Dusty Joy Foundation (LiveLung)
American Academy of Family Physicians	AvMed	EGFR Resisters
American Association for Thoracic Surgery	Baptist Cancer Center	Elevance
American Association for Women in Radiology	Barbara Ann Karmanos Cancer Institute	Eli Lilly and Company
American Association of Nurse Practitioners	Beaumont Health System	EMD Serono, Inc.
American Association of Physicists in Medicine	bioAffinity Technologies, Inc.	Essentia Health Cancer Center (ND)
American Cancer Society	Biodesix, Inc.	Exact Sciences
American Cancer Society Cancer Action Network	Breath of Hope Kentucky	Fleischner Society
American College of Chest Physicians (CHEST)	Bristol Myers Squibb	Foundation Medicine
American College of Preventive Medicine	Bristol Myers Squibb Foundation	Fred Hutchinson Cancer Center
American College of Radiology	Bronson Oncology	Free ME From Lung Cancer
American College of Surgeons Commission on Cancer	Cancer Support Community	GE HealthCare
American Indian Cancer Foundation	CancerCare	Genentech
American Lung Association	Caring Ambassadors	Georgetown University Lombardi Cancer Center
American Lung Cancer Screening Initiative	Catch It In Time	Georgia Lung Cancer Roundtable
American Medical Women's Association	CDC Division of Cancer Prevention and Control	Gilead Sciences
American Public Health Association	CDC Office on Smoking and Health	GO ₂ Foundation for Lung Cancer
American Public Health Association	Center for Health Law & Policy Innovation of Harvard Law School	GRAIL
American Society for Radiation Oncology	Centers for Medicare and Medicaid Services	Grandview Cancer Center
American Society of Clinical Oncology	Chris Draft Family Foundation	Guardant Health
American Telehealth Association	ChristianaCare Health System	Health First Cancer Institute (Florida)
American Thoracic Society	Citizens for Radioactive Radon Reduction	Hillsdale Hospital (Michigan)
Amgen	Cleveland Clinic	Houston Methodist

Organizations

Humana	MeVis Medical Solutions	Sanford Health
Huntsman Cancer Institute at the University of Utah	Michigan Department of Health and Human Services	Sanofi-Genzyme
Illinois Lung Cancer Roundtable	Mississippi Lung Cancer Roundtable	Sarasota Memorial Health Care System
Incyte	Missouri Lung Cancer Coalition	Seidman Cancer Center
Indian Health Service	Moffitt Cancer Center	Silver Cross Hospital (IL)
Inspira Health	Mount Sinai Health System	Siteman Cancer Center
Intercultural Cancer Council	National Alliance for Hispanic Health	Society for Behavioral Medicine
International Association for the Study of Lung Cancer	National Association of Chronic Disease Directors	Society for Public Health Education
International Cancer Action Network	National Cancer Institute	Society for Research on Nicotine and Tobacco
International Early Lung Cancer Action Program	National Comprehensive Cancer Network	Society of General Internal Medicine
Intuitive	National Minority Quality Forum	Society of Interventional Radiology
Janssen Pharmaceuticals	New York City Health & Hospital	Society of Thoracic Radiology
Jefferson Health	North American Association of Central Cancer Registries	Society of Thoracic Surgeons
Johnson & Johnson Lung Cancer Initiative	North American Quitline Consortium	Stanford Medicine
Kaiser Permanente Northern California	North Florida Regional Medical Center	Steward Medical Group
Kentucky Cancer Consortium	Northwestern Memorial HealthCare	Sustainable Healthy Communities, LLC
Kentucky LEADS Collaborative	Novartis	Takeda Oncology
KRas Kickers	Novocure	Tampa General Hospital
Lee Health Regional Cancer Center	Nucleix	Temple Health Thoracic Surgery
Lehigh Valley Health Network	NYC Health + Hospital	Thermo Fischer Scientific
LGBT HealthLink	NYU Langone Health Perlmutter Cancer Center	Thynk Health
Life and Breath	Oatmeal Health	UCSF Helen Diller Family Comprehensive Cancer Center
LuCa National Training Network	Oklahoma State Department of Health	UCSF Smoking Cessation Leadership Center
Lung Cancer Awareness Month (LCAM) Coalition	Oncimmune USA	University of Kansas Cancer Center
Lung Cancer Foundation of America	Optellum Ltd	University of Maryland School of Medicine
Lung Cancer Initiative of North Carolina	Patient Advocate Foundation	University of Michigan Rogel Cancer Center
Lung Cancer Research Foundation	Patient Centered Primary Care Coalition	University of Mississippi Cancer Center and Research Institute
Lung Health Services, Inc.	Pennsylvania Department of Health	University of Texas Southwestern Moncrief Cancer Institute
LungCAN	Pfizer, Inc.	University of Virginia Cancer Center
LUNGeity Foundation	Philips North America, LLC	University of Washington
Maimonides Medical Center	Prevent Cancer Foundation	University of Wisconsin Carbone Comprehensive Cancer Center
Maine Lung Cancer Coalition	ProLung	Upstage Lung Cancer
Maryland Department of Health	Quality Insights	Vanderbilt-Ingram Cancer Center
Median Technologies	Radiology Health Equity Coalition	VA-PALS (Partnership to Increase Access to Lung Screening)
Medical Imaging & Technology Alliance	RadNet	Veterans Health Administration
Medical University of South Carolina	Regeneron	VisionGate
MedMyne	Ride Hard Breathe Easy	Wake Forest Comprehensive Cancer Center
Medtronic	Riverain Technologies, LLC	West Virginia University Cancer Institute
Memorial Sloan Kettering Cancer Center	ROS1ders	XACT Robotics
Merck	Roswell Park Comprehensive Cancer Center	Yale Cancer Center
Mercy BioAnalytics	Saint Joseph Mercy Health System	

