

**STRENGTHENING
ADHERENCE IN LUNG
CANCER SCREENING**



LUNG CANCER ALLIANCE

Lung Cancer Alliance
www.lungcanceralliance.org | 1-800-298-2436
1700 K Street NW, Suite 660 | Washington, D.C. 20006

TABLE OF CONTENTS

Introduction	2
Adherence Definition	2
Who Should Get Screened?	2
Barriers to Adherence	4
Adherence within the Screening Centers of Excellence Network	5
Strategies to Increase Adherence	5
What’s Next?	10

APPENDICES

A) Medicare Compliant Dictation Template for Providers	11
B) Lung Cancer Screening FAQ’s.....	12
C) Results Letter for Patients (No Findings)	14
D) Results Letter to Physician (No Findings).....	14
E) Lung RADs 3 or 4 Letter to Patient	15
F) 30 Day Reminder Letter	16
G) 60 Day Reminder Letter	17
H) 90 Day Reminder Letter	18
I) Final Letter to Patient/Discontinuation	19
J) Letter to Physician about Patient Discontinuation.....	20
K) Letter to Patient about Eligibility for Screening/Discontinuation	20

Strengthening Adherence

INTRODUCTION

Early detection is key in preventing lung cancer-related deaths. Many studies have shown that screening high risk individuals with low dose CT scans before symptoms occur are easier to treat and more likely to be cured.^{1 2} Additionally, studies have shown that smokers who go through lung cancer screening programs who receive an abnormal screening result were more likely to make a quit attempt.³ Individuals who didn't have abnormal screening results do feel affected and have increased motivation to stop smoking. Screening is recognized as a "teachable moment".⁴ Cessation at diagnosis would decrease the relative risk of the individual so one could conclude that incorporating cessation with screening programs would logically benefit the patient. With early detection, low dose lung cancer screenings can save lives.

The World Health Organization defines adherence as the extent to which a person's behavior-taking medication, following a diet, and/or executing lifestyle changes, corresponds with recommendations from a health care provider.⁵

It is common for adherence and compliance to be used interchangeably, however, there are key differences between the two.

- **Adherence** requires the patient's agreement to the recommendations made by their healthcare provider, and cultivates opportunities for patient-provider discussion around screening and treatment.
- **Compliance** focuses on what the patient is told to do and whether they comply or not.
- **Adherence** is a shared experience, a partnership between the patient and the provider.
- **Compliance** is viewed as paternalistic and does not emphasize a therapeutic relationship.
- **Adherence** is a steady ongoing commitment that requires competence and motivation from the patient.
- **Compliance** does not stress the importance of patient follow-up and patient progress.⁶
- **Adherence** follows a patient-centered model of healthcare.
- **Compliance** follows a clinician-centered model of healthcare.

It is important to understand why patients do not follow recommendations for follow-up screening, and by using the adherence perspective, non-adherence is seen as an opportunity

¹ Bach, et al., 2013

² National Cancer Institute, 2017

³ Taylor, et al., 2007

⁴ Taylor, et al., 2007

⁵ WHO, 2003

⁶ Aronson, 2007

for an exchange of information, for the provider to obtain information that could be useful in determining midcourse alterations to the agreed-on plan.⁷

Some countries, such as the United Kingdom, prefer to use terms such as ‘concordance’, a relatively recent term, which also emphasizes shared medical decisions and communication between patient and provider. However, in this case it is truly a matter of semantics- using ‘adherence’ is the most appropriate terminology when discussing follow-up to screening.⁸

WHO SHOULD GET SCREENED?

Results from the National Lung Screening Trial (NLST) prompted a significant push for lung cancer screening for high-risk populations. The United States Preventive Services Task Force (USPSTF) made its formal recommendation for low dose computed tomography screening (LDCT) in December 2013. USPSTF recommends adults 55 to 80 years old with at least a 30 pack-year history of smoking who have quit for less than 15 years to get annual low dose chest CTs.⁹ The Centers for Medicare and Medicaid followed suit two years later, offering to reimburse screening centers for LDCT screening. Additionally, under the National Comprehensive Cancer Network (NCCN), lung cancer screening categorized 2A, has shown evidence that screening under certain criteria is recommended with the appropriate multidisciplinary cancer care team in place (a team whose specialties include thoracic radiology, pulmonary medicine and thoracic surgery)¹⁰.

