A Brief Introduction to VA-PALS

The VA-PALS Project (VA-Partnership to increase Access to Lung Screening) (<https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2942>) is funded by a generous grant from the Bristol-Myers Squibb Foundation (<https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html>) and a grant from VA's Office of Rural Health (<https://www.ruralhealth.va.gov/>) to extend the International Early Lung Cancer Action Program (I-ELCAP) ([http://ielcap.com](http://ielcap.com/)) protocols to the VA health system. I-ELCAP, in turn, is intended to improve screening and treatment protocols for early-stage lung cancers.

Determining the right people to screen at the right time is important in providing the most benefit for the investment made. The I-ELCAP protocol is designed by international experts in lung cancer, radiology and related fields who collaborate on development and continual updating of the evidence. The I-ELCAP investigators meet twice a year to refine these methods, share their research, and update the protocol as needed.

An important part of the I-ELCAP program is to also increase the performance of the CT scanners themselves. This is accomplished through consulting and quality-measurement programs provided and administered by Accumetra (accumetra.com). Take a look at Accumetra's Scotch tape program at <http://accumetra.com/solutions/free-ct-image-quality-reports/>. Very interesting stuff.

Radiologists are trained to better identify suspicious nodules in the low-dose CT scans through education as well as by dual reading of scans with radiologists who have experience in interpreting low-dose CT scans in the context of a program of CT screening for lung cancer. This can be done remotely, so moving huge image files between facilities is an issue that is being addressed by the VA-PALS program.

Deciding what kind of treatment is most beneficial for each kind of cancer and patient is important as well. The I-ELCAP organization has been conducting research on which treatment methods are optimal for early stage lung cancer.

Our part of this important project is to develop an extension of the VistA software to mirror the capabilities of the ELCAP software and store the data within VistA's existing architecture, so that VA care providers can integrate the I-ELCAP protocol in their existing workflows. After that, we'll be working with the VA Nurse Navigators/Coordinators to improve the extension for VA users, and with the ELCAP team to provide their reports within the VA system. We will also be developing the capability for the VA ELCAP software to work on its own and with other EMRs.

It's been very exciting to learn about the possibilities to save lives and reduce pain and suffering through our work on this program. We look forward to the coming years as we work on this project with VA and the OSEHRA community.

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