REWIND, REMIND

Webinar Takeaways

The webinar ***Lung Cancer Screening in Cancer Plans: "From Planning to Action"*** was aired on November 18, 2021 and explored how lung cancer screening objectives and strategies are incorporated into various cancer plans.

This document summarizes key takeaways and resources from the webinar at the following link: https://youtu.be/7S9TY956Lak.

The *American Cancer Society* **Comprehensive Cancer Control (ACS CCC)** team hosted the webinar. The ACS CCC team seeks to build the capacity of grant recipients in the *Centers for Disease Control and Prevention* **National Comprehensive Cancer Control Program** to implement policy, systems, and environmental change approaches and evidence-based promising practices in cancer prevention, screening, diagnostic follow-up, and survivorship.

Presenters

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The practice of lung cancer screening strongly emerged and increased in 2015 after it became a recommended type of screening and was approved by Medicare. The American Cancer Society provided a series of webinars in the fall of 2021 to support lung cancer coalitions in different stages of growth and action plan development. The current webinar included three panelists from coalitions in different stages of their development: Kentucky (mature development), Wisconsin (mid-stage development), and Mississippi (early-stage development).

The Kentucky Experience

Jennifer Redmond-Knight, DrPH, University of Kentucky

The Kentucky Cancer Coalition is a mature coalition and was formed in 2002. Some of the key developments on their timeline included the following:

- 2002 - The KCC Kentucky Cancer Consortium was formed.
- 2013 – The KCC Lung Cancer Network was formed just before the release of the new 2013 USPSTF guidelines for lung cancer screening.
- 2014 – The KCC Cancer Action Plan was formed. At the time, there was no national tracking of screening activities, so it was unclear what measures would be appropriate. The KCC partnered with the state cancer registry to measure the rate of late-stage lung cancer diagnoses. The logic was that a reduced number of late-stage diagnoses would indicate the positive effects of earlier screening and diagnosis interventions among eligible populations.
- 2014 - The Kentucky LEADS Collaborative was formed with Bristol Myers Squibb funding. The three main components of the Kentucky LEADS project were provider education, survivorship care, and prevention and early detection through the use of high-quality lung cancer screening.
- 2015 - The KCC Lung Cancer Network became the Advisory Board for the lung cancer portion of the LEADS Collaborative.

The trajectory of the KCC growth into a mature coalition began with the KCC as a state Comprehensive Cancer Control coalition. They grew in size by forming partnerships and formed the KCC Lung Cancer Network (LCN) 10 years later in 2013, just before the new 2013 USPSTF lung cancer screening guidelines were published. The Lung Cancer Network played an important role in coordinating everyone to work together to be a well-positioned group for receiving the Bristol Myers Squibb grant.

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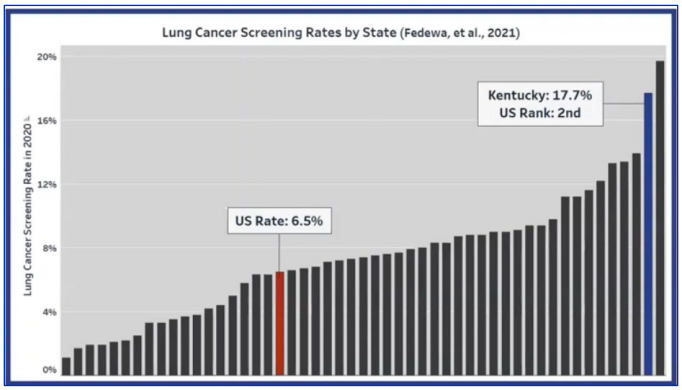
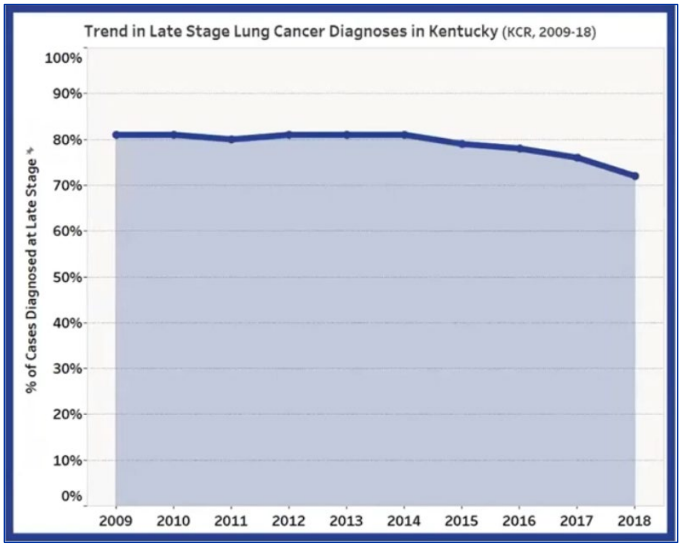
According to the American College of Radiology (ACR) data, Kentucky ranks as #1 in the nation for lung cancer mortality. However, because of the coalition's work, Kentucky now ranks as #2 in the nation for lung cancer screening rates (17.7% in 2021; Fedewa). The ACR data is the best source for national data related to lung cancer screening.



