ACS NLCRT ROADMAP SUMMIT · PRE-READ 2 OF 2

What the papers proposed — and what we've done[1]

Our strategy papers set beside the work already delivered, organized by the proposed three priority areas and four cross-cutting themes

Over the last strategic cycle, the Roundtable's Task Groups produced sixteen strategy-plan manuscripts — a substantial body of recommendations spanning the lung cancer continuum. Since then, the Roundtable has delivered a great deal against them. This pre-read sets the two side by side, organized to match the proposed roadmap structure: three priority areas along the continuum, and four cross-cutting themes that run through all of them.

How to read this document

The recommendation columns (What the Papers Proposed) are summarized from the strategy-paper slides; the activity columns (What Has Been Done) are drawn from the Roundtable's accomplishments record. Both are faithful to those source materials, but the activity record is a work in progress and certainly incomplete. So, if you see something marked "not yet evident" that you know has begun — or something credited that isn't quite right — you are almost certainly correct, and we want to hear it. This is a draft picture to kickstart our discussions in the room, not a scorecard. "Not yet evident" means only that no matching activity appears in the record. Finally, the "not yet evident" column also represents other key aims for the field that we may or may not feel is right for the roundtable to explore. We will work from these items together in the room in NYC.

The three priority areas use three columns — proposed, done, not yet evident. The four cross-cutting themes use two — how the theme appears across the papers, and the related activity on record — because by their nature they thread through the priority work rather than standing alone.

Priority Area 1 — Uptake and Adherence to Early Detection

Strategic Plan Papers drawn on: Implementation of High-Quality LCS · Provider Engagement & Outreach · Shared Decision-Making · Lung Cancer in Women · Lung Nodule Evaluation & Management

WHAT THE PAPERS PROPOSED	WHAT HAS BEEN DONE	NOT YET
• Increase public awareness of screening through campaigns and outreach • Improve provider education, CME, and academic detailing on screening guidelines • Develop an adaptable implementation guide / business plan for screening and nodule programs • Build feasible, adaptable shared decision-making training and decision aids for varied personnel • Identify women eligible for screening via EMR and at mammography; combine breast + lung screening • Develop a HEDIS / national quality measure for screening; capture smoking history in the EHR • Standardize evidence-based lung nodule evaluation, reporting, and tracking • Extend screening to rural and under-resourced areas via telehealth and mobile • Use risk-prediction models to support SDM and widen eligibility	• Campaigns: Screen Your Lungs campaign (2021–24); National LCS Day (2022–2026) • Convenings: LCS Summit (2022); LCS IT/EHR Summit (2023); LCS Public/Clinician Education Workshop (2024); LCS Implementation Science Summit (2026) • Strategic Task Group Meetings: Early Detection TG (2019); LC in Women (2019), • Toolkits for Clinicians: Best Practice Guide for Building a Lung Cancer Early Detection Program (2024); LC Stigma Communications Assessment Tool (2024); Steps for Increasing LCS Guide for Primary Care (2025); LCS Messaging Guidebook (2025) • Return on Investment Tool: LungPLAN 3.0 (2026) • LCS Decision Aids for Patients in English and Spanish (2026) • CALM Study (2022–24) • Lung Cancer Atlas and State Story Maps • LCS HEDIS Measure (in progress); electronic smoking-history capture feasibility with NCQA • LCS ECHO (2027); Implementation Science Community of Practice • Numerous Publications	• Standing SDM training program for varied LCS personnel • Telehealth and mobile screening delivery • Risk-model-based eligibility and prediction-augmented screening • Structured EHR nodule reporting, tracking systems, and registries • Standardized reporting of other significant findings (OSFs) on the scan

[1] Prepared by Natalie Jaynes, using AI for collating and organizing.