The table below details screening guidelines for individuals at high risk for lung cancer:

Criteria	USPSTF	CMS	NCCN category 2A
Age	50-80 years old	55-77 years old	≥ 50 years of age (if ≥20 year pack history with additional risk factor other than second-hand smoke)
Symptoms	Patients without related signs or symptoms	Asymptomatic	Patients without related signs or symptoms
Smoking History	30 pack years; current smoker or one who has quit smoking within the last 15 years	30 pack years; current smoker or one who has quit smoking within the last 15 years	20 pack year history (≥ 50 years of age with additional risk factor)

⁷ Mitty & Gould, 2010

⁸ Horne, Weinman, Elliot, & Morgan, 2005

⁹ U.S. Preventive Services Task Force, 2015

¹⁰ National Comprehensive Cancer Network, 2014

Screening Duration	Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or willingness to have curative lung surgery.	Screening should be discontinued once a person has not smoked for 15 years.	N/A
Shared Decision Making?	Recommended	Mandatory	Recommended

BARRIERS TO ADHERENCE

Various barriers to lung cancer screening adherence exist. Gaps in primary physician knowledge of screening guidelines and reimbursement affects the number of patient referrals. Studies have shown that even if physicians agree that the benefits to lung cancer screening outweigh the harms, the numbers of patients referred to screening is low.¹¹ Limited knowledge of these screening guidelines also affects the physician’s ability to facilitate shared decision making conversations with their patients to address all potential harms and benefits.¹² Physician education and the buy-in to lung cancer screening is crucial to ensuring these high-risk patients are screened.

The Health Behavior Model is a psychological model that is used to predict health behaviors. It in particular to preventative health behaviors. An individual will likely adhere to lung cancer screening if 1) they feel that their lung cancer might be avoided 2) they have a positive expectation that they might avoid getting lung cancer or the cancer will be caught early, and 3) they can successfully make all their follow-up appointments for screening.¹³ However, there are barriers to implementing this model to lung cancer screening. Various studies have shown that false positives found in patients prompt an increase in short-term adherence to screening but not long term adherence due to a negative psychological impact on those patients.¹⁴ Additionally, patients who don’t have malignant nodule findings on their scans may fall into a false sense of security. These misconceptions regarding screening need to be thoroughly explained to make sure that patients understand that there is still the potential for lung cancer to develop within 12 months.¹⁵

¹¹ Strayer & Eberth, 2017

¹² Lewis, et al., 2015

¹³ Becker & Maiman, 1975

¹⁴ Montes, et al., 2007

¹⁵ Montes, et al., 2007

Tracking the patient after the scan comes with its own set of barriers. Without the appropriate resources, patients can get lost in the system. Fragmented systems with structural work flow issues makes it harder to get patients back in the door. Lack of dedicated staff to schedule appointments and track patients or a lack of a patient tracking system are other recognized barriers to lung cancer screening adherence. The ways that patients are reminded to return for their annual screening is crucial. The language in the letters to the patient and the referring provider has a direct effect on adherence to screening. Making sure the language used provides enough information and supports the urgency of coming back for screening in a non-alarmist manner is imperative.

ADHERENCE WITHIN THE SCREENING CENTERS OF EXCELLENCE NETWORK

Within our Screening Centers of Excellence (SCOE), we've collected information on current adherence rates, other obstacles our SCOE's have experience and strategies to address these issues.

In a recent survey Lung Cancer Alliance sent to our network we found that that adherence rates varied widely:

- 33% reported an adherence rate between 0-60%
- 34% of screening centers reported having 60% or higher adherence rates
- 20% reported not knowing
- 13% reported that their screening center was not running long enough for that information to be collected

The way the SCOE network dealt with adherence issues differed but there were multiple places in the process to encourage adherence. The various resources mentioned through the document are available in the appendices. The methods and best practices below are based on informational interviews with our network and strategies mentioned in the most current peer-reviewed literature.

STRATEGIES TO INCREASE ADHERENCE

Connecting with the Referring Physician

Primary care physicians (PCPs) play a critical role in the success of lung cancer screening programs. Unfortunately, one of the main barriers in patient access to lung cancer screening are PCP knowledge gaps with lung cancer screening criteria. Recent studies have found that only 30% of PCP's they surveyed knew the correct lung cancer screening criteria. PCPs also lack knowledge in the effectiveness of LDCT screenings. Studies have shown that PCPs rated mammography, colonoscopy, and pap smears as more effective in reducing cancer mortality compared with LDCT screenings. They also reported ordering chest x-rays, a non-recommended

screening test, more often than a low dose CT test (Lewis et al., 2015). Other studies have shown that PCPs have cited unnecessary exposure to radiation, unnecessary diagnostic procedures, and psychological stress and anxiety on high risk patients as barriers to referral for LDCT screenings. Over half of the physician's surveyed were not aware that LDCT screenings are now covered by Medicare.¹⁶ Physicians who are staunch followers of the American Academy of Family Physicians' recommendations may not choose to refer patients since the organization believes there is not enough evidence to recommend LDCT screening in a community setting and discourage the use of LDCT screenings for patients.¹⁷