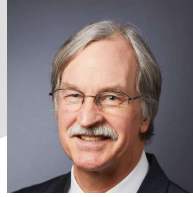
Speaker and Breakout



Thomas D'Amico, MD, FACS

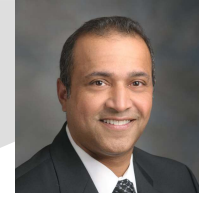
Dr. Thomas A. D'Amico is the Gary Hock Endowed Professor, Chief of General Thoracic Surgery, Director of the Training Program in Thoracic Surgery, and Chief Medical Officer and Director of the Thoracic Oncology Program of the Duke Cancer Institute. Dr. D'Amico supervises the clinical and research programs in lung cancer and esophageal cancer. He is involved in improving safety and quality in patient care, as a member of the Duke Quality and Safety Committee and the Perioperative Executive Committee.

Dr. D'Amico is a member of NCCN Board of Directors and Guidelines Steering Committee, the Chair of the Quality and Outcomes Committee, as well as a member of the Lung Cancer Guidelines Committee and co-chair of the Esophageal Cancer Guidelines Committee.



**Frank Detterbeck, MD, FACS,
FCCP**

Frank C. Detterbeck MD is a Professor of Thoracic Surgery, Chief of Thoracic Surgery at Yale University, Director of the Thoracic Oncology Program at the Yale Cancer Center. He has been very active in thoracic oncology and thoracic surgery for over 20 years, and is an Associate Editor of Journal of Thoracic Oncology and on the Editorial board of the Journal of Thoracic and Cardiovascular Surgery and Chest. He is the Chair of the Lung Cancer Guidelines of CHEST, and has been active in most professional organizations in thoracic oncology and thoracic surgery. He has edited 11 textbooks on lung cancer, mediastinal malignancies and thoracic surgery, and has written more than 300 peer reviewed journal articles and 60 book chapters.



**George Eapen, MD, FACP,
FCCP**

Dr. George Eapen is an interventional pulmonologist and professor of Pulmonary Medicine at the University of Texas MD Anderson Cancer Center. He completed his training at the University of Benin before a residency at the Southern Illinois School of Medicine and a clinical fellowship at Baylor College of Medicine, Houston, Texas. He is also a member of American College of Chest Physicians and past president of the American Association for Bronchology and Interventional Pulmonology.



Cherie Erkmen, MD, FACS

Cherie Erkmen, MD, is a thoracic surgeon and Director of the Lung Cancer Screening Program at Temple University Hospital. Along with colleagues she has developed a model known as multi-specialty, integrated lung cancer screening (mi-LCS), which combines shared decision making, Tobacco cessation counseling, LDCT scan and follow-up in a single visit.



