minnesota cancer alliance summit

2026 | *the power of collaboration*

February 26, 2026

McNamara Alumni Center

Minneapolis, MN

Breakout Session #1

Memorial Hall

February 25, 2026

McNamara Alumni Center

Lung Cancer Screening – Our Communities and Beyond

Brian Helmrick, MBA, LAT, ATC

Monica Cook, RN, OCN

Financial Disclosure Statement

- There are no relevant financial disclosures for this session.

LUNG CANCER SCREENING

"OUR COMMUNITIES AND BEYOND"

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February 26, 2026

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OBJECTIVES

- Explore successful approaches for expanding lung cancer awareness and boosting screening participation within large health systems, with an emphasis on community engagement and mobile screening models

- Share Lessons Learned from Launching a Mobile Lung Screening Program
  - Highlight how Allina's screening initiative was designed and implemented, including strategic partnerships with supporting agencies and organizations – underscoring the critical role of collaboration, community engagement, and awareness-building in reaching high risk populations.

- Experience the Mobile Screening Truck Firsthand
  - Participate in a guided tour of the mobile lung screening truck to better understand its capabilities, patient flow, staffing model, and how mobile assets can be leveraged to expand equitable access across Minnesota.

MN TOBACCO PROFILE (8/25)

Minnesota Commercial Tobacco Profile

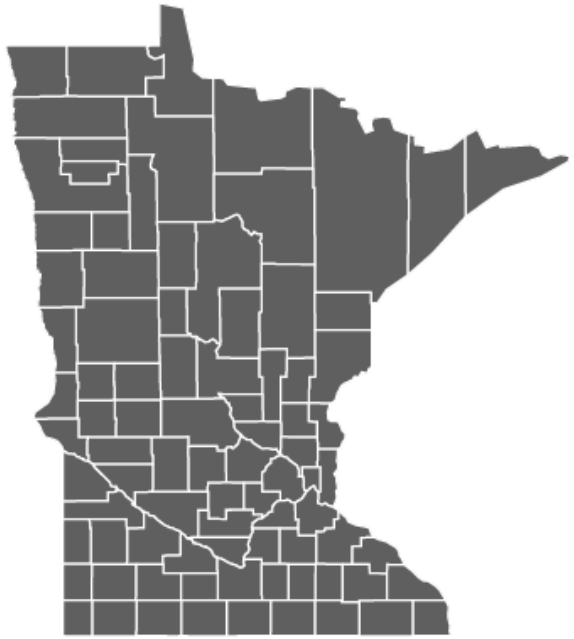
Tobacco's toll in one year

572,624
Adults smoke cigarettes

9461
commercial tobacco-related deaths

$4.7
billion in excess medical costs

$983
tax burden per household



Population

Youth	1,309,503
Adults	4,404,797
Total residents	**5,714,300**

Source: Minnesota Department of Health (2/18/2026).

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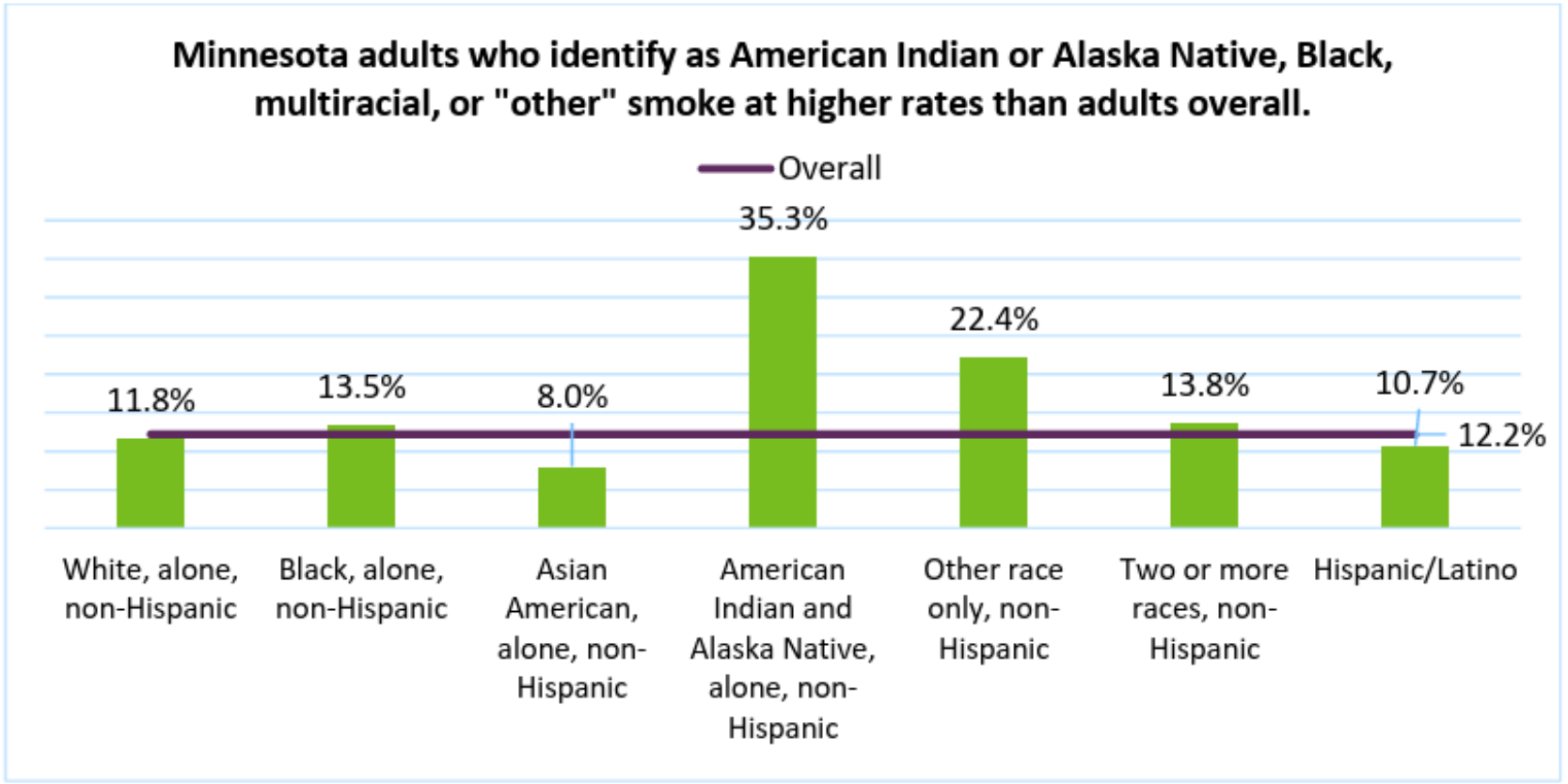
MN SMOKING TRENDS

