ACS NLCRT ROADMAP SUMMIT · PRE-READ 1 OF 2

2025 Member Survey — Results Summary[1]

A descriptive summary of the survey data

This pre-read presents the 2025 member survey results as they appear in the data, organized by the survey's own domains. It offers no interpretation: the tables and comments are here for you to read and draw your own conclusions ahead of the summit.

How to read the numbers

Thirty-two people responded (n=32). The survey link was sent to 334 individuals, so the response rate was 10%. For agree/disagree items, the columns show the percentage selecting each option (SA = strongly agree, A = agree, N = neutral, D = disagree, SD = strongly disagree); rows may not total 100 due to rounding or non-response. Where a question was answered by a different number of people, the n is noted next to it. Percentages for "select all that apply" questions are of the 32 respondents and do not total 100. A dash (–) means no responses were recorded in that column. Open-text responses are reproduced verbatim; where many were given, a representative selection is shown and the total count noted.

1. Who responded

Thirty-two individuals responded. The survey link was sent to 334 individuals, so the response rate was 10%;

Organization type *(select all that apply, n=32)*

	%	Count
Academic Institution	53	17
Cancer Center	41	13
Hospital/Medical Center/Health System	41	13
Medical Professional Society (National)	19	6
Cancer Coalition/Partnership	16	5
National non-profit	13	4
Survivor-based Organization	6	2
Community Organization/Local Non-profit	3	1
Employer	3	1
Federal Agency	3	1
City/County Health Dept.; Community Health Center/FQHC; Consulting Group; Faith-based Org.; Health Plan; Local/State Elected Leader; State Medical Society; Pharma/Device; Primary Care Association; Primary Care Practice; QI Organization; State Health Dept.; Tribal Organization	0	0

Populations the organization serves *(select all that apply, n=32)*

	%	Count
White	81	26
Asian American/Pacific Islander	81	26
Black/African-American	78	25
Hispanic/Latino	78	25
LGBTQIA+	78	25
Insured individuals	78	25
Underserved individuals	75	24
Average-risk individuals 50+	75	24

[1] Prepared by Natalie Jaynes with AI support. Source document = NLCRT Member Survey Detailed Summary

	%	Count
Uninsured/underinsured	72	23
High risk – personal history	72	23
Individuals under 50	72	23
Providers/public health professionals	72	23
American Indian/Alaska Native	69	22
High risk – family history	66	21
Newly insured	63	20
Symptomatic individuals	59	19
Rural populations	59	19
Migrant workers	50	16

Geographic focus of organization's work *(n=32)*

	%	Count
National	44	14
Regional	28	9
State	9	3
Local	6	2
N/A	9	3

Years as a Roundtable member *(n=32)*

	%	Count
<1 year	–	–
2–5 years	47	15
6–10 years	34	11
>10 years	6	2
New or unsure	13	4

Role: task group or steering committee member? *(n=32)*

	%	Count
Yes	78.1	25
No	15.6	5
Not sure	6.3	2

Role: Tri-Chair, task group lead, SC, or standing committee member? *(n=32)*

	%	Count
Yes	34.4	11
No	62.5	20
Not sure	3.1	1

Why did you join the Roundtable? *(select all that apply, n=32)*

	%	Count
Engage in learning opportunities	78.2	25
Advance the field to create lung cancer survivors	78.1	25
Participate in networking opportunities	68.8	22

	%	Count
Learn about policy initiatives	**65.6**	21
Share my organization's effective practices	**43.8**	14
Represent my organization's shared goals with ACS NLCRT	**37.5**	12
Build leadership skills and experiences	**34.4**	11
Have access to the resource repository	**21.9**	7

2. Guides Vision & Strategy

Domain average: 77.5% favorable (strongly agree + agree).

Goals and priorities

	SA	A	N	D	SD
I have a clear understanding of the Roundtable's goals and priorities for the next two years.	28.1	56.3	3.1	12.5	–
I agree with and support the Roundtable's goals and priorities for the next two years.	31.3	53.1	15.6	–	–

ACS relationship

	SA	A	N	D	SD
My organization has a strong relationship with ACS.	41.9	38.7	16.1	3.2	–
ACS helps my organization strengthen relationships with other Roundtable member organizations.	32.3	22.6	38.7	6.5	–
ACS collaborates with me/my organization to help achieve goals or tasks important to us.	41.9	22.6	29.0	6.5	–

Participation and understanding

	SA	A	N	D	SD
Participating has improved my understanding of national goals and priorities around lung cancer.	66.7	26.7	3.3	3.3	–
Being part of the Roundtable increases my organization's ability to collaborate with other member organizations.	43.3	36.7	20.0	–	–