PCPs manage time consuming comorbidities with their patients and may find referrals to lung cancer screening and shared decision making, overwhelming. PCPs need to be supported and engaged continuously in order to succeed with referrals.

The following methods were shared as effective ways to engage primary care physicians:

- Educational packets sent to the doctor's office with CMS screening criteria and guidelines, and the AHRQ shared decision making tools
 - [Lung Cancer Screening: A Summary Guide for Primary Care Clinicians](#)
 - [Is Lung Cancer Screening Right for Me?](#)
 - [CMS Decision Memo](#)
 - [USPSTF Lung Cancer Screening Recommendation](#)
 - Create a dictation template (see appendix A) listing everything needed for a shared decision making session for CMS so the PCP is merely filling in blanks
- Phone calls with PCP's focusing on building rapport
- Physical visits to physicians
 - Grassroots outreach with community doctors
 - Some in our network mentioned hosting a 'Lung Nodule Symposium' for community physicians
 - Going in offices with the information and engaging (i.e lunch meetings)
 - Grand round meetings
 - Inviting PCPs to multidisciplinary tumor board meetings to see case presentations
 - Some physicians may not have an EMR system and not know what is needed on the order form, it may be helpful to walk them through what you need so they can ask questions and become familiar with the form
- Coordinate with marketing team to engage in outreach using radio spots and online videos
- Use patient as the vehicle to promote screening with the PCP
 - Do a risk assessment with the patient, send AHRQ resources (decision aid, and clinician checklist), and an order form to the patient to give directly to their PCP.

¹⁶ Ersek, et al., 2016

¹⁷ AAFP, 2017

- “Increase your revenue, save lives” approach; emphasis on reimbursement and benefits of early detection
- Discuss ways to limit amount of work for PCP, what tasks can be delegated to your program?
- Some programs have a ‘Preventative Health Clinic’ with PCP’s- the patient can make an appointment and complete intake form that will identify risk factors and talk about multiple health screening with their doctors including lung screening, colonoscopy, hepatitis screenings, etc.

Once the primary care provider is informed about the best practices in lung cancer screening, the shared decision making appointment becomes a great opportunity to educate patients about the benefits and harms of lung cancer screening, and smoking cessation.

Patient Education

Many factors influence a patient’s intent to receive cancer screenings. One in particular, healthy literacy, “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹⁸, directly affects lung cancer screening for patients. Improving health literacy involves emphasizing on effective patient education.

Low health literacy has been linked to decreased use of services such as smoking cessation programs, increased risk of being diagnosed with chronic disease and use of emergency services and overall poorer health outcomes.^{19,20}

Health literacy also influences patient-provider communication. Individuals with lower health literacy levels are more passive when interacting with providers, less likely to engage in shared decision making, and are less likely to ask questions. These barriers severely impair communication and discussion about risks and benefits of treatment options, and patient understanding of informed consent for routine procedures and clinical trials.^{21,22}

Poor health literacy is increasingly prevalent in older patients. Studies have shown that the majority of patients older than 60 perform at the lowest levels of literacy while an astounding 80 percent have limited ability to fill out forms, such as the ones they are asked to fill out in health provider waiting rooms. Complexities are compounded in older patients because they

¹⁸ Institute of Medicine , 2004

¹⁹ Koay, et al., 2013

²⁰ Coughlin, Matthew-Juarez, Juarez, Melton , & King, 2014

²¹ Busch, Martin, DeWaly, & Sandler, 2015

²² Davis, Williams, Marin, Parker, & Glass

are more likely to have chronic and comorbid conditions.^{23,24} This is certainly the case with lung cancer as the average age for diagnosis is 70.^{25,26}

The way to increase health literacy is to use patient-friendly communication strategies, which can improve patient outcomes overall.²⁷ Here are a few tips:

- Use plain, non-medical language
 - You can assess the patient’s understanding of written materials by asking open ended questions
- Limit the amount of information initially provided and emphasize on repeating information
- Supplement text with images
- With information on the web, enhance text with video or audio files

Lung Cancer Alliance offers the following patient friendly literature for patients preparing for a scan: [Understanding Lung Cancer Screening](#), [Understanding Lung Nodules](#), [Why Quit Now](#) (smoking cessation literature). Additionally, on page 12 in the appendices you will find an “Frequently Asked Questions” template to give your patients before/after their scan.