**Farhood Farjah, MD, MPH,
FACS**

Dr. Farhood Farjah is an Associate Professor of Surgery and Endowed Chair in Lung Cancer Research at the University of Washington. He is PI of an NCI funded study of individuals with incidentally detected lung nodules that seeks to understand the relationship between the intensity of diagnostic evaluation and patient outcomes and healthcare costs.

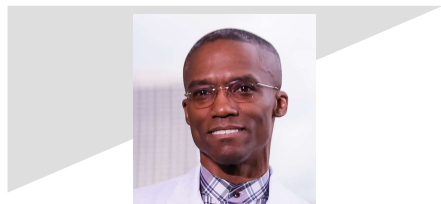


Jill Feldman

Jill Feldman is a lung cancer patient and advocate. She lost her dad and two grandparents when she was 13 and her mom and close aunt in her 20's - all to lung cancer. She became a volunteer and past president of LUNGEvity Foundation before being diagnosed herself with EGFR positive lung cancer in 2009 at 39 years old with four small children.

In addition to LUNGEvity, Jill co-founded the EGFR Resisters, is also an NLCRT Steering Committee member, and Chair of IASLC's patient advisory board, where she was the project lead on the recently published IASLC's *Language Guide*.

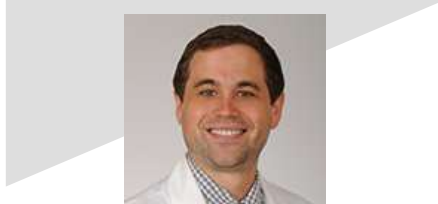
Lead Biosketches



Eric Flenaugh, MD, FCCP

Dr. Eric L. Flenaugh, MD FCCP is Director of GCC Advanced Diagnostic & Interventional Pulmonary, Georgia Cancer Center of Excellence, Director of Lung Nodule Clinic, Grady Health System (GHS).

He joined Morehouse School of Medicine and GHS to establish a dedicated Advance Diagnostic & Interventional Pulmonary Service for the Georgia Cancer Center of Excellence. He has helped develop clinical services and system protocols for the screening, diagnosis, and staging of lung cancer in underserved populations locally, nationally, and internationally. and has been recognized multiple times for his efforts and achievements.



Adam Fox, MD

Dr. Adam Fox is a pulmonologist and clinician scientist at the Medical University of South Carolina with a clinical focus on lung cancer and lung nodule evaluation. His research focus involves investigating the role of biomarkers during the diagnostic process for patients with lung



Anne Valerie Gonzalez, MD, MSc, FCCP

Dr Anne Gonzalez is an Associate Professor of Medicine at McGill University in Montreal, Canada. She is Director of Interventional Pulmonary Medicine at the McGill University Health Centre and leads the institution's lung cancer Rapid Investigation Clinic. The goal of her clinical research program is to improve lung cancer outcomes through efficient and accurate diagnosis and staging, and judicious use of novel interventional pulmonary techniques. She is co-chairing the upcoming 4th edition of the American College of Chest Physicians guidelines for the diagnosis and staging of lung cancer.



James Huang, MD

James Huang, MD is a thoracic surgeon on the faculty at Memorial Sloan Kettering Cancer Center and Professor of Cardiothoracic Surgery at Weil Cornell Medical College in New York. Dr. Huang serves as the Program Director for the Thoracic Surgery Fellowship program, and the Associate Vice Chair for Education in the Department of Surgery. As a member of the Staging and Prognostic Factors Committee of the International Association for the Study of Lung Cancer (IASLC), he serves as the Chair of the N-descriptors Subcommittee for Lung Cancer Staging.



John Kang, MD, PhD

Dr. John Kang is a radiation oncologist who specializes in the treatment of lung cancer and thoracic malignancies. He is the University of Washington Department of Radiation Oncology biomedical informatics lead. Dr. Kang practices at UWMC and the SCCA Proton Therapy Center.



Ella Kazerooni, MD, MS, FACR, FACC, FSABI

Dr. Kazerooni is Chair of the NLCRT and Professor of Radiology & Internal Medicine, Associate Chair for Clinical Affairs & Director of Cardiothoracic Radiology at the University of Michigan / Michigan Medicine. She is the vice Chair of the NCCN Lung Cancer Screening panel, and chairs both the ACR Committee on Lung Cancer Screening, and ACR's Lung Cancer Screening Registry (LCSR).