The work done by the KCC is having a positive effect because the Kentucky Cancer Registry data for 2009-2018 shows a distinct decline in the trend of late-stage diagnoses after the KCC began working on their goal of reducing late-stage diagnoses. The data shows the diagnosis rate for late-stage cancer was approximately 81% in 2009, remained almost constant until 2014 when the coalition work began, and declined by 10% since that time to approximately 71% in 2018.



The Wisconsin Experience

Jessica Olson, PhD, MPH, Medical College of Wisconsin

The Community and Cancer Science Network (CCSN) is in the middle stages of an 8-year funding program to eradicate lung and breast cancer disparities in Wisconsin. The focus on these two cancers emerged after an environmental scan revealed significant disparities in breast and lung cancer incidence and mortality between racial/ethnic groups and between geographic areas. The data was compelling enough to support funding. While there were many local stakeholders in breast cancer to consult, prolific expertise in lung cancer was lacking. The CCSN reached out to Robert Smith, PhD, at the American Cancer Society (ACS) and the National Lung Cancer Roundtable (NLCRT). He informed them about the NLCRT, the various NLCRT task groups, and the Kentucky LEADS Collaborative. The resulting collaboration with the NLCRT task group enabled the Wisconsin

group to connect with national people and organizations involved in lung cancer screening, prevention, and survivorship.

The National Lung Cancer Roundtable's State-Based Initiative Planning Tool

An opportunity arose to collaborate with the NLCRT to develop a state-based guidebook and website support for creating effective lung cancer coalitions. The goals of the work were to connect people across the country and share the best practices for improving lung cancer outcomes. There are many different challenges in lung cancer research and clinical care, however, there are also many different strategies to overcome those challenges.

The group wanted to produce a guidebook so that all people in the lung cancer screening field could connect with the knowledge about successful work being done in reducing the lung cancer burden across the country. By connecting with specialists in related topic areas (radon, data access, secondhand smoke, smoking cessation, stigma, access, etc.), partners in each state could draw on the knowledge of successful interventions used in other states.

The State-Based Initiatives (SBI) Task Group began to work on the guidebook in late 2020 by meeting with the National Colorectal Cancer Roundtable (NCCRT) to gain knowledge about what was important to the NCCRT in the development process for the NCCRT guide. They also met within their NLCRT task group and with the Comprehensive Cancer Control program leadership to explore how their input could be included in the guidebook. As the process unfolded, the SBI Task Group also held meetings with individuals who were subject matter experts or who had knowledge that could be shared. A formal launch of the planning tool is anticipated in early 2022.

The Mississippi Experience

Amy Ellis, Strategic Partnerships Manager, American Cancer Society

Mississippi is in the embryonic stages of forming the Mississippi Lung Cancer Roundtable (MSLCRT), which will have an initial focus on screening and tobacco cessation.

Amy Ellis is the ACS South Region Strategic Partnerships Manager in Mississippi and is currently working with many state-level partners, providers, payers, hospitals, and coalitions to reduce cancer mortality rates by increasing the use of screening and other prevention and early-detection interventions.

The list of current Mississippi lung cancer projects includes the following:

- The Mississippi Partnership for Comprehensive Cancer Control (MP3C) added lung cancer to their work plan in 2021 and plans to hold lung cancer webinars on cessation and lung cancer screening in 2022. The group intends to provide primary care provider outreach and education about cessation and lung cancer screening, and five regional cancer coalitions have added lung cancer education as focus points for 2022.
- Another project of the MP3C partnership is to address lung cancer biomarker testing in Mississippi through a 7-month ECHO pilot project on lung cancer biomarker testing. The project includes several multidisciplinary thoracic specialty teams from 10 hospitals (90 participants in total). Interested participants in the biomarker pilot project are transitioning into the Mississippi Lung Cancer Roundtable.
- Another MP3C project is to work with the NLCRT State-Based Initiatives Task Group on the guidebook for creating state-based lung cancer coalitions. Mississippi is beta-testing the new resources guide as they form their steering committee and engage stakeholders. The guide has made planning for the new roundtable an organized and easy process.
- The Mississippi Lung Cancer Roundtable will launch in January 2022. The first steering committee meeting was held on December 1 and was led by the biomarker pilot physician champion.

Questions and Answers

Q. How did you decide what participants should be at the table for the MSLCRT project?

Mississippi. The MSLCRT group surveyed members of the biomarker pilot project and other key stakeholders who were engaged in lung cancer initiatives to see what other lung cancer initiatives were of interest to participants to expand beyond the initial biomarkers focus. The survey assessed the interests and priorities of the participants, their perspectives on attractive future directions for the group, and helped to identify people who were willing to contribute in other ways such as participating in speaker bureaus.

Since it was important to have multiple perspectives on the steering committee, the MSLCRT has included on the steering committee two healthcare providers, the director of a cessation center, survivors, and healthcare professionals such as thoracic surgeons and oncologists.