After the Scan

Good communication and a consistent internal work flow are key in the continuum of lung cancer screening. The immediate follow-up after the scan is important in regards to adherence. Members of our SCOE network reported the following as best practices to lung cancer screening:

- Schedule the annual follow-up appointment the same day as the initial screen at the same time and place as the initial screen in order to build a sense of familiarity with the patient. Or offer open scheduling for a greater degree of flexibility for patients
- Consider same day reporting for patients and referring physicians. Specific best practices include-
 - dedicated radiologists to review the day of screening, which is encouraged by building a partnership between clinical staff and radiology to get these results out to the patient and referring provider
 - utilizing EMR system with the capability generate a report directly to referring physician
 - online patient health portal for patients to see screening report
- Call the patient with the screening results and recommendations and then send a letter reiterating this information
 - A report is sent to the referring physician with the recommendations

²³ Safeer & Keenan , 2005

²⁴ Hersh, Salzman, & Snyderman, 2015

²⁵ American Cancer Society, 2015

²⁶ Centers for Disease Control and Prevention, 2014

²⁷ U.S Department of Health and Human Services, 2017

- The letter to the patient is clear, has consistent language, and lists contact information
- Make certain any hospital staff involved in patient scheduling document clearly if a patient chooses to get screened at another facility

In the appendices on page 14, you will find the results letter template to the patient and physician.

Just Before the One Year Mark

Once a patient is due for their annual exam, there are various best practices that should be implemented. First, patients have their own access barriers to overcome so there are a few things to consider to assist in streamlining the follow-up process, including²⁸:

- Modifying hours of service to accommodate your patient's needs
 - many work during normal business hours when your screening center may be open
 - some patients may have to consider child care
- Simplifying administrative procedures, for instance, providing scheduling assistance, translation services and/or patient navigators
- If possible, finding ways to reduce time or distance between your screening center and your patients

Secondly, consider your internal workflow. Most of our screening centers reported that they track patients and when they pull their report, whether that is from an excel workbook or a designated lung cancer patient tracking system, they are able to see who is due on a monthly basis.

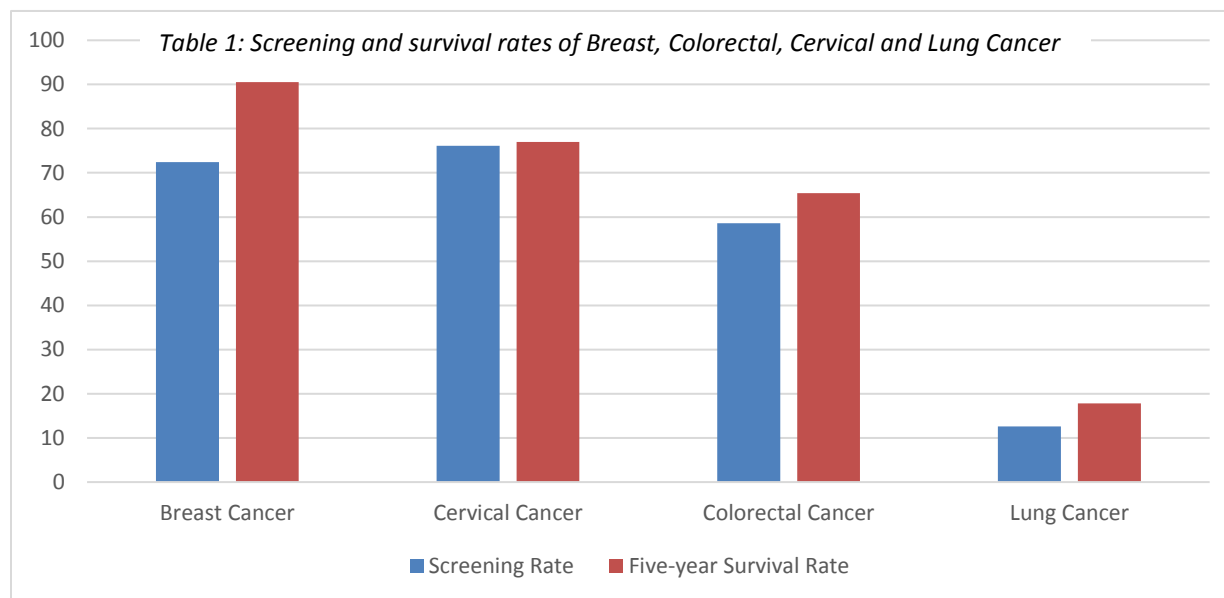
Thirdly, and most importantly, the reminders to the patients and physicians are critical during this time. Reminder phone calls, and text messages if possible, are important. After the initial 30 day reminder letter, two letters are sent after 60 days of the missed appointment and 90 days. Some screening facilities also send a copy of those letters to the referring provider. After 90 days, a discharge letter is sent to both the patient and the referring provider. The discharge letter may prompt the physician to push the patient back into screening at the risk of the patient being a liability for their practice.