Cigarette use (smoking)

12.2% of Minnesota adults smoked cigarettes in 2023, down from 19.1% in 2011.

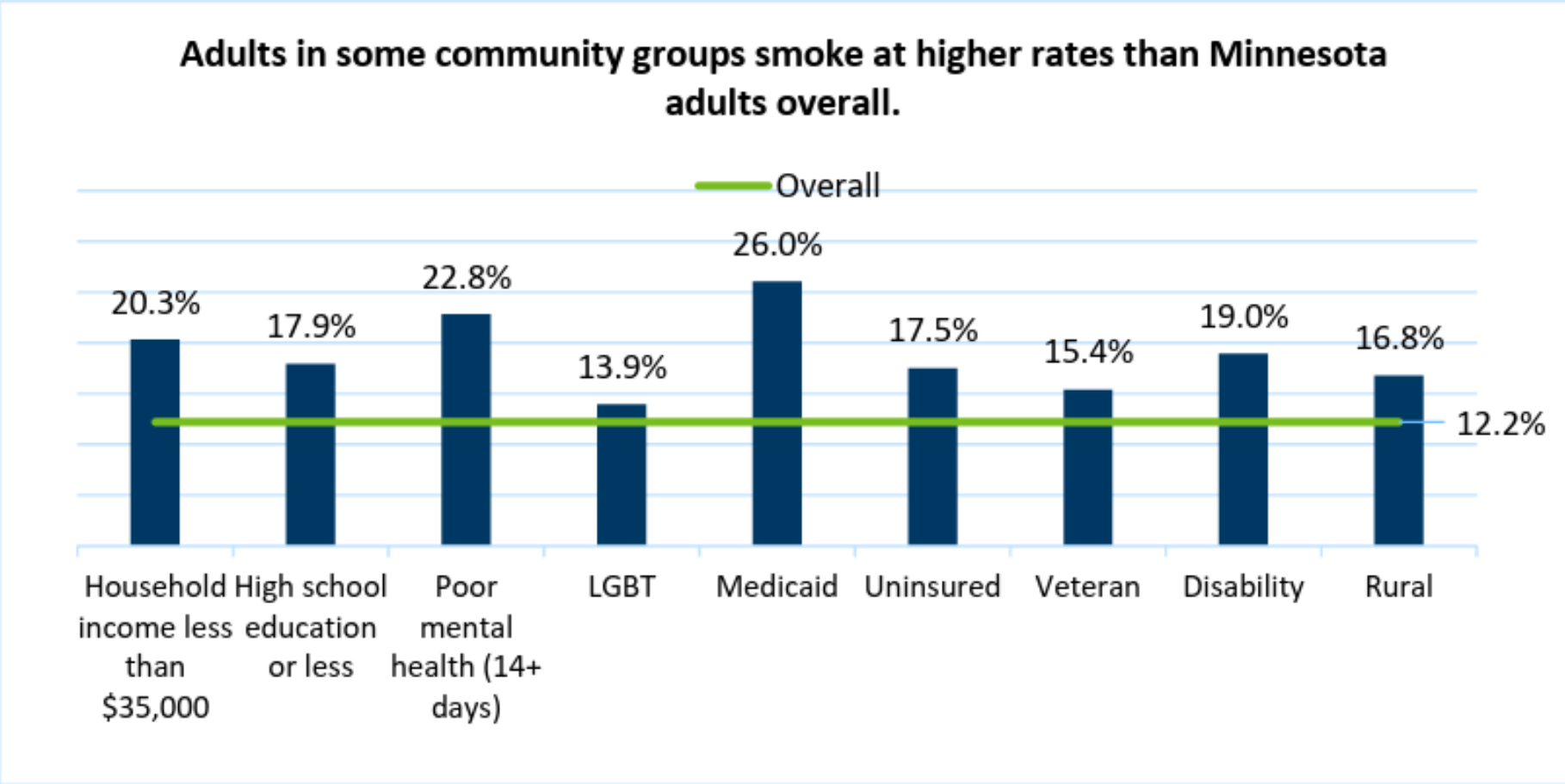
While cigarette use has been declining steadily in Minnesota, adults in many communities still smoke at higher rates than adults overall.



Source: Minnesota Department of Health (2/18/2026).

MN SMOKING TRENDS

DATA HIGHLIGHTS FROM THE 2023 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM – COMMERCIAL TOBACCO DATA