"The Roundtable is taking the right steps to build public will and consensus around lung cancer." *— asked of volunteer leaders*

	SA	A	N	D	SD
(response)	45.5	45.5	9.0	–	–

Open-text: new or expanded working relationships in the past two years

19 responses; two were "No." A representative selection:

- *"Absolutely — I would point to the list of members of the SBI Task Group, which have been wonderful colleagues, coauthors, mentors, and friends. We have published two papers together this year."*
- *"I have strong and collaborative working relationships with members of the Stigma & Nihilism Task Group…"*
- *"Yes! I met someone from the Nevada cancer coalition last year at the annual meeting and they shared their LCS Improvement manual…"*
- *"Yes. Collaboration with Kim Sandler on CALM which is continuing; work with ACR Incidental findings has led to other work locally and regionally…"*
- *"Yes, initiated research collaborations with DELFI and Nucleix."*
- *"reached out to the ACS navigation RT — would like to see more cross RT activities"*

Open-text: what can ACS provide to improve implementation of the strategic plan?

8 responses:

- *"Addition of more support for meeting planning between annual meetings… The expertise lies on a lot of volunteers who have very demanding day jobs — how can this model evolve to move forward particular priorities?"*
- *"Better coordination/communication with steering committee and TG leadership; improved resource management and support for plans that are developed."*
- *"Distil aspects of the strategic plan into actionable steps that are tailored to each task group, welcoming input, but also providing direction."*
- *"More coordination and logistical support, less regulation and constraints."*
- *"More focused efforts and clarity on the leadership of the initiatives."*

Open-text: additional topics the Roundtable should address

8 responses:

- "*Educate the different member organizations about overlapping efforts.*"
- "*How to get LCS programs in a state to collaborate and coordinate efforts…*"
- "*Impact of NIH and federal cuts on lung cancer.*"
- "*Improving access, awareness, and care in Appalachia.*"
- "*It is becoming clear that federal resources and initiatives will be limited, and we have to find ways to fill these gaps.*"
- "*There needs to be more representation from Primary Care, as this is where most LCS referrals come from.*"

3. Volunteer Leader Feedback

This section was answered by the Roundtable's volunteer leaders only (a subgroup of respondents). Domain average: 80.3% favorable.

"The ACS Roundtables and Coalitions team has helped the Roundtable to …"

	SA	A	N	D	SD
create and maintain a list of goals and priorities	54.5	36.4	9.1	–	–
implement a list of goals and priorities	54.5	18.2	27.3	–	–
develop a strategic plan	45.4	36.4	18.2	–	–
implement a strategic plan	36.4	36.4	27.3	–	–
articulate a clear call to action for members	36.4	36.4	27.3	–	–

Open-text: observed expansion of collaboration among members

8 responses:

- *"yes, collaborations with ACR, NCI/CMS, AAFP, cancer centers."*
- *"Expansion of collaboration with software and IT companies; expansion with primary care; more involvement with survivors; industry partners… 2023 workshop collaborative with IT and EMR vendors; working with FHG with developing lungplan… 2024 national meeting with many patient advocates."*
- *"Lots of effort to create joint efforts like the biomarker work and the stigma work."*
- *"Yes — I now have nationwide colleagues that I can reach out to for resources… Most recently, I worked with Dr. Jamie Studts to submit a pilot grant in formerly incarcerated populations…"*
- *"Yes. State-based initiatives and coalition building. Advocacy organizations supported like the White Ribbon Project."*

4. National Coordination & Engagement

Domain average: 86.2% favorable.

Satisfaction with communication and coordination *(scale: Highly Satisfied / Satisfied / Neutral / Dissatisfied / Highly Dissatisfied)*

	HS	S	N	D	HD
Communication about annual Roundtable events	53.1	37.5	6.3	3.1	–
Coordination/logistics of annual Roundtable events	53.1	37.5	3.1	3.1	3.1
Communication about member events (workgroups, webinars)	46.9	37.5	12.5	3.1	–
Coordination/logistics of member events	43.8	34.4	15.6	3.1	3.1

Alignment of Roundtable goals and priorities with… *(n varies as noted)*

	SA	A	N	D	SD
the goals of my organization (n=28)	46.4	42.9	7.1	3.6	–
the needs of the patients my organization serves (n=27)	55.6	33.3	7.4	3.7	–
the needs of the providers my organization serves (n=27)	51.9	37.0	7.4	3.7	–

Participation outcomes

	SA	A	N	D	SD
Participating increased my ability to engage with the communities my organization serves.	50.0	33.3	16.7	–	–
Participating increased my organization's communication with other organizations working on lung cancer.	51.6	29.0	19.4	–	–