Priority Area 2 — Access to Staging, Biomarker Testing and Treatment

Strategic Plan Papers drawn on: Lung Nodule Management · Guideline-Concordant Staging · Comprehensive Biomarker Testing · Turnaround Time for Biomarker Testing · Challenges in Guideline Recommendations

WHAT THE PAPERS PROPOSED	WHAT HAS BEEN DONE	NOT YET
• Promote reflex biomarker testing to reduce turnaround time • Educate clinicians on biomarker test interpretation and adequate tissue acquisition • Provide multilingual, patient-facing staging education • Harmonize biomarker testing and staging guidelines across professional societies • Engage payers on coverage and reimbursement for comprehensive testing • Develop performance-feedback mechanisms for guideline-concordant staging • Standardize structured radiology / pathology staging reports in the EHR • Advance liquid biopsy / ctDNA research and best-practice guidance • Establish lung nodule registries and validate risk models	• Convenings: Biomarker Summits (2020, 2022, 2025); Staging Summit (2023) • Strategic Task Group Meetings (2018); Reflex Testing Workflow Toolkit (2026) • Toolkits: Reflex Testing Workflow Toolkit (2027) • Biomarker Testing ECHO (Phases 1–5, 2020–2026) • Patient-Facing Resources: Lung Cancer Staging Video Series — English, Spanish, Hindi, Vietnamese, Mandarin	• Convening societies to reconcile guidelines • Sustained payer / coverage engagement • Performance-feedback mechanisms for staging • Structured EHR staging reports • Liquid biopsy best-practice guidance • Nodule registries and risk-model validation

Priority Area 3 — Survivorship and Supportive Care

Strategic Plan Papers drawn on: Changing the Lung Cancer Story (survivorship, stigma, nihilism) · Lung Cancer in Women · Survivorship (research recommendations in the screening papers)

WHAT THE PAPERS PROPOSED	WHAT HAS BEEN DONE	NOT YET
• Provide patient-facing survivorship and side-effect management resources • Ensure survivor voices are embedded in research priorities and practice • Develop interdisciplinary support structures (mental health, rehabilitation, social) • Integrate psycho-oncology and counselling into survivorship care • Raise clinician awareness of survivorship care and equitable access • Set a survivorship research agenda covering late effects and advanced-disease survivors • Address ongoing tobacco use as a component of survivorship care	• Strategic Task Group Meeting (2024) • Survivorship Strategic Plan (under review) • Lung Cancer Treatment: Your Guide to Managing Side Effects (website build-out in progress) • National Survey of Lung Cancer Survivorship Care in US Cancer Centers (in progress) • Patient advocates on the Steering Committee and Task Groups • Pleural Space podcast	• Interdisciplinary support structures (mental health, rehab, social) • Psycho-oncology / counselling integration • Clinician survivorship care education • Tobacco use addressed within survivorship care • Insurance-coverage work on survivorship / supportive care

This is the newest and least-built of the three priority areas. Note that survivorship currently shares a single paper and task group history with stigma and nihilism; separating it into its own priority is part of the proposed reorganization.

The four cross-cutting themes

These run through all three priority areas rather than belonging to a single domain. In the papers, their recommendations appear inside the screening, staging, and survivorship manuscripts as well as in dedicated ones — which is why the proposed structure treats them as themes applied across every priority. Each is shown here as it appears across the papers, beside the related activity on record.

Theme 1 — Tobacco Treatment

Appears in: Tobacco Treatment in the Context of LCS (dedicated) · Implementation of High-Quality LCS · Provider Engagement · Shared Decision-Making · Lung Cancer in Women

HOW IT APPEARS IN THE PAPERS	RELATED ACTIVITY ON RECORD
• Integrate evidence-based tobacco treatment (counselling + pharmacotherapy) into the screening workflow at every touchpoint • Train all clinicians in brief tobacco treatment; embed certified specialists in screening sites • Use gain-framed, destigmatizing cessation messaging rather than fear-based messaging • Standardize and report a core set of tobacco-treatment quality metrics across screening programs • Leverage the EHR to document smoking status and prompt treatment; use quitline closed-loop referrals	• Tobacco Treatment Across the Care Continuum Task Group (est. 2017) • Two ACR LCSR cessation studies in progress (smoking-cessation guidance; behavior-change patterns) • Tobacco Treatment in the Context of LCS manuscript published • Empathic Communications Skills Training (2020–24) supports compassionate smoking-history taking • – no deployed cessation workflow tool or standardized metric set yet evident in the record