Peter Mazzone, MD, MPH, FCCP

Peter Mazzone is a pulmonologist at the Cleveland Clinic where he directs the Lung Cancer Program for the Respiratory Institute and the Lung Cancer Screening Program for the hospital system. His clinical interests include prevention, screening, nodule management, lung cancer diagnosis, staging, and characterization. He has served in leadership positions within CHEST, the ATS and NLCRT, which have allowed him to lead policy development projects related to quality metrics for the evaluation of lung cancer and components necessary for high-quality lung cancer screening. He has also been an active member of evidence-based guidelines related to lung cancer screening and lung nodule management.



Timothy Mullett, MD, MBA, FACS

Dr. Mullett is a professor of surgery in the Division of Cardiothoracic Surgery at the University of Kentucky. Dr. Mullett's clinical practice and research focuses on the overwhelming burden of lung cancer in Kentucky. In October of 2020, Dr. Mullett was installed as Chair of the American College of Surgeons Commission on Cancer.



Raymond Osarogiagbon, MBBS, FACP

Dr. Osarogiagbon is Chief Scientist at Baptist Memorial Health Care Corporation, Director of the Multidisciplinary Thoracic Oncology Program and the Thoracic Oncology Research Group at Baptist and Principal Investigator of the Baptist Health System/Mid-South Minority-Underserved Consortium NCORP. His research interests center around improving population-level outcomes of cancer care by improving care delivery systems and processes.



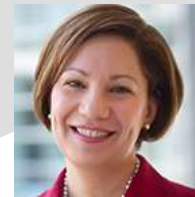
Jim Pantelas

Jim Pantelas is a 17 year, stage 3B/4 NSCLC survivor and lung cancer research advocate. He is an active peer reviewer for PCORI, MICHR and CDMRP's Lung Cancer Research Program, and sits on IRBs for NCI, VA and University of Michigan. Jim brings his patient perspective and passion to all of his efforts, and works to combat the research underfunding and undeserved stigma attached to lung cancer over the last 50 years. His history as someone with a smoking history, significant asbestos exposure, Navy veteran, son of a father who died of lung cancer, and lifelong urban resident, allows him to speak to the need to understand the multiple and variable risk factors that most live with.



Carolyn Presley, MD, MHS

Carolyn J. Presley, MD MHS is an Assistant Professor on the tenure track in the Division of Medical Oncology/Department of Internal Medicine at The Ohio State University, Comprehensive Cancer Center and The James Cancer Hospital/Solove Research Institute. She has been a long-time member of the international Cancer and Aging Research Group (CARG). Dr. Presley currently leads studies focused on maintaining functional independence among older adults with lung cancer. These studies incorporate geriatric assessment, embedded palliative care, and interventions to improve risk factors for treatment toxicity and functional decline.



M. Patricia Rivera, MD, ATSF, FCCP

Dr. Rivera is the C. Jane Davis & C. Robert Davis Distinguished Professor in Pulmonary Medicine, as well as chief, Division of Pulmonary and Critical Care Medicine at the University of Rochester Medical Center. She also serves as adjunct professor of Medicine at the University of North Carolina at Chapel Hill, and the co-director of the North Carolina Lung Screening Registry. In 2023, she will be installed as President of the American Thoracic Society..



Catherine Sears, MD

Catherine Sears is Assistant Professor at Indiana University School of Medicine and co-chair of the Lung Cancer Working Group for the Simon Comprehensive Cancer Center. She is a pulmonologist at Indiana University Health Hospitals and the Richard L. Roudebush VA Medical Center, where she founded and directs the lung cancer screening program and co-directs the Pulmonary Oncology program. Dr. Sears participates in several multi-center clinical trials, including VALOR, VA-PALS and ALTITUDE.

Dr. Sears is a physician scientist; her translational research lab studies the impact of DNA damage and repair on key mechanisms in early lung carcinogenesis. Clinical interests include biomarker utilization, understanding COPD-lung cancer overlap, lung cancer screening implementation and understanding pulmonary toxicity from immunotherapy.



