

The Bree Collaborative
Draft Lung Health: Lung Cancer Screening and Tobacco Cessation Charter and Roster

Problem Statement

Tobacco use is the third leading risk factor for death and disability in Washington state, with lung cancer being a major cause of mortality.¹ Early detection through lung cancer screening (LCS) results in significantly improved survival at 20 years,² but only 14.1% of high-risk Washingtonians are adequately screened for lung cancer.³ The chances of surviving lung cancer greatly increase by stage of diagnosis; while over 50% of diagnoses occur once the cancer has spread, those diagnosed before it has spread have a significantly higher chance of survival.⁴ Some populations are less likely to receive adequate lung cancer screening, including those who identify as Black or Hispanic.⁵ National LCS guidelines differ (e.g., USPSTF, NCCN), and competing guidance creates confusion across the system. While e-cigarette use is not currently a qualifying factor for lung cancer screening, many individuals use both, and current e-cigarette users are 21% less likely to have undergone LCS.⁶ Combined pharmacotherapy and behavioral interventions are highly effective,⁷ but only about 38% of those wanting to quit utilize treatment.⁸ Smoking disparities drive inequity in adverse health outcomes between racial and ethnic, economic, educational, sexual orientation and gender identity, occupation, geographic location and behavioral health status.⁹ Additionally, smoking-related health care costs in Washington amount to \$2.8 billion annually, with \$2.2 billion lost in productivity each year.¹⁰ Clear, evidence-informed guidance on LCS, including determining eligibility and strategies to reduce disparities, and addressing barriers to uptake of effective tobacco cessation methods can prevent lung cancer deaths and reduce cost for Washingtonians.

Aim

To standardize evidence-informed lung cancer screening and facilitate the uptake of effective tobacco cessation strategies across the healthcare system, thereby enhancing early detection, supporting prevention efforts, and reducing mortality from lung cancer.

Purpose

To propose evidence-informed recommendations to the full Bree Collaborative on practical and evidence-based methods for implementation lung cancer screening and tobacco cessation across the system, including:

- Defining topic area and scope
- Aligning guidance for evidence-based lung cancer screening across delivery systems and payors (e.g., USPSTF, NCCN, etc.)
- Establishing eligibility criteria, required documentation, and outlining the patient pathway for appropriate lung cancer screening, including scheduling of subsequent follow-up screenings as necessary
- Addressing coverage and eligibility gaps in evidence-based tobacco cessation programs and treatments
- Aligning and/or recommending methods of measuring quality in LCS and tobacco cessation across sectors

Out of Scope: tobacco and vaping prevention (e.g., school-based programs); other lung related conditions; lung cancer treatment; other cancer screening initiative and guidelines;

Duties & Functions

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.

- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve guidelines to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Joelle Thirsk Fathi, DNP, ARNP, CTTS, ANP-BC, FAANP, FAAN (chair)	Professor Chief Healthcare Delivery Officer	Univeristy of Washington GO2 for Lung Cancer
Kristin Bohreer, RN, BSN	Clinical Program Manager Early Lung Cancer Programs	Virginia Mason Medical Center
Ty Jones, MD, CPPS, CHPW, CAQSM	Medical Director, Patient Safety and Healthcare Quality Leader	Regence
Susanne Quistgaard, MD	Medical Director, Provider Customer Engagement	Premera
Norilyn De La Pena	Project/Program Manager II	Public Health Seattle King County
Brandon Omernik, MS, CTTS	Certified Tobacco Treatment Specialist	Fred Hutch Cancer Center
Drew Oliveira, MD, MHA	Medical Director	Washington Health Alliance
Matty Triplette, MD, MPH	Medical Director Lung Cancer Screening & Living Tobacco Free Services	Fred Hutch Cancer Center
Jessica Beach, MPH	Health Equity Director	Molina
Maggie Chin, MD	Family Physician	Kaiser Permanente
Asher Strauss, PsyD	Director of Behavioral Health	Kinwell

¹ Institute for Metrics and Evaluation (n.d.). United States of America - Washington. Retrieved August 22, 2024, from <https://www.healthdata.org/research-analysis/health-by-location/profiles/united-states-washington>

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- ² Henschke, C. I. et al. (2023). A 20-year Follow-up of the International Early Lung Cancer Action Program (I-ELCAP). *Radiology*, 309(2), e231988. <https://doi.org/10.1148/radiol.231988>
- ³ American Lung Association (n.d.). Washington. State of Lung Cancer. Retrieved August 22, 2024, from <https://www.lung.org/research/state-of-lung-cancer/states/washington>
- ⁴ National Cancer Institute. (n.d.). Cancer stat facts: Lung and bronchus cancer. SEER. Retrieved August 29, 2024, from <https://seer.cancer.gov/statfacts/html/lungb.html>
- ⁵ Silvestri GA, Goldman L, Tanner NT, Burleson J, Gould M, Kazerooni EA, Mazzone PJ, Rivera MP, Doria-Rose VP, Rosenthal LS, Simanowith M, Smith RA, Fedewa S. Outcomes From More Than 1 Million People Screened for Lung Cancer With Low-Dose CT Imaging. *Chest*. 2023 Jul;164(1):241-251. doi: 10.1016/j.chest.2023.02.003. Epub 2023 Feb 10. PMID: 36773935; PMCID: PMC10331628.
- ⁶ Wang Q, Jiang C, Hsu ML, et al. E-Cigarette Use and Lung Cancer Screening Uptake. *JAMA Netw Open*. 2024;7(7):e2419648. doi:10.1001/jamanetworkopen.2024.19648
- ⁷ Patnode CD, Henderson JT, Coppola EL, Melnikow J, Durbin S, Thomas RG. Interventions for Tobacco Cessation in Adults, Including Pregnant Persons: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*. 2021;325(3):280–298. doi:10.1001/jama.2020.23541
- ⁸ VanFrank B, Malarcher A, Cornelius ME, Schechter A, Jamal A, Tynan M. Adult Smoking Cessation — United States, 2022. *MMWR Morb Mortal Wkly Rep* 2024;73:633–641. DOI: <http://dx.doi.org/10.15585/mmwr.mm7329a1>
- ⁹ U.S. Department of Health and Human Services, Office of the Surgeon General. (2024). Eliminating tobacco-related disease and death: Addressing disparities — A report of the Surgeon General: Key findings (PDF). U.S. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-key-findings.pdf>
- ¹⁰ Washington State Department of Health. (n.d.). Quick facts about tobacco use in Washington State. Retrieved August 22, 2024, from <https://doh.wa.gov/data-statistical-reports/health-behaviors/tobacco>