They are now creating a second more general survey to gather feedback from people outside of the lung cancer community, including other state cancer coalitions, partnerships, and community groups.

Kentucky. When the KCC began in 2013, they had a wide variety of champions who were interested in a wide variety of issues such as radon prevention, secondhand smoke, and other interests. The KCC group ended up providing space around the table for all the different topics. Their first project was to create a communications resource guide that provided clear talking points for different audiences for the four areas of screening and the new guidelines, radon prevention, secondhand smoke, and tobacco treatment and increased awareness and access to Kentucky resources.

Q. How did you go about adding lung cancer into your state cancer plans?

Wisconsin. The trio of breast, colorectal cancer, and cervical cancer examples in the cancer plan do not include lung cancer. Thus, Wisconsin has worked toward including a lung cancer example in the state cancer plan to increase awareness and equality around lung cancer.

Mississippi. It seemed natural to include lung cancer in the state cancer plan along with the formation of the Mississippi Lung Cancer Roundtable. The MSLCRT is planning a webinar series for Mississippians on Lung Cancer 101, Cessation 101, and Lung Cancer 201.

Kentucky. Prior to the 2013 USPSTF lung cancer screening recommendations, the KCC had some passionate advocates who pointed out that the state cancer plan limited lung cancer to the prevention section of the plan. This was because lung cancer screening was not evidence-based at the time because no one was doing it in 2013 when the coalition began working on lung cancer. Since then, the benefits of screening have become more measured and evidence-based, and the next iteration of the plan will be more inclusive of lung cancer. Lung cancer screening is different than other kinds of screening because it does not screen the entire population. Instead, it is focused on screening eligible members of populations at risk in shared decision-making settings.

The logic of the KCC approach to partner with the state cancer registry was that if screening was done and adhered to by participants, the registry data should show a reduction in the rate of late-stage diagnoses. The registry personnel agreed with the logic and implemented the measurement in their system. In addition, the registry website now provides open access to the data so that people can look up data that is of interest to them. Registry website access should be available in November 2021 or soon thereafter.

The KCC group purchased a Behavioral Risk Factor Surveillance System (BRFSS) question for the 2022 survey, and the data from the question will not be visible until 2023. The ACR, the Centers for Medicare & Medicaid (CMS), and others are interested in measuring lung cancer. There is energy around adding lung cancer to the trio of existing breast, cervical, and colorectal cancer measures.

Q. Does the MSLCRT have an idea of what people want to do for their first project?

The trends of interest are to focus on cessation and screening. A first project has not been defined yet because there is still planning work to do in the form of receiving and analyzing surveys before the process for choosing a first project can begin.

Q. What did all the KCC partners have to offer the lung cancer screening space?

The KCC felt that it was important to allow members to share continuing education information to encourage participation and maintain interest among its members. The practice of rotating presenters among different lung cancer topics was also helpful because people heard from different groups that were interested in radon and secondhand smoke. Experts who shared information from different perspectives elevated the overall conversation.

The KCC created an index of evidence for different lung cancer topics (radon, secondhand smoke, etc.) across Kentucky. The index included evidence that went beyond lung cancer screening and included flyers and counseling.

The KCC relies on its partners to share their expertise with others in the group. Connecting people who operate in small groups with other groups helps to broaden the conversation and multiplies the effect of everyone's work by increasing the size of the participating audience.

Q. How do you go about creating a common, respectful, stigma-free language for your members?

Kentucky. The KCC uses the International Association for the Study of Lung Cancer (IASLC) language guide. The KCC is practicing the preferred language phrasing and held two webinars in the early days on how to address stigma. The KCC received feedback from members that people recognized themselves as using stigmatizing language. Two things stood out from survivor stories.

The first was that saying *prevention* to survivors means, "If you had prevented lung cancer by not smoking, you would not have lung cancer. Therefore, because you didn't prevent it, you deserve lung cancer." Using the word *prevention* puts responsibility for the disease on the person.

Second, the survivors recommended using the term *risk reduction* instead of *prevention* because the term risk reduction includes other risk factors beyond tobacco use. For example, the term *risk reduction* includes other risk factors such as radon, secondhand smoke, pollution, and dander. Using the term risk reduction makes it possible to say in a stigma-friendly way that smoking is a risk factor that increases lung cancer risk more than the other factors.

Public health terminology emphasizes prevention, prevention, prevention. But if the prevention word is implying that if patients did not prevent their cancer, they deserve it (including breast, colorectal, cervical, or lung cancer). Instead, it is better to use person-centered language. One example would be to say, "a person who smokes" instead of "a smoker."

Wisconsin. It is important to tell the real story behind the data and to include the challenges as well. For example, the new NLCRT State-Based Initiative Planning Tool web pages provide a note about informing homeowners about radon as a risk factor for lung cancer.

The Wisconsin group follows up with partners by providing them with data and anecdotes that show the effectiveness of positive changes of all sizes. The sharing of such data and stories encourages people to ask what else can be done. The Wisconsin approach has been to say, "Look how much it mattered that this little change was made."

References

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