

Comprehensive early lung cancer detection program checklists

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How to use this resource

These four checklists offer guidance to help provider organizations establish and grow comprehensive lung cancer detection programs. Each checklist is broken down into basic, intermediate, or advanced stages. Additionally, the program features included in each checklist are arranged with the most imperative at the top. However, all the features are important for comprehensive early lung cancer detection.

Basic: Offer the standard of care; the “must have” services all health systems should provide

Intermediate: Provide all basic services plus meet centers of excellence criteria or other designations

Advanced: Best-in-class early detection programs; offer industry leading services, cutting-edge treatments, drive research, and forward innovative approaches

Three components of a comprehensive early lung cancer detection program

- 1. Lung cancer screening services** including low-dose CT (LDCT) for eligible patients, as well as smoking cessation and shared decision-making services.
- 2. Incidental pulmonary nodule (IPN) stewardship** that supports finding incidental pulmonary nodules, tracking patients with IPNs, and managing appropriate follow-up.
- 3. Ongoing pulmonary nodule management** for patients with nodules identified through screening, incidentally, or presenting with symptoms.

This resource details healthcare provider's experience creating lung cancer detection programs and does not represent the views or opinions of AstraZeneca. Individual experiences and recommendations may vary with patients.

Checklist 1: Clinical expertise and services

Components

- Expert support
- Diagnostic technology and services
- Clinical guideline adherence
- Accreditation and designations
- Research

	Basic	Intermediate	Advanced
Expert support	<i>To what extent does our program have support from relevant clinical experts?</i>		
	<p>We have contributing providers, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radiologist <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Cardiothoracic surgeon <input type="checkbox"/> Oncologist 	<p>We have dedicated providers, including:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Radiologist <input type="checkbox"/> Pulmonologist <input type="checkbox"/> Cardiothoracic surgeon <input type="checkbox"/> Oncologist <input type="checkbox"/> Interventional radiologist <input type="checkbox"/> Interventional pulmonologist 	<p>We have the dedicated providers listed at left, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Interventional pulmonologist specialized in oncology <input type="checkbox"/> Cardiothoracic oncologist <input type="checkbox"/> Radiation oncologist <input type="checkbox"/> Pathologist <input type="checkbox"/> Cardiothoracic imaging specialist <input type="checkbox"/> Thoracic surgeon
Diagnostic technology and services	<i>To what extent is our program equipped with diagnostic technology and services?</i>		
	<p>Our program is equipped with:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low-dose CT <input type="checkbox"/> MRI <input type="checkbox"/> Bronchoscopy <input type="checkbox"/> Mediastinoscopy <input type="checkbox"/> Core needle biopsy <input type="checkbox"/> Biomarker testing 	<p>Our program is equipped with everything at left, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> PET/CT <input type="checkbox"/> Endobronchial ultrasound (EBUS) <input type="checkbox"/> Electromagnetic navigation bronchoscopy <input type="checkbox"/> NGS and blood-based assays for lung cancer biomarker identification <input type="checkbox"/> Transbronchial needle aspiration <input type="checkbox"/> EBUS-guided transbronchial needle aspiration <input type="checkbox"/> Rapid on-site evaluation used at time of tissue retrieval 	<p>Our program is equipped with everything at left, plus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> AI computer vision to support interpretations of LDCT lung screening exams and identification of IPNs <input type="checkbox"/> Fiducial marker placement for radiotherapy <input type="checkbox"/> Bronchial stenting <input type="checkbox"/> Robotic bronchoscopy <input type="checkbox"/> Cone beam CT <input type="checkbox"/> Lab testing for pan-cancer early detection <input type="checkbox"/> Mobile lung screening capabilities

Checklist 1: Clinical expertise and services (cont)

Components

- Expert support
- Diagnostic technology and services
- Clinical guideline adherence
- Accreditation and designations
- Research

