

Laurie Fenton Ambrose

DISCLOSURE OF CONFLICTS OF INTEREST

GLOBAL EDUCATION GROUP (GLOBAL) REQUIRES INSTRUCTORS, PLANNERS, MANAGERS AND OTHER INDIVIDUALS AND THEIR SPOUSE/LIFE PARTNER WHO ARE IN A POSITION TO CONTROL THE CONTENT OF THIS ACTIVITY TO DISCLOSE ANY REAL OR APPARENT CONFLICT OF INTEREST THEY MAY HAVE AS RELATED TO THE CONTENT OF THIS ACTIVITY. ALL IDENTIFIED CONFLICTS OF INTEREST ARE THOROUGHLY VETTED BY GLOBAL FOR FAIR BALANCE, SCIENTIFIC OBJECTIVITY OF STUDIES MENTIONED IN THE MATERIALS OR USED AS THE BASIS FOR CONTENT, AND APPROPRIATENESS OF PATIENT CARE RECOMMENDATIONS.

THE FACULTY REPORTED THE FOLLOWING FINANCIAL RELATIONSHIPS OR RELATIONSHIPS TO PRODUCTS OR DEVICES THEY OR THEIR SPOUSE/LIFE PARTNER HAVE WITH COMMERCIAL INTERESTS RELATED TO THE CONTENT OF THIS CME ACTIVITY:

LAURIE FENTON AMBROSE HAS INDICATED SHE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.



LUNG CANCER ALLIANCE

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WHO WE ARE

- Oldest lung cancer organization
- Dedicated solely to support and public health advocacy
- Seeking comprehensive and coordinated plan of action
- 4-Star Charity Navigator
- National chapters
- Community, National and Global Partnerships





CONVERGENCE OF EVENTS

Science

- NLST

Federal Agencies

- DOD
- VA
- DOE

Centers of Excellence

- Currently over 100 sites
- 70 in process

Payers

- Wellpoint
- Other BC/BS Affiliates
- Other Anthem Affiliates

Professional Guidelines/Endorsements

- NCCN
- AATS
- ASCO
- ACS
- ACCP

Ongoing Research

- I-ELCAP
- Nelson

Cost Benefit--Milliman

1. Mortality Benefit
2. Commercial Payer
3. QALY Analysis

**LCA's
National
Framework For
Lung Cancer
Screening
Excellence and
Continuum of
Care**



FEDERAL RESPONSE: STILL PENDING

May 3, 2012

The Honorable Kathleen Sebelius
Secretary
US Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue, SW – Room 120F
Washington, DC 20201



Re: US Preventive Services Task Force Review of Lung Cancer Screening

Dear Madam Secretary:

On November 16, 2010, immediately after the termination of the National Lung Screening Trial (NLST), we wrote to Carolyn Clancy MD, urging that the United States Preventive Services Task Force (USPSTF) expedite review of its 2004 recommendation on lung cancer screening. This request was quite timely in view of the NLST's scientific validation of the mortality benefit of low dose CT scans in a high risk population, and in view of the fact that 225,000 people are projected to be diagnosed with lung cancer in 2012, primarily at late stage.

In a response dated November 24, 2010, Dr. Clancy said the USPSTF anticipated that their draft recommendation would be available for public comment by spring of 2012. Our concerns about a lack of a sense of urgency were not allayed.

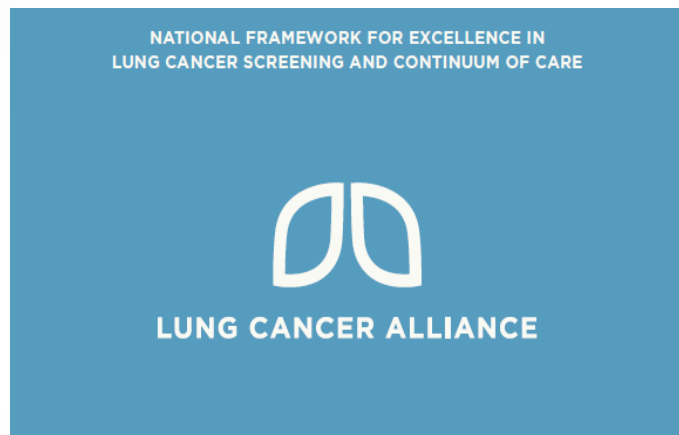
We understand that the responsibility of the USPSTF is to make evidence-based recommendations about clinical preventive services such as screenings. We appreciate that the USPSTF invited Lung Cancer Alliance to participate in the Topic Working Group, which to date, has held one conference call on November 10, 2011.

