

# Models of Lung Cancer Screening Programs

## Glossary of Terms and Related Links



**American College of Radiology (ACR):** Offers a Lung Cancer Screening Accreditation designation for centers that aim to meet practice standards through standardized protocols for CT performance, reporting results, and lung nodule evaluation and who report to the ACR lung cancer screening registry. The American College of Radiology also provides resources for lung cancer screening programs.

<https://www.acraccreditation.org/lung-cancer-screening-center>

<https://www.acr.org/-/ResoClinicalurces/Lung-Cancer-Screening-Resources>



**Coordinator:** Depending on the design of the lung cancer screening program, the coordinator often fulfills a central role in the day-to-day operations of the screening program. This position may be occupied by non-clinical administrative or clerical staff, or by a clinical healthcare professional such as a nurse or qualified non-physician practitioner.



**Comprehensive smoking cessation services:** Clinical research demonstrates strong evidence that the most effective smoking cessation and long-term quit success occurs with combined behavioral and pharmacotherapy interventions.<sup>1</sup>



**Eligibility for lung cancer screening:** The Centers for Medicare and Medicaid Services (CMS) and the United States Preventive Services Task Force (USPSTF) have established eligibility criteria that identify who should be screened for lung cancer. Qualifying lung cancer screening criteria overlap and differ between these agencies. Health insurers also vary in which eligibility criteria they recognize and reimburse.

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>

<https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/lung-cancer-screening>

<https://www.nccn.org/guidelines/guidelines-detail?category=2&id=1441>



**Healthcare Common Procedure Coding System (HCPCS) and International Statistical Classification of Diseases and Related Health Problems (ICD) codes:** Classification systems for the procedure and diagnostic billing codes used in the setting of lung cancer screening, diagnostic workup, and associated history of cigarette dependence or current cigarette use. Specific HCPCS and ICD codes are updated often.



**Low Dose Computed Tomography (LDCT) scan:** Lung cancer screening is performed using a CT scanner that delivers low volumes of radiation. The LDCT scan obtains a quality image of the lungs and is able to detect small lung findings that could represent an early lung cancer.



**Lung Cancer Screening Registry (LCSR):** The Centers for Medicare and Medicaid Services (CMS) requires lung cancer screening data to be collected for each low dose CT lung cancer screening performed and submitted to a CMS approved registry. This data must include elements that may be found at this link.

<https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274>



**Lung-RADS category:** The American College of Radiology lung imaging reporting and data system that provides standardized and evidence-based recommendations for results management in lung cancer screening.

<https://www.acr.org/-/media/ACR/Files/RADS/Lung-RADS/LungRADSAssessmentCategoriesv1-1.pdf?la=en>



**Multidisciplinary Team, Nodule or Tumor Board (MDT or N/TB):** A group comprised of health care providers who represent and possess expertise in lung screening and cancer specialty areas. This team might include any or all the following: pulmonologist, thoracic surgeon, pathologist, radiologist, nurse navigator, oncologist, or primary care provider.



**Navigator:** The lung cancer screening program (LCSP) navigator is central to the day-to-day operations of the screening program. Depending on the design of the LCSP, this position may be occupied by a nurse, qualified non-physician practitioner, or non-clinical staff. The navigator may perform any or all of the following: nursing skills, patient navigation, data management, patient education, shared decision making, smoking cessation services, and screening results counseling.



**Physician or qualified non-physician practitioner:** An individual licensed and permitted by law to provide health care and related services, including order tests and write prescriptions. Examples of such are Medical Doctor (MD), Doctor of Osteopath (DO), Advanced Practice Registered Nurse (APRN), Physician Assistant, Certified (PA-C).



**Primary Care Provider (PCP):** A physician or qualified non-physician practitioner who is an established health care provider and administers routine health care to a patient. In the setting of lung cancer screening, a PCP may be a general practitioner or internist, a pulmonologist, or other specialist who primarily manages the patient's health care.



**Centers of Excellence (COE):** GO2 Foundation for Lung Cancer have designated over 800 healthcare facilities as Centers of Excellence based on established evidence and high-quality standards for lung cancer screening and the continuum of care. These centers have met the designation criteria and meet or exceed these standards.

<https://go2foundation.org/for-professionals/become-a-center-of-excellence/>



**Shared Decision Making (SDM):** Shared decision making is a process in which patients and a member of their healthcare team discuss the current scientific evidence, benefits and risks, and patient motivations to inform and facilitate the patient's decision whether to initiate and/or continue annual screening. The Centers for Medicare and Medicaid Services have determined and required that prior to a Medicare beneficiary's initial lung cancer screening, shared decision making must occur.



**Significant “S” findings:** Findings on low dose CT scan reported by the radiologist that could be clinically significant. These findings require further review and evaluation within the context of the patient's clinical history and current condition.



**Telehealth, Project Echo, and Remote Consultation:** The utilization of technology and audio-video conferencing to connect health care providers with patients for clinical encounters. Health care providers may use technology to facilitate their education and professional development in specialty areas through the exchange of clinical information in the clinical management of patients. This technology may be especially useful in connecting remote providers with a multidisciplinary team and nodule/tumor boards for the exchange of information in the setting of lung cancer screening.

## References

1. Stead LF, Koilpillai P, Fanshawe TR, Lancaster T. Combined pharmacotherapy and behavioural interventions for smoking cessation. *Cochrane database of systematic reviews*. 2016;3:CD008286.