	Basic	Intermediate	Advanced
Clinical guideline adherence	<i>To what extent does our program implement relevant clinical guidelines to improve early lung cancer detection?</i>		
	<ul style="list-style-type: none"> <input type="checkbox"/> We offer LDCT cancer screening to eligible patients per United States Preventive Services Task Force recommendations <input type="checkbox"/> We apply standardized guidelines to the patient population (eg, Fleischner Society for IPNs and LungRADS for screening) <input type="checkbox"/> We follow relevant clinical recommendations for nodule management, (eg, LungRADS, NCCN, or Fleischner Society) 	<ul style="list-style-type: none"> <input type="checkbox"/> We track our program's adherence to clinical guidelines <input type="checkbox"/> We apply appropriate risk-stratification models throughout nodule management 	<ul style="list-style-type: none"> <input type="checkbox"/> We curate novel approaches to early lung cancer detection that inform our clinical guidelines <input type="checkbox"/> We participate in research efforts that refine or generate new clinical guidelines
Accreditation and designations	<i>To what extent is our program recognized for its quality by leading organizations?</i>		
	<ul style="list-style-type: none"> <input type="checkbox"/> We are accredited by the Commission on Cancer 	<ul style="list-style-type: none"> <input type="checkbox"/> We are recognized as a Center of Excellence for lung cancer care by the Go₂ Foundation for Lung Cancer <input type="checkbox"/> We are an American College of Radiology Designated Lung Cancer Screening Center 	<ul style="list-style-type: none"> <input type="checkbox"/> Our cancer program has National Cancer Institute designation
Research	<i>To what extent is our program engaged in research?</i>		
	<ul style="list-style-type: none"> <input type="checkbox"/> We answer patient questions about clinical trials and locations 	<ul style="list-style-type: none"> <input type="checkbox"/> We share experiences with peers outside of peer-reviewed literature <input type="checkbox"/> We attend relevant conferences <input type="checkbox"/> We have access to clinical trial networks 	<ul style="list-style-type: none"> <input type="checkbox"/> We participate in active lung cancer-specific clinical research <input type="checkbox"/> We collaborate with other entities (eg, NCI) <input type="checkbox"/> We have dedicated data management support

Checklist 2: Program infrastructure

Components

- Program governance
- Patient care governance
- Data tracking
- Data analysis
- Health equity considerations



	Basic	Intermediate	Advanced
Program governance	<i>To what extent do we have a leadership structure to set program strategy?</i>		
	<input type="checkbox"/> We have a physician champion from at least one relevant specialty (eg, radiology, oncology, pulmonology, or cardiothoracic surgery) leading efforts, either formally or informally – that work is generally a side project in addition to their main responsibilities	<input type="checkbox"/> We have dedicated program leaders for screening, IPN stewardship, and nodule programs <input type="checkbox"/> We have an administrative coordinator to support program operations <input type="checkbox"/> We have a regular communication and meeting cadence with all stakeholders	<input type="checkbox"/> We have one or two leader(s) with direct oversight of and decision-making authority for all lung cancer detection operations and strategy <input type="checkbox"/> We have a defined reporting structure for our early lung cancer program
Patient care governance	<i>To what extent do we have processes in place to ensure appropriate patient care management?</i>		
	<input type="checkbox"/> We hold multidisciplinary tumor (MDT) conferences	<input type="checkbox"/> We hold lung cancer specific MDT conferences	<input type="checkbox"/> We hold additional dedicated time to discuss lung nodule cases
Data tracking	<i>To what extent are we tracking data to improve the quality of our program?</i>		
	<p>We manually track patients within the screening and/or nodule programs, as applicable, including:</p> <input type="checkbox"/> Recommended follow-up <input type="checkbox"/> Dates of recommended services <input type="checkbox"/> Screening results <input type="checkbox"/> Diagnosis and stage	<input type="checkbox"/> We electronically track all patients within the screening and/or nodule programs <input type="checkbox"/> Our tracking system integrates with other infrastructure, such as electronic health records <input type="checkbox"/> We have a dedicated data specialist on staff	<input type="checkbox"/> We have a dedicated epidemiological team reviews and shares program data <input type="checkbox"/> We are piloting new data tracking tools and methods

Checklist 2: Program infrastructure (cont)

Components

- Program governance
- Patient care governance
- Data tracking
- Data analysis
- Health equity considerations