Theme 2 — Eliminate Stigma & Nihilism

Appears in: Changing the Lung Cancer Story (dedicated) · Tobacco Treatment · Provider Engagement & Outreach · Lung Nodule Management · Guideline-Concordant Staging

HOW IT APPEARS IN THE PAPERS	RELATED ACTIVITY ON RECORD
• Develop and disseminate a stigma communications assessment tool and language guidance • Train clinicians in empathic communication across the care continuum • Run public and professional campaigns reframing lung cancer as treatable and survivable • Adapt the stigma tool and training for PR, marketing, and journalism audiences • Convene a future summit focused on nihilism and fatalism • Implement systemic referral so every diagnosed patient reaches comprehensive care	• Lung Cancer Stigma – Communications Assessment Tool (LCS-CAT, 2024) • Empathic Communications Skills Training (2020–24); "Getting Ready for Prime Time" adaptation (pub.) • JACR / ACS NLCRT special issue — 24 articles, "Lung Cancer Should No Longer Be Defined by Fear and Stigma" (Dec 2025) • Three Stigma Summits (2020, 2021, 2023); publications on confronting nihilism, compassion, non-stigmatizing communication • Stigma & Nihilism Task Group (est. 2018) • Media Communications Assessment Tool (in progress) • – a standing stigma-review step and a nihilism-focused summit not yet evident

Theme 3 — Advance Health Equity

Appears in: every strategy paper (as a cross-cutting concern) · dedicated Health Equity manuscript (in progress) · Lung Cancer in Women · Lung Nodule Management

HOW IT APPEARS IN THE PAPERS	RELATED ACTIVITY ON RECORD
• Analyze geographic and demographic gaps in screening access and outcomes • Reduce disparities through targeted outreach, cultural competency, and appropriate patient materials • Hold health systems accountable for equitable access in their catchment areas • Stratify research and clinical outcomes by drivers of disparity (SES, access to care) • Embed equity as disaggregated measurement across all priorities	• Health Equity Task Group (est. 2022); Health Equity working meeting (2024) • Multiple published access studies (rural/urban geographic access; Black/White eligibility and screening patterns) • Health Equity manuscript (in progress); Policy Action manuscript (in progress) • Annual Meeting themes on equity (2021 "Disparities to Equity"; 2024 "Advancing… Health Equity") • — equity as a consistent disaggregated measurement lens across the roadmap not yet standing practice

Theme 4 — Access to Timely & Appropriate Care

Appears in: Provider Engagement & Outreach · Guideline-Concordant Staging · Biomarker Testing & Turnaround Time · Strengthening Connections Between State-Based Initiatives · Changing the Lung Cancer Story

HOW IT APPEARS IN THE PAPERS	RELATED ACTIVITY ON RECORD
• Reduce referral hesitancy and process barriers between primary care and specialty care • Ensure biomarker results are available by the first oncology appointment (reflex testing, TAT reduction) • Coordinate state and local initiatives so screening-to-treatment pathways connect across a state • Expand telemedicine and community-based interventions to reach under-resourced areas • Ensure every diagnosed patient receives a referral for comprehensive oncology care	• State-Based Initiatives Planning Tool (2022); Lung Cancer State Story Maps (2022–25); Lung Cancer Atlas • Strengthening Connections Between State-Based Initiatives paper published (2025) • Reflex Testing Toolkit strategy work; TAT and biomarker papers published • Provider Engagement & Outreach paper published; State-Based Initiatives Task Group (est. 2018) • — coalition-to-coalition coordinating mechanism, and systemic referral-to-comprehensive-care, not yet evident

What this pre-read is for

Not to draw conclusions — that is the shared work of the summit. It is so that when we open discussions on each priority and each theme, we begin from the same honest picture: here is what our own papers called for, here is what we have already delivered, and here is what remains. From there the roadmap's task becomes specific: for each priority and theme, what do the next three years keep, extend, and begin?

Before you arrive

If you chaired or contributed to any of these papers or workstreams, please come ready to correct the picture for your area — you know it better than any activity list can. And if a recommendation matters to you that is marked "not yet," hold onto it: those are exactly the candidates for the next three years.