In the appendices, on pages 15-20 below you will find numerous letter templates to the patient and the referring provider that vary in content depending on where the patient is in the follow-up process.

²⁸ New York Department of Health , 2015

WHATS NEXT?

Higher screening and survival rates exist for breast, colorectal, cervical and prostate cancer, when compared to lung cancer.^{29 30} According to the CDC, breast cancer has a 90.5% five-year survival rate, cervical cancer has 76%, colorectal cancer has 65.4%, while lung cancer has a 17.4% survival rate.³¹



Research shows that individuals screened with low dose CT scans, who were diagnosed with stage I lung cancer and underwent surgical resection within 1 month after diagnosis, had a survival rate of 92%.³² The NLST has also shown that lung cancer screening reduces the risk of dying from lung cancer by 20% in high risk individuals.³³ The number needed to screen (NNS) calculated from the NLST is 320, meaning 320 NLST eligible individuals would have to be screened to prevent one lung cancer death.³⁴ The European Randomized Study of Screening for Prostate Cancer (ERSPC) found that a NNS of 1,410 was needed to prevent one prostate cancer death.³⁵ Another study found that the NNS to prevent one death from colorectal cancer is 1,250.³⁶

We still have a long way to go when comparing the screening and survival rates of other cancers, however, it is attainable. One glaring fact remains- lung cancer screening saves lives.

²⁹ Centers for Disease Control and Prevention , 2014

³⁰ UNM Health, 2016

³¹ Centers for Disease Control and Prevention , 2017

³² The International Early Lung Cancer Action Program Investigators, 2006

³³ The National Lung Screening Trial Research Team, 2011

³⁴ Pinsky, 2015

³⁵ Loeb, et al., 2011

³⁶ Richardson, 2001

APPENDIX A: MEDICARE COMPLIANT DICTATION TEMPLATE FOR PROVIDER**Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan**

HCPCS G0296 - service is for eligibility determination and shared decision making.

Determination of Patient Eligibility:

- Patient is 55 to 77 years old (55 to 80 years old for patients with private insurance)
- Patient is current smoker or former smoker who has quit within the past 15 years. Quit Date: _____

- Patient has a _____ pack-year smoking history (must be at least 30 pack-year)

Pack year = number of years smoked x average packs smoked per day. 20 cigarettes = 1

pack

- Patient is asymptomatic for lung cancer with no personal history of lung cancer
- Patient is healthy enough to have lung surgery
- Patient is willing to receive potentially curative treatment

During clinical encounter, I completed the following activities with patient:

- Used a decision aid to discuss eligibility and shared decision making
- Discussed potential benefits of lung cancer screening: Reduced mortality from lung cancer
- Discussed potential harms of lung cancer screening, including: False-positive results, Follow-up testing if an abnormality is found (and the possible complications of invasive testing), Over-diagnosis, Total radiation exposure (screening and diagnostic testing, cumulative)
- Discussed other issues: The impact of comorbidities on screening (the benefit of screening is reduced if patient has poor health, the patient's ability or willingness to undergo invasive diagnostic procedures and treatment)
- Counseled about: The importance of adherence to annual lung cancer screening, the importance of maintaining cigarette smoking abstinence or smoking cessation, as applicable and tobacco cessation interventions (provided information, if appropriate)
- Reinforced the importance of smoking cessation and abstinence.

Choose one of the following:

- The patient would like screening. Provided an order for the lung cancer screening visit with the following elements:
 - Patient's date of birth
 - Actual pack-year smoking history
 - Current smoking status; for former smokers, the number of years since quitting
 - Statement that the patient is asymptomatic
 - National Provider Identifier (NPI) of the ordering practitioner
- The patient declines screening. Document the discussion and the patient's decision in his or her medical record
- Patient is unsure about screening or wants more time. Will consider scheduling a follow-up visit to discuss the patient's screening decision.