Now we have been advised that the draft comments will not be available for public comment until spring of 2013. This means the new recommendation will not be finalized, at the earliest, until three

- Requested of HHS Secretary
 - Include Screening at-risk in EHB/State Exchanges
 - Expedite review of USPSTF guidelines
 - Provide CMS reimbursement for at-risk



NATIONAL FRAMEWORK: GUIDING RESPONSIBLE BEST PRACTICES—NOW



Data on Outcomes

FORUM

The advent of lung cancer screening presents a unique public health opportunity to get it done right from the beginning as efficiently, equitably and cost-effectively as possible. If tissue, blood, breath and other samples are collected during the screening process, biomedical research into all types of lung cancer, precancerous conditions and improved treatments can be accelerated and better coordinated. Accomplishing these goals requires a mechanism for the collection and analysis of data and a system for incorporating imaging and biomarker advances as they are validated. This will be the charge of the Lung Cancer Screening Excellence Forum—a dynamic body of thought leaders in all fields related to lung cancer who are committed to making this the turning point in lung cancer outcomes.

LUNG CANCER ALLIANCE COMMITTS TO THE FOLLOWING: WE WILL

- ESTABLISH the Lung Cancer Screening Excellence Forum, an ongoing consortium of thought leaders to develop the mechanisms for data and specimen collection, and for incorporating validated imaging and biomarker advances into the continuum of care.
- CONTINUE to provide responsive and timely information on lung screening and research advancement to the public.
- CONTINUE to include the public of those also committed to practicing lung cancer screening within a continuum of care following best practices.
- CONTINUE to work collaboratively with the medical community to provide the public and patient perspective.
- CONTINUE to support research in imaging, targeted therapies and the molecular signatures of precancerous cellular abnormalities, risk and malignancy for all types of lung cancer.
- CONTINUE to work with all stakeholders to support measures to reduce tobacco exposure in our society, as well as to collaborate with partners to address issues pertaining to the dissemination of lung cancer and seek to reduce disparities in the delivery of quality lung cancer screening services.

We gratefully acknowledge the leadership contributions of William K. Mayfield M.D., Chief Surgeon (Office for Integrative Health Systems, current member of The Society of Thoracic Surgeons, Board Certified in Cardiothoracic and Thoracic surgery, James M. Mullins, M.D., Associate Professor for Research at Johns Hopkins University and Johns Hopkins, M.D., President of City of Hope Medical Staff in the creation of the Framework.

Rights of the People

DECLARATION OF PURPOSE

Lung cancer kills more Americans than the next four leading causes combined, including breast and prostate cancers. However, there is scientific validation that screening those at high risk with low-dose CT scans can save tens of thousands of lives a year and at lower cost for each life saved than other cancer screening methods if it is carried out safely, efficiently and equitably. Achieving this goal will require a well-informed public, the support of medical professionals, researchers and industry, and their commitment to continuously refine best practices in screening and the continuum of care as advances in imaging, risk assessment, biomarker testing and treatment are validated.

RIGHTS AND EXPECTATIONS

THE RIGHTS OF THE PEOPLE

- You have the right to know if you are at risk for lung cancer.
- You have the right to know that well-validated low-dose CT screening has been shown to significantly reduce the possibility of dying from lung cancer.
- You have the right to clear and unbiased information on the risks and benefits of CT screening.
- You have the right to fair and equitable access to multiple appropriate CT screening.
- You have the right to timely and comprehensive care if you are diagnosed with lung cancer.
- You have the right to donate your time and biological specimens to lung cancer research to help find additional life-saving cures.
- You have the right to an informed view of the quality of the Lung Cancer Screening Excellence and provide care in a multi-disciplinary continuum.

Responsibilities of Screening Sites

GUIDING PRINCIPLES FOR LUNG CANCER SCREENING EXCELLENCE

- Will provide clear information, based on current evidence, on who is a candidate for lung cancer screening and the risks and benefits of the screening process in language appropriate to the candidate.
- Must comply with comprehensive standards based on best practices for controlling screening quality, radiation dose and diagnostic procedures such as those developed by the National Comprehensive Cancer Network (<http://www.nccn.org>) and the International Early Lung Cancer Action Program (<http://www.ilecap.org>).
- Works with a multi-disciplinary clinical team to carry out a coordinated continuum of care for screening, diagnosis and disease management based on best practices which include:
 - to perform radiologists, pathologists and pulmonologists to evaluate the images and specimens obtained in screening and treatment work-ups;
 - trained thoracic surgeons with experience in minimally invasive techniques who are committed to annual reoperation on surgical outcomes;
 - Oncologists and radiation oncologists experienced in the care of patients with lung cancer;
 - Nurses and support staff who will assist patients with coordination of their care within the continuum.
- Will include a comprehensive smoking cessation program in its screening and continuum of care program based on best practices evidence.
- Will report results expeditiously to those screened and the referring physician, and will transmit copies of all reports and scans in a timely manner if requested for a second opinion or transfer of care.
- Will provide those screened with information on how they can donate images and biopsies to advance research in the prevention, diagnosis and treatment of all types of lung cancer.
- Will participate in outcome data collection in order to further refine risk evaluation, screening and diagnostic protocols.

A CENTER OF SCREENING EXCELLENCE



OUR COMMITMENT

- That we implement screening safely, responsibly, cost-effectively, equitability--now.
- That we build in systems for collecting data and outcomes and bio-medical samples at steps along the way.
- That we feed that information into a continuous loop of improvement in diagnosis and treatment.
- That we further support research in imaging and targeted therapies for all types of lung cancer.







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