

The Bree Collaborative **Lung Cancer Screening 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. Combined pharmacotherapy and behavioral interventions are highly effective,⁶ but only about 38% of those wanting to quit receive treatment.⁷ Tobacco use disorder and cigarette smoke exposure drive health inequities and adverse outcomes between racial and ethnic, economic, educational, sexual orientation and gender identity, occupation, geographic location and behavioral health status.⁸ Additionally, smoking-related health care costs in Washington amount to \$2.8 billion annually, with \$2.2 billion lost in productivity each year.⁹ Clear, evidence-informed guidance on LCS, including determining eligibility, strategies to reduce disparities, and equitable access to effective smoking cessation, can prevent lung cancer deaths and reduce human suffering and cost for all Washingtonians.

Aim

To increase appropriate lung cancer screening in Washington State in order to decrease the incidence and mortality from lung cancer.

Purpose

To propose an evidence-informed framework to the full Bree Collaborative on practical and evidence-based methods for improving implementation, access, and uptake of lung cancer screening and smoking cessation across the system, including:

- Defining topic area and scope
- Reinforcing best practices for core components of lung cancer screening and early lung cancer detection
- Aligning stakeholder priorities and practices around lung cancer screening
- Alignment of cross-sector quality measurement and monitoring in lung cancer screening
- Culturally relevant and sensitive care for those at risk for lung cancer and their community
- Reducing burden of disease and cost of care across all stakeholders and sectors
- Explore technological strategies and solutions to improve lung cancer screening
- Creating a statewide framework for equitable access and uptake of lung cancer screening for those eligible

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; management of incidental lung nodules; exposure to radon and air pollution; risk for lung cancer among people who fall outside the current screening guidelines without a history of smoking

Duties & Functions

The workgroup will:

- Examine 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 quality and impact 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 recommended framework 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
Jessica Beach, MPH	Health Equity Director	Molina
Kristin Bohrer, RN, BSN	Clinical Program Manager for LCS & ILN	Virginia Mason Medical Center
Maggie Chin, MD	Medical Director of Cancer Screening	Washington Permanente Medical Group
Norilyn De La Pena	Cessation Manager, Cannabis, Commercial Tobacco and Vaping Prevention Program.	Public Health Seattle King County
Elyse Dumont, RN	Lung Navigator Population Health	Mason Health
Joelle Fathi, DNP, RN, ARNP, ANP-BC, CTTS, FAANP, FAAN (co-chair)	Chief Healthcare Delivery Officer	GO2 for Lung Cancer
Ty Jones, MD, CPPS, CHPW, CAQSM	HCA Account Medical Director	Regence
Kim Kummer, MS, MPH (co-chair)	Quality Manager	Fred Hutch Cancer Center
Jennifer Kummerfeldt, ARNP	Director of Population Health	Mason Health
Saba Lodhi, MD	Pulmonologist/Critical Care Medicine	Confluence Health
Drew Oliveira, MD, MHA	Medical Director	Washington Health Alliance
Brandon Omernik, MS, CTTS	Tobacco Treatment Specialist	Fred Hutchinson Cancer Center
Susanne Quistgaard, MD	Medical Director, Provider Customer Engagement	Premera
Matty Triplett, MD, MPH	Medical Director Lung Cancer Screening & Living Tobacco Free Services	Fred Hutchinson Cancer Center
Douglas E. Wood, MD, FACS, FRCSEd	Henry N. Harkins Professor and Chair, Department of Surgery	University of Washington

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>

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, Simanowitz 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 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

⁷ 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>

⁸ 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>

⁹ 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>