Helpful Billing Codes for the Shared Decision Making Visit:

- ICD-10 Diagnosis - Z87.891 Personal history of nicotine dependence [current or former smokers ages 55 to 80 years]
- HCPCS G0296 - Counseling visit to discuss need for lung cancer screening (LDCT) using low dose CT scan (service is for eligibility determination and shared decision making)

APPENDIX B: LUNG CANCER SCREENING FREQUENTLY ASKED QUESTIONS

Yearly lung cancer screening with low dose CT lung screening exam (LDCT) has been shown to save lives by finding lung cancer early when its easier to treat.

What is Cancer Screening

A test to check for disease in someone who does not have any symptoms. Some examples of cancer screening include mammograms for breast cancer, pap smears for cervical cancer and colonoscopies for colon cancer. The goal of screening is to find cancer early when it is more treatable and curable.

LDCT lung screening is recommended for the following groups of people who are at high risk for cancer. Those who have symptoms of a lung condition at the time of screening, such as a new cough or shortness of breath are not eligible for screening.

Low Dose CT Screening Eligibility

- Between the ages of 55 and 80 (can change this depending on your population)
- Are currently a smoker or have quit within the past 15 years
- Have smoked at least a pack of cigarettes every day for 30 years

Do I need to have a LDCT lung screening exam every year?

YES. Once is not enough if you are high risk as described above – a LDCT lung screening exam is recommended every year until you no longer meet eligibility criteria.

Why does it matter if I have symptoms?

Certain symptoms can be a sign that you have a condition in your lungs that should be evaluated and treated by your healthcare provider. These symptoms include fever, chest pain, any new or changing cough, shortness of breath, coughing up blood or unexplained weight loss. Having any of these symptoms can affect the results of lung screening and may delay the treatment you need.

I meet the eligibility criteria above but have been diagnosed with cancer in the past. Is LDCT lung screening appropriate for me?

It depends. In some cases, LDCT lung screening will not be appropriate if your doctor is already monitoring your cancer with CT scan studies. Your doctor will determine if LDCT lung screening is right for you.

How effective is LDCT screening at preventing death from lung cancer?

Studies have shown that LDCT lung screening can lower the risk of death from lung cancer by 20 percent in people who are at high risk.

Are there any risks to LDCT lung screening?

There are several risks and limitations of LDCT lung screening. Below are some of the most common ones:

- **Radiation exposure:** LDCT lung screening uses radiation to create images of your lung. Radiation can increase a person's risk of cancer. By using special techniques, the amount of radiation in LDCT lung screening is small. It is about the same amount a person would receive from a screening mammogram.
- **False negatives:** No test, including LDCT lung screening, is perfect. It is possible that you may have a medical condition, including lung cancer that is not found during your exam. This is called a false negative.
- **False positives/additional testing:** LDCT lung screening often finds something in the lung that looks like cancer but in fact is not. This is called a false positive. False positive results often cause anxiety. In order to make sure these findings are not cancer, you may need to have additional tests. These tests will only be performed if you give us permission. Occasionally patients testing. These need a procedure, such as a biopsy that can have potential side effects.
- **Findings not related to lung cancer:** Your LDCT lung screening exam also captures images of areas of your body next to your lungs. The healthcare provider who ordered your exam can help determine if additional testing is needed.

How much does screening cost?

Coverage for LDCT lung cancer screening will be billed through your healthcare insurance along with any additional testing you may need based on the results from your lung cancer screening. We strongly encourage you to contact your healthcare insurance provider to see if your LDCT lung screening is covered by your plan. If you do not have insurance, you will need to cover the entire cost of screening, our [staff/financial counselors/social workers/health administrators](#) can help you understand your payment options and can be reached at [555-555-5555](tel:555-555-5555).

What can I expect from the results?

About 1 of 4 LDCT lung screening exams will find something in the lung that may require additional imaging or evaluation. Most of the time these findings are lung nodules. Lung nodules are very small spots on the lung. These nodules are common and 95% of lung nodules are not cancer (benign). Most are normal lymph nodes or small areas of scarring from past infection. If a small lung nodule is found to be cancerous, our multidisciplinary treatment team will discuss treatment options with you.

When will I get results?