Christopher Seder, MD

Dr. Seder is the Arthur E. Diggs, MD, and L. Penfield Faber, MD Chair of Surgical Sciences at Rush University Medical Center in Chicago, IL. He is a Professor of Surgery and Chief of the Division of Thoracic Surgery at Rush. His clinical interests include all aspects of benign and malignant lung, mediastinal, chest wall, and esophageal disease. Dr. Seder's academic interests include investigating blood-based tumor markers to identify lung cancers at the earliest stage, outcomes research, and resident education. Dr. Seder has been awarded the L. Penfield Faber Teaching Award for excellence in education multiple times for his efforts in this regard.



**Gerard Silvestri, MD, MS,
Master FCCP**

Dr. Silvestri is a lung cancer pulmonologist with a career dedicated to the evaluation, management and improvement of outcomes of patients with this most common of malignancies. His clinical research is directed towards nearly every aspect of lung cancer care, and disparities in cancer care. He is past President of the American College of Chest Physicians and is member of the American Cancer Society's National Lung Cancer Roundtable Steering Committee.



**Nichole Tanner, MD, MSCR,
FCCP**

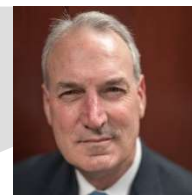
Nichole Tanner, MD, MSCR is a pulmonary critical care physician working at the Ralph H. Johnson VA Medical Center in Charleston, South Carolina. There, she leads the lung cancer screening program for and conducts all advanced and interventional pulmonary procedures. She also has a joint appointment as a Professor of Medicine at the Medical University of South Carolina where she co-directs the Lung Cancer Screening Program at the National Cancer Institute-designated Hollings Cancer Center.

Dr. Tanner's research interests span the lung cancer continuum and lung cancer screening implementation and adherence, biomarkers for early detection and pulmonary nodule evaluation, and evaluation of technology for lung cancer diagnosis.



Jeffrey Velotta, MD, FACS

Dr. Jeffrey Velotta, MD, FACS is a thoracic surgeon at Kaiser Permanente Northern California and an adjunct clinical assistant professor in the Department of Surgery at the UCSF School of Medicine. Dr. Velotta received his MD from the George Washington University School of Medicine, finished a general surgery residency at UCLA and a postdoctoral research fellowship in cardiothoracic surgery at Stanford. He completed his cardiothoracic surgery fellowship at the Brigham and Women's Hospital. Dr. Velotta's clinical and research interests focus on outcomes after regionalization for lung, esophageal, and mesothelioma surgery as well as improving time to treatment for lung cancer.



**Douglas Wood, MD, FACS,
FRCSEd**

Dr. Doug Wood is Vice Chair of the NLCRT and Henry N. Harkins Professor and Chair of the Department of Surgery at the University of Washington. He is the Chair of the Lung Screening Guidelines Panel for the National Comprehensive Cancer Network (NCCN) and was chair for the NCCN Lung Cancer Screening Panel, which developed and published the first clinical guidelines for lung cancer screening.



Katie Wright

Katie worked as a children's librarian for twenty years. She currently works writing curriculum for school libraries. Katie was diagnosed with Stage IV ALK+ lung cancer in January of 2022 when she was in her mid forties and is working to be a patient advocate for the lung cancer community. She lives in the suburbs of Chicago with her husband raising two teenagers trying to laugh each day.



Jane Yanagawa, MD

Dr. Jane Yanagawa is an Associate Professor of Thoracic Surgery at the University of California, Los Angeles (UCLA) and Interim Chief of Thoracic Surgery. She is a member of the UCLA Thoracic Oncology Program Tumor Board as well as the UCLA Sarcoma Tumor Board and has developed a thriving clinical practice in thoracic surgical oncology. Dr. Yanagawa is a member of the National Comprehensive Cancer Network (NCCN) Guidelines panel for Non-Small Cell Lung Cancer/Mesothelioma/Thymomas and Thymic Malignancies. She also performs translational lung cancer research as a principal investigator with a laboratory on campus. Dr. Yanagawa's clinical and research background give her a unique perspective and important skill set for conducting translational research, while her surgical practice gives her access to lung tumors for study.

The ACS NLCRT thanks our
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