Satisfaction with opportunities for engaging this past year *(scale: HS/S/N/D/HD)*

	HS	S	N	D	HD
(response)	59.4	28.1	6.3	6.3	–

Open-text: tell us more about your engagement

16 responses. A representative selection:

- *"Good involvement at the task group level… Would provide a strategy for task groups to align — time in annual meeting for task group chairs to meet and share priorities, esp when there is overlap."*
- *"I have found all the conferences/meetings to be unfailingly informative, engaging and welcoming to all — perhaps the most egalitarian gathering of very impressive clinicians, scientists and patient advocates anywhere."*
- *"The Roundtable is the only conference that I still regularly attend… I know that when I work with the NLCRT, I will be supported for any needs."*
- *"I just don't have time but value the organization, and other members of my team have been actively engaged."*

Open-text: what would help you feel more engaged?

Responses included "N/A" and "None." A representative selection:

- *"additional collaborative opportunities to write op-eds, policy papers, and position papers."*
- *"Create an actionable summary to the organizational leaders from the annual meeting."*
- *"Specific outreach to organizations."*
- *"Not actually sure what the NLCRT does, except have meetings. The few meetings that I have attended are always the same, with no progress. So, maybe understanding what this roundtable does would be a start."*
- *"Would love to be a part of any lung screening, lung navigation or biomarker opportunities the roundtable is engaged in."*

5. Value

Domain average: 80.8% favorable.

	SA	A	N	D	SD
I feel my organization is a valued member of the Roundtable.	45.2	29.0	22.6	3.2	–
Being part of ACS NLCRT is a good investment of my organization's time and resources.	50.0	28.1	18.8	3.1	–

6. Impact

"Being part of the Roundtable helped my organization to …" *(select all that apply, n=32)*

	%	Count
Collaborate with other organizations working on lung cancer	75	24
Engage with communities	71.9	23
Contribute to the evidence base for interventions, best practices, and policies	53.1	17
Increase implementation of best practices and EBIs at provider/patient levels	46.9	15
Implement evidence-based interventions	43.8	14
Reduce disparities	40.6	13
Advance cancer care	34.4	11
Improve the lives of patients and families	34.4	11
Improve access to care	28.1	9
Implement organizational or system changes	28.1	9

Scale items

	SA	A	N	D	SD
My organization is able to contribute to a collective approach to improve lung cancer outcomes.	50.0	34.4	15.6	–	–
Participating increased my capacity to implement policy changes at an organizational/system level. (n=31)	25.8	45.2	29.0	–	–
Participating increased my access to the evidence base for interventions and best practices. (n=31)	25.8	51.6	19.4	3.2	–

Open-text: how has the Roundtable supported your work?

20 responses. A representative selection:

- *"LungPLAN has been a lot of effort but great rewards… Working on the CALM study has moved forward screening among women… Contributing to the best practice guide is already leading to implementation strategies across the country."*
- *"The Biomarker initiative has been increasing those who get the testing and the NLCRT has facilitated this by Project ECHO."*
- *"I worked alongside the leadership team to co-develop and launch the State-Based Initiatives Planning Tool… I grew as a lung cancer researcher, a professional, and as a person because of the ACS NLCRT's investment in me."*
- *"the stigma and nihilism task group has been instrumental… including co-authoring the paper now accepted in Annals of Internal Medicine and our collaborative development of the LCS-CAT."*
- *"Tools that our organization needs do not exist, although I heard there was work on a new LCS guide."*

7. Tools and resources members report using

Verbatim, from two open-text prompts:

- *"Atlas, stigma tool"*
- *"Best Practice Guide for Early Detection of Lung Cancer"*

- *"early detection guide, lungplan, strategic plan papers"*
- *"Language Audit Tool"*
- *"LungPLAN; Best Practice Guide for early detection and training resources… templates; resources on preventing stigma; white papers on strategic plan; quality metrics in LCS paper; EMR Chest paper; CALM paper"*
- *"Project ECHO and publications"*
- *"Shared Decision Making about Lung Cancer Screening course"*
- *"Staging videos when they are fully published"*
- *"The State-Based Initiatives Planning Tool, the Story Maps, and the list of task groups to refer people to resources"*
- *"need better tools and resources, there are not really good ones. The state coalition one is okay, but not helpful."*

8. Domain averages at a glance

Domain	Average % favorable
National Coordination & Engagement	**86.2%**
Value	**80.8%**
Volunteer Leader Feedback	**80.3%**
Guides Vision & Strategy	**77.5%**

"Favorable" = strongly agree + agree (or highly satisfied + satisfied). Averages are as recorded in the source workbook. The Impact domain is largely "select all that apply" and has no single favorable average.