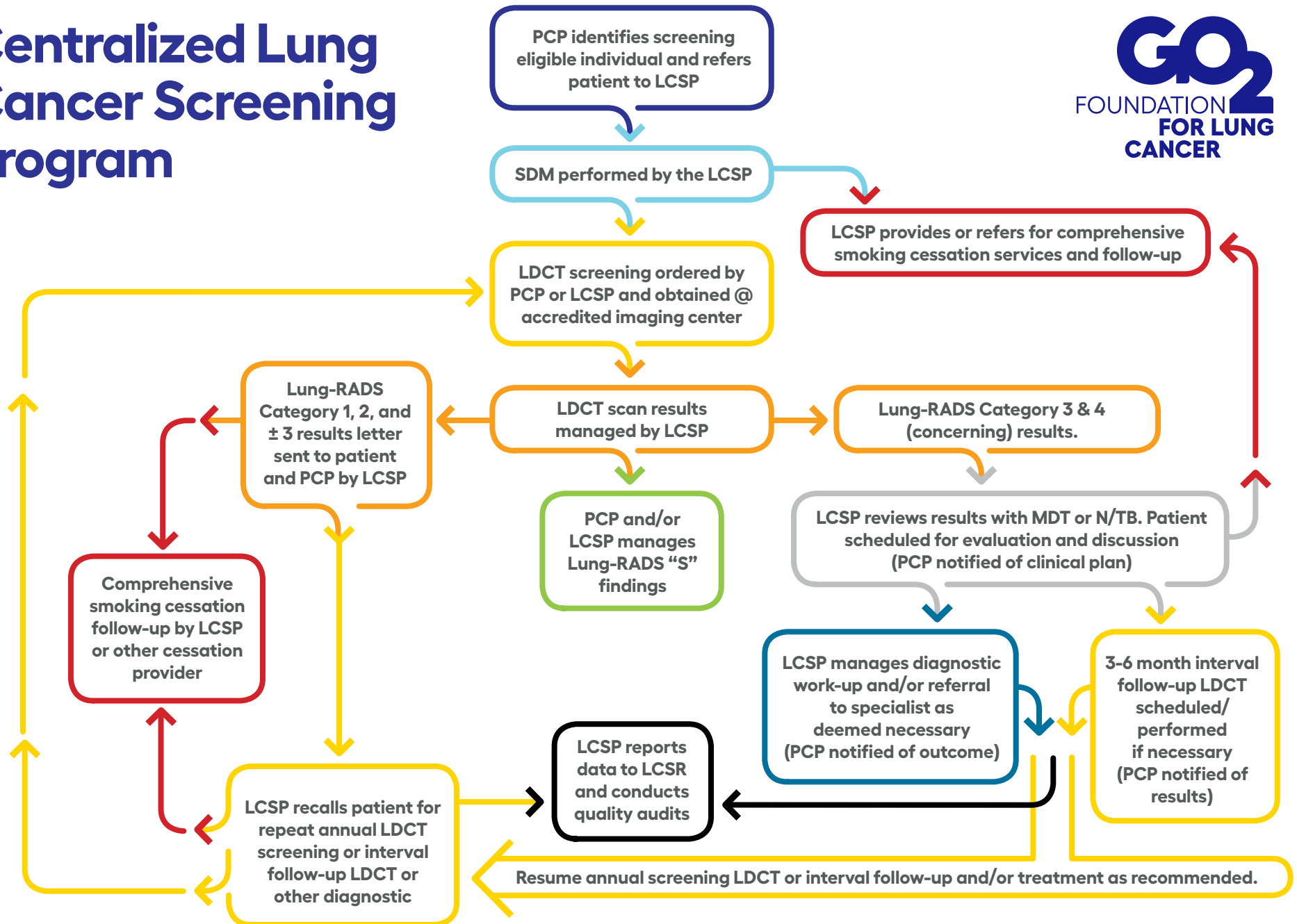


# Centralized Lung Cancer Screening Program



**LUNG CANCER SCREENING WORK FLOW LEGEND**

- LCS eligibility determination and referral
- Shared decision making
- Smoking cessation services
- Annual LDCT screening or interval follow-up chest imaging
- Results review and action
- Action for Lung-RADS "S" findings
- Multidisciplinary or lung nodule/tumor board results review
- Reporting to lung cancer registry and quality audit
- 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.



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[info@go2foundation.org](mailto:info@go2foundation.org) | 1-202-463-2080 | [go2foundation.org](http://go2foundation.org)