	Basic	Intermediate	Advanced
Data analysis <i>To what extent are we analyzing data to improve the quality of our program?</i>	<ul style="list-style-type: none"> <input type="checkbox"/> We track annual screening adherence rates <input type="checkbox"/> We track nodule follow-up adherence rates <input type="checkbox"/> We assess which populations in our geographic region are underrepresented in our early detection programs <input type="checkbox"/> We retrospectively analyze data from tumor registry data <input type="checkbox"/> We participate in qualified registries and/or benchmarking initiatives 	<ul style="list-style-type: none"> <input type="checkbox"/> We created an actionable lung cancer detection dashboard <input type="checkbox"/> We regularly and methodically share data analyses with stakeholders <input type="checkbox"/> We track and analyze metrics related to health equity <input type="checkbox"/> We quantify and compare the source of lung nodule findings (ie, the percentage found incidentally versus through screening) <input type="checkbox"/> We leverage data analyses to inform program (re)design 	<ul style="list-style-type: none"> <input type="checkbox"/> We employ a dedicated lung tumor registrar <input type="checkbox"/> We have enabled real-time data updates <input type="checkbox"/> We share data with trusted partners for larger-scale analyses <input type="checkbox"/> We track characteristics of nodules and nodule changes
Health equity considerations <i>To what extent does our program strive to address health equity in early lung cancer detection?</i>	<ul style="list-style-type: none"> <input type="checkbox"/> Our program has one or more affiliated leader(s) or clinician(s) engaged in efforts to reduce health disparities in early lung cancer detection <input type="checkbox"/> We provide digital and hard copy patient materials that represent the languages, literacy, and cultures in our population 	<ul style="list-style-type: none"> <input type="checkbox"/> Our program has one or more dedicated leader(s) or clinician(s) formally responsible for setting health equity strategy <input type="checkbox"/> We engage with community leaders to target underserved or at-risk populations 	<ul style="list-style-type: none"> <input type="checkbox"/> We have a leader and adequate resources solely dedicated to advancing our efforts to reduce health disparities in early lung cancer detection <input type="checkbox"/> We conduct research on lung cancer early detection in underserved or at-risk populations



See advisory.com

For more about implementing a strong health equity strategy, see our compilation of resources to [advance equity in health care](#).

Checklist 3: Care coordination and management

Components

- Navigation
- Incidental pulmonary nodule findings stewardship
- Care efficiency
- Referring provider involvement
- Shared decision-making

	Basic	Intermediate	Advanced
Navigation	<i>To what extent is our program equipped to support patients navigating our services?</i>		
	<input type="checkbox"/> We have a nurse, technologist, or experienced administrative coordinator supporting lung nodule navigation in our program	<input type="checkbox"/> We have a dedicated lung cancer screening program nurse navigator <input type="checkbox"/> We have a dedicated lung nodule program and/or IPN nurse navigator	<input type="checkbox"/> We have a team of navigators supporting the comprehensive early lung cancer detection program <input type="checkbox"/> We have navigators involved in strategic priorities and program development
Incidental pulmonary nodule findings stewardship	<i>To what extent does our early lung cancer detection program engage in incidental pulmonary nodule stewardship?</i>		
	<input type="checkbox"/> Our emergency department providers and/or radiologists alert coordinator of IPN <input type="checkbox"/> Our navigators track relevant information manually <input type="checkbox"/> Our navigators coordinate follow-up based on standard guidelines (see checklist 1)	<input type="checkbox"/> We automatically add IPN cases to the electronic tracking system <input type="checkbox"/> Our navigators proactively follow-up with patients that do not have referring providers	<input type="checkbox"/> We use natural language processing tools to review imaging reports for IPN findings <input type="checkbox"/> Our clinicians and/or program leaders review IPN data regularly to identify improvement opportunities
Care efficiency	<i>To what extent does our program efficiently move patients through the care continuum?</i>		
	<input type="checkbox"/> We typically diagnose patients within 60 days of initial finding <input type="checkbox"/> We typically initiate treatment within 30 days of diagnosis	<input type="checkbox"/> We typically diagnose patients within 30 days of initial finding <input type="checkbox"/> We typically initiate treatment within 15 days of diagnosis	<input type="checkbox"/> We typically diagnose patients within 14 days of findings <input type="checkbox"/> We typically initiate treatment within 14 days of diagnosis