You will receive the results of your exam within **X time**. If you don't hear from us within **X time**, please call [555-555-5555](tel:555-555-5555).

Will my doctor also receive the results?

Yes, the healthcare provider who ordered your exam will receive a copy of your results.

Where can I find help to quit smoking?



If you are a smoker, it is never too late to quit. For help on quitting smoking, please talk to your primary care provider or call [Insert your healthcare facility's quit line assistance program here](#) or **800-QUIT NOW**. If you have already quit smoking, congratulations and keep up the good work!

I think I qualify for LDCT lung screening. What should I do next?

Speak with your primary care provider, then call **555-555-5555** to see if you qualify. Please note that you will need to schedule a shared decision making visit with your healthcare provider and have your provider order for LDCT lung screening [sent/faxed/emailed to 555-555-5555/x@healthcarefacility.org](#).

APPENDIX C: RESULTS LETTER TO PATIENT (NO FINDINGS)

(Insert date)

Dear (Name),

Your recent low-dose lung screening CT exam showed no indicators of nodules or cancer. Your next appointment with us will be in 12 months on (insert date). If you have any questions about your screening results or your next appointment, please call (insert phone number here).

Sincerely,

(Insert name)

APPENDIX D: LETTER TO REFERRING PHYSICIAN (NO FINDINGS)

(Insert current date)

Exam: LDCT lung screening exam

(Referring physicians address)

Patient: (Insert patient name)

Recommendation: Low dose CT in 12 months

Assessment: Nodules with a very low likelihood of becoming cancer

Due date: (insert date for patient's scheduled exam)

Dear Dr. (Insert name):

According to our records, your patient is due for their 12 month low-dose chest CT lung screening exam to determine whether the lung nodule(s) found on a prior screening test have changed in size and appearance.

Early detection is key, especially with patients who are or have been heavy smokers. Low dose chest CT scans can significantly increase chances of survival in lung cancer patients when the cancer is caught early through screening and appropriate follow-up.

Your patient has been notified that their low-dose CT scan is due and *will be contacting your office for an order and appointment* (can redact this if it does not apply to your healthcare facility). Please contact (insert name and title) with any questions or concerns.

Sincerely,

(Insert name)

APPENDIX E: LUNG RADS 3 OR 4 PATIENT LETTER

(Insert date)

Dear (Name),

Your recent low-dose lung screening CT exam shows one or more small lung nodules that are likely not cancer (benign). Lung nodules are very common and many people without cancer have these nodules. To make sure this nodule is not cancer we recommend you have another low-dose chest CT on (date and time). If you can't make this appointment or need to change the appointment, please call (number). If you have decided you do not want this screening performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records. Thank you for your participation in the lung screening program.

Here are some important points you should know:

- Please arrive _____ minutes before your scheduled appointment.
- The scan should take (insert approx. time).
- There are no fluid or food restrictions and no medications or IVs will be used.
- You may be asked to sign a consent form prior to testing.
- Your low-dose screening CT report, including any minor observations, will be sent to your healthcare provider. Your exam report and images will be kept on file at (name of healthcare facility) as part of your permanent record.

Keep in mind that good health involves quitting smoking. If you currently smoke and you want help to quit, please call (insert your healthcare facility's quit line assistance program here or 800-QUIT NOW).

- For more information on your Lung Nodules, we've included some patient-friendly information from *Lung Cancer Alliance* about your nodules.

Sincerely,

(Insert name)

APPENDIX F: 30 DAY REMINDER LETTER

(Insert date)

Dear (Name),

Our records indicate that you are scheduled for a low dose CT lung screening exam(LDCT) on (date and time). If you can't make this appointment or need to change the appointment, please call (number). If you have decided you do not want this screening performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records. Thank you for your participation in the lung screening program.

Here are some important points you should know:

- Please arrive _____ minutes before your scheduled appointment.
- The scan should take (insert approx. time).
- There are no fluid or food restrictions and no medications or IVs will be used.
- You may be asked to sign a consent form prior to testing.
- Your low-dose screening CT report, including any minor observations, will be sent to your healthcare provider. Your exam report and images will be kept on file at (name of healthcare facility) as part of your permanent record.
- Screening tests are to detect illnesses before you have symptoms of the illness. If you have symptoms such as shortness of breath, chest pain, or coughing up blood, please call your doctor to discuss the most appropriate follow up.
- Keep in mind that good health involves quitting smoking. If you currently smoke and you want help to quit, please call (insert your healthcare facility's quit line assistance program here or 800-QUIT NOW).

