Centralized Lung Cancer Screening Program

PCP identifies screening eligible individual and refers patient to LCSP

SDM performed by the LCSP

LDCT screening ordered by PCP or LCSP and obtained @ accredited imaging center

Lung-RADS Category 1, 2, and ± 3 results letter sent to patient and PCP by LCSP

Comprehensive smoking cessation follow-up by LCSP or other cessation provider

LCSP recalls patient for repeat annual LDCT screening or interval follow-up LDCT or other diagnostic

Lung-RADS Category 1, 2, and ± 3 results letter sent to patient and PCP by LCSP

PCP and/or LCSP manages Lung-RADS “S” findings

LDCT scan results managed by LCSP

LCSP provides or refers for comprehensive smoking cessation services and follow-up

Lung-RADS Category 3 & 4 (concerning) results.

LCSP reviews results with MDT or N/TB. Patient scheduled for evaluation and discussion (PCP notified of clinical plan)

LCSP manages diagnostic work-up and/or referral to specialist as deemed necessary (PCP notified of outcome)

3-6 month interval follow-up LDCT scheduled/ performed if necessary (PCP notified of results)

LCSP reports data to LCSR and conducts quality audits

Resume annual screening LDCT or interval follow-up and/or treatment as recommended.

LUNG CANCER SCREENING WORK FLOW LEGEND

- LCS eligibility determination and referral
- Annual LDCT screening or interval follow-up chest imaging
- Multidisciplinary or lung nodule/tumor board results review
- Reporting to lung cancer registry and quality audit
- Smoking cessation services
- Shared decision making
- Results review and action
- Action for Lung-RADS “S” findings
- Diagnostic work-up/referral to specialist
The centralized lung cancer screening program (LCSP) model positions the LCSP at the helm of the screening process wherein the primary care provider (PCP) identifies screening eligible individuals and, once identified, refers the patient to the LCSP. The LCSP performs shared decision making (SDM), provides or refers to comprehensive smoking cessation services for patients who are smoking, documents these procedures, and orders the low dose CT (LDCT) scan.

Once the LDCT has been performed, the LCS results and management recommendations are reviewed by the LCSP. The results of negative or low-suspicion LDCT findings based on the Lung-RADS category system are sent to the patient and PCP with repeat annual screening or interval follow-up imaging recommendations. The LCSP reviews the results of concerning LDCT findings with a multidisciplinary team (MDT) or nodule/tumor board (N/TB). The patient is scheduled with the LCSP for an evaluation by phone, audio-video conferencing (telehealth) or in-person visit, and discussion of results and clinical recommendations for next steps. The LCSP manages the diagnostic workup or referral to a specialist and takes responsibility for results management of this workup. This information is also communicated to the PCP. The LCSP navigator and/or coordinator are integral partners in this workflow and the LCS process. They may perform any or all of the following duties: scheduling, results management, communicating with all involved (patient, PCP, multidisciplinary team, specialist), providing patient education, ensuring a timely continuum of care and performance of essential clinical follow-up, and reporting to the LCS Registry. The PCP and/or the LCSP manages all “S” findings. The LCSP provides or refers for comprehensive smoking cessation follow-up.