

- **Level 1 actions (introductory):** activities that provide a starting place to improve care including advancing audience knowledge and self-efficacy in addressing the health topic. These activities may be able to be incorporated into existing workflows.
 - **Note:** These actions are to be encouraging for individuals to begin treating the chosen health topic.
- **Level 2 actions (intermediate):** activities that may require collaboration, new workflows, and resources to accomplish.
- **Level 3 actions (advanced):** activities that may require higher collaboration, resources, funding, and time to accomplish.

Level 1

Eligibility & Engagement

- **Screen for and document tobacco history (pack year history in addition to current smoking status) at all points of care**, using structured EHR fields as available. The following is important to capture to determine LCS eligibility:
 - Current or former smoking status
 - Pack-year history: packs per day x years smoked
 - ***Inclusivity Spotlight:*** pack-year thresholds may under-identify risk in populations with longer, lower-intensity smoking histories
 - Years-since-quit: how many years since quitting smoking
- **Provide access to patient education about lung cancer screening**, inclusive of potential harms and benefits, expectations about LDCT and timing intervals, and ability to assess individual preferences and values for care
- **Schedule a follow-up visit or refer to an LCS program to engage in shared decision-making (SDM).** Documented SDM is required by CMS. Include the following:
 - **what to expect from LDCT screening**, including: follow-up diagnostic testing; possible overtreatment; radiation exposure; completion of annual screening; potential for other clinically significant findings (20%)
 - **Assess readiness to quit smoking** if applicable, and **counsel on smoking cessation**.

Stigma, Bias, & Inclusiveness

Screening with LDCT

- Order low-dose CT (LDCT -ensuring least amount of radiation dose delivery is possible) scan. Consider a facility recognized for quality in LDCT for lung cancer screening when able. See Implementation Guide for resources,
- Assess readiness to quit smoking and offer cessation resources at all points of contact. See [the 5 A's](#) here.

Result Management

- Once scan is complete, follow [Lung-RADS guidelines](#) for follow-up, such as:
 - **Category 1, 2, & +/- 3:** send results letter and order repeat scan in 6 or 12 months
 - **Category 4:** results should be reviewed with timely management by a multidisciplinary care team and/or nodule/tumor board composed of professionals with lung cancer expertise including but not limited to: radiology, pulmonology, oncology, pathology, nurses, cancer navigators, and advanced practice providers.
 - **S Findings (other clinically significant findings):** the ordering provider is responsible for management of actionable, potentially clinically significant findings or proper follow-up with primary care. Review the **Incidental Findings American College of Radiology one-page quick reference guide** [here](#)
 - Note: white papers on management of S findings are routinely updated

Level 2

Eligibility & Engagement

Stigma, Bias, & Inclusiveness

- Seek training on how to have stigma-free conversations about smoking history and the benefits of lung cancer screening. It is important to emphasize the health benefits of lung cancer screening rather than framing the conversation around smoking history. Starting with shared decision-making about screening helps build trust and creates a supportive foundation for later discussions about smoking cessation.
- Do not delay or withhold urgent or emergent healthcare solely due to smoking status. Discuss risks and benefits of smoking and/or using nicotine replacement therapy before elective procedures or treatment.

Screening with LDCT

- Incorporate strategies that may improve likelihood of completing LCS follow-up (e.g., repeat scans) such as patient reminders before annual screening (patient portal, text, call, letter, etc.)

Result Management

Level 3

Eligibility & Engagement

Stigma, Bias, & Inclusiveness

Screening with LDCT

Result Management

Full Guidelines

Eligibility & Engagement

- **Screen for and document tobacco history (pack year history in addition to current smoking status) at all points of care**, using structured EHR fields as available. The following is important to capture to determine LCS eligibility:
 - Current or former smoking status
 - Pack-year history: packs per day x years smoked
 - ***Inclusivity Spotlight:*** *pack-year thresholds may under-identify risk in populations with longer, lower-intensity smoking histories*
 - Years-since-quit: how many years since quitting smoking
- **Provide access to patient education about lung cancer screening**, inclusive of potential harms and benefits, expectations about LDCT and timing intervals, and ability to assess individual preferences and values for care
- **Schedule a follow-up visit or refer to an LCS program to engage in shared decision-making (SDM)**. Documented SDM is required by CMS. Include the following:
 - **what to expect from LDCT screening**, including: follow-up diagnostic testing; possible overtreatment; radiation exposure; completion of annual screening; potential for other clinically significant findings (20%)
 - **Assess readiness to quit smoking** if applicable, and **counsel on smoking cessation**.

Stigma, Bias, & Inclusiveness

- **Seek training on how to have stigma-free conversations about smoking history and the benefits of lung cancer screening.** It is important to emphasize the health benefits of lung cancer screening rather than framing the conversation around smoking history. Starting with shared decision-making about screening helps build trust and creates a supportive foundation for later discussions about smoking cessation.
- **Do not delay or withhold urgent or emergent healthcare solely due to smoking status.** Discuss risks and benefits of smoking and/or using nicotine replacement therapy before elective procedures or treatment.

Screening with LDCT

Healthcare Professionals

- Order low-dose CT (LDCT -ensuring least amount of radiation dose delivery is possible) scan. Consider a facility recognized for quality in LDCT for lung cancer screening when able. See Implementation Guide for resources,
- Incorporate strategies that may improve likelihood of completing LCS follow-up (e.g., repeat scans) such as patient reminders before annual screening (patient portal, text, call, letter, etc.)
- Assess readiness to quit smoking and offer cessation resources at all points of contact. See [the 5 A's](#) here.

Result Management

Healthcare Professionals

- Once scan is complete, follow [Lung-RADS guidelines](#) for follow-up, such as:
 - **Category 1, 2, & +/- 3:** send results letter and order repeat scan in 6 or 12 months
 - **Category 4:** results should be reviewed with timely management by a multidisciplinary care team and/or nodule/tumor board composed of professionals with lung cancer expertise including but not limited to: radiology, pulmonology, oncology, pathology, nurses, cancer navigators, and advanced practice providers.
 - **S Findings (other clinically significant findings):** the ordering provider is responsible for management of actionable, potentially clinically significant findings or proper follow-up with primary care. Review the Incidental **Findings American College of Radiology one-page quick reference guide** [here](#)
 - Note: white papers on management of S findings are routinely updated