Checklist 3: Care coordination and management (cont)

Components

- Navigation
- Incidental pulmonary nodule findings stewardship
- Care efficiency
- Referring provider involvement
- Shared decision-making

	Basic	Intermediate	Advanced
Referring provider involvement	<i>To what extent are referring providers involved in the early lung cancer detection program?</i>		
	<ul style="list-style-type: none"> <input type="checkbox"/> They refer eligible patients to the screening program and may conduct the shared decision-making visit <input type="checkbox"/> They refer patients with IPNs to our lung nodule program <input type="checkbox"/> They are familiar with the latest screening and nodule management guidelines 	<ul style="list-style-type: none"> <input type="checkbox"/> They track lung cancer screening adherence of high-risk patients and intervene as needed <input type="checkbox"/> They are actively involved in ongoing nodule management <input type="checkbox"/> They educate peers on screening and nodule management 	<ul style="list-style-type: none"> <input type="checkbox"/> They collaborate with comprehensive lung nodule program to improve screening patient identification, streamline processes, and/or participate in research initiatives
Shared decision-making	<i>How accessible is shared-decision making for lung cancer screening patients within our program?</i>		
	<ul style="list-style-type: none"> <input type="checkbox"/> Shared decision-making is primarily conducted by referring providers <input type="checkbox"/> Shared decision-making is available at lung cancer screening program sites 	<ul style="list-style-type: none"> <input type="checkbox"/> All providers are educated on shared decision-making and can easily access necessary resources <input type="checkbox"/> Our screening program primarily conducts shared decision-making 	<ul style="list-style-type: none"> <input type="checkbox"/> Shared decision-making is offered at time of screening <input type="checkbox"/> We offer virtual shared decision-making visits

Checklist 4: Wraparound patient care

Components

- Behavioral and psychological health services
- Financial services
- Cancer center services
- Smoking cessation services

	Basic	Intermediate	Advanced
Behavioral and psychological health services	<i>To what extent is our program engaged with behavioral and psychological health services?</i>		
	<input type="checkbox"/> We refer patients to appropriate behavioral and psychological health specialists or services	<input type="checkbox"/> We coordinate screening and nodule services for patients being treated for mental illnesses	<input type="checkbox"/> We conduct research on lung cancer early detection in patients being treated for mental illness
Financial services	<i>To what extent does our early lung cancer detection program provide financial services?</i>		
	<input type="checkbox"/> We connect patients with broader health system financial navigation or community financial services	<input type="checkbox"/> We are supported by cancer center financial navigators <input type="checkbox"/> We provide financial education for patients and their families	<input type="checkbox"/> We have a dedicated financial navigator
Cancer center services	<i>To what extent is our program integrated with broader cancer center services?</i>		
	<input type="checkbox"/> We refer patients to cancer center services (eg, care plans, spiritual and pastoral care, general nutrition education)	<input type="checkbox"/> We are integrated with cancer center services (eg, survivorship clinic, complementary and alternative medicine, rehab/prehab, family support, on-site nutrition program)	<input type="checkbox"/> We are integrated with additional cancer center patient services available (eg, after-hours symptom management, oncology nutrition program, onco-fertility clinic, palliative care for all patients from diagnosis)
Smoking cessation services	<i>To what extent does our program provide smoking cessation services?</i>		
	<input type="checkbox"/> We offer smoking cessation counseling, lung cancer risk education, self-help materials, and community outreach	<input type="checkbox"/> We operate comprehensive smoking cessation services, including counseling and support groups <input type="checkbox"/> We connect patients with pharmaceutical interventions, such as nicotine gum, transdermal nicotine, and nicotine nasal spray	<input type="checkbox"/> We partner with local employers to offer education and smoking cessation counseling <input type="checkbox"/> We connect patients with pharmaceutical interventions, such as bupropion

CHECKLISTS
For health care providers

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The Lung Ambition Alliance, a global coalition with partners across disciplines in over 50 countries, was formed to combat lung cancer through accelerating innovation and driving forward meaningful improvements for people with lung cancer. We do this by advocating for improved approaches in three areas: screening and early diagnosis, accelerated delivery of innovative medicine, and improved quality care.

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