Lung cancer screening FAQs are enclosed for your review. If you have any questions, please call (lung nurse navigator name and number)

Best,

(Insert name)

APPENDIX G: 60 DAY REMINDER LETTER

(Insert date)

Dear (Name),

Our records indicate that you are scheduled for a low dose CT lung screening exam(LDCT) on (date and time). We have made a previous attempt to reach you via (phone, email, text, etc) about this appointment.

If you can't make this appointment or need to change the appointment, please call (number). If you have decided you do not want this screening performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records. Thank you for your participation in the lung screening program.

Here are some important points you should know:

- Please arrive _____ minutes before your scheduled appointment.
- The scan should take (insert approx. time).
- There are no fluid or food restrictions and no medications or IVs will be used.
- You may be asked to sign a consent form prior to testing.
- Your low-dose screening CT report, including any minor observations, will be sent to your healthcare provider. Your exam report and images will be kept on file at (name of healthcare facility) as part of your permanent record.
- Screening tests are to detect illnesses before you have symptoms of the illness. If you have symptoms such as shortness of breath, chest pain, or coughing up blood, please call your doctor to discuss the most appropriate follow up.
- Keep in mind that good health involves quitting smoking. If you currently smoke and you want help to quit, please call (insert your healthcare facility's quit line assistance program here or 800-QUIT NOW).

Lung cancer screening FAQs are enclosed for your review. If you have any questions, please call (lung nurse navigator name and number)

Best,

(Insert name)

(Insert date)

APPENDIX H: 90 DAY REMINDER LETTER

Dear (Name),

Our records indicate that you are scheduled for a low dose CT lung screening exam(LDCT) on (date and time). We have made previous attempts to reach you via (phone, email, text, etc) about this appointment. This will be our last and final reminder.

If you can't make this appointment or need to change the appointment, please call (number). If you have decided you do not want this screening performed or you are receiving care elsewhere, please let us know at your earliest convenience so we may update our records. Thank you for your participation in the lung screening program.

Here are some important points you should know:

- Please arrive _____ minutes before your scheduled appointment.
- The scan should take (insert approx. time).
- There are no fluid or food restrictions and no medications or IVs will be used.
- You may be asked to sign a consent form prior to testing.
- Your low-dose screening CT report, including any minor observations, will be sent to your healthcare provider. Your exam report and images will be kept on file at (name of healthcare facility) as part of your permanent record.
- Screening tests are to detect illnesses before you have symptoms of the illness. If you have symptoms such as shortness of breath, chest pain, or coughing up blood, please call your doctor to discuss the most appropriate follow up.
- Keep in mind that good health involves quitting smoking. If you currently smoke and you want help to quit, please call (insert your healthcare facility's quit line assistance program here or 800-QUIT NOW).

Lung cancer screening FAQs are enclosed for your review. If you have any questions, please call (lung nurse navigator name and number)

Best,

(Insert name)

(Insert date)

APPENDIX I: FINAL LETTER TO PATIENT/DISCONTINUATION FROM SCREENING PROGRAM LETTER

(Insert date)

Dear (Name),

Our records indicate that you were due for a low dose CT lung screening exam(LDCT) on (insert date). Please call (insert phone number) to schedule this appointment. If you have decided you do not want this lung CT screening performed or you have decided to get care elsewhere, please let us know at your earliest convenience so we may update our records.

We will not make further attempts to reach you after this letter. If you develop any symptoms, please call your doctor.

Sincerely,

(Insert name)

APPENDIX J: LETTER TO REFERRING PHYSICIAN ABOUT PATIENT DISCONTINUATION

(Insert current date)
(Referring physicians address)

Exam: LDCT lung screening exam

Patient: (Insert patient name)

Dr. (Insert name)

We have attempted to contact your patient (X) amount of times through (phone/email/calls). Our institution will not make further attempts to reach out to your patient. We have attached your patient's scans to this letter. If you have any questions, please contact (insert here).

Sincerely,

(Insert name)

APPENDIX K: DISCONTINUATION FROM SCREENING PROGRAM DUE TO ELIGIBILITY

(Insert date)

Dear (Name),

Our eligibility criteria is the following: (insert here).

The low dose CT lung screening exam is covered by insurance and Medicare if you meet the following criteria. You are no longer eligible for the low dose CT lung screening exam. If you have any questions about your status and health records, please call (insert phone number here).

If you any symptoms, please call your doctor.

Sincerely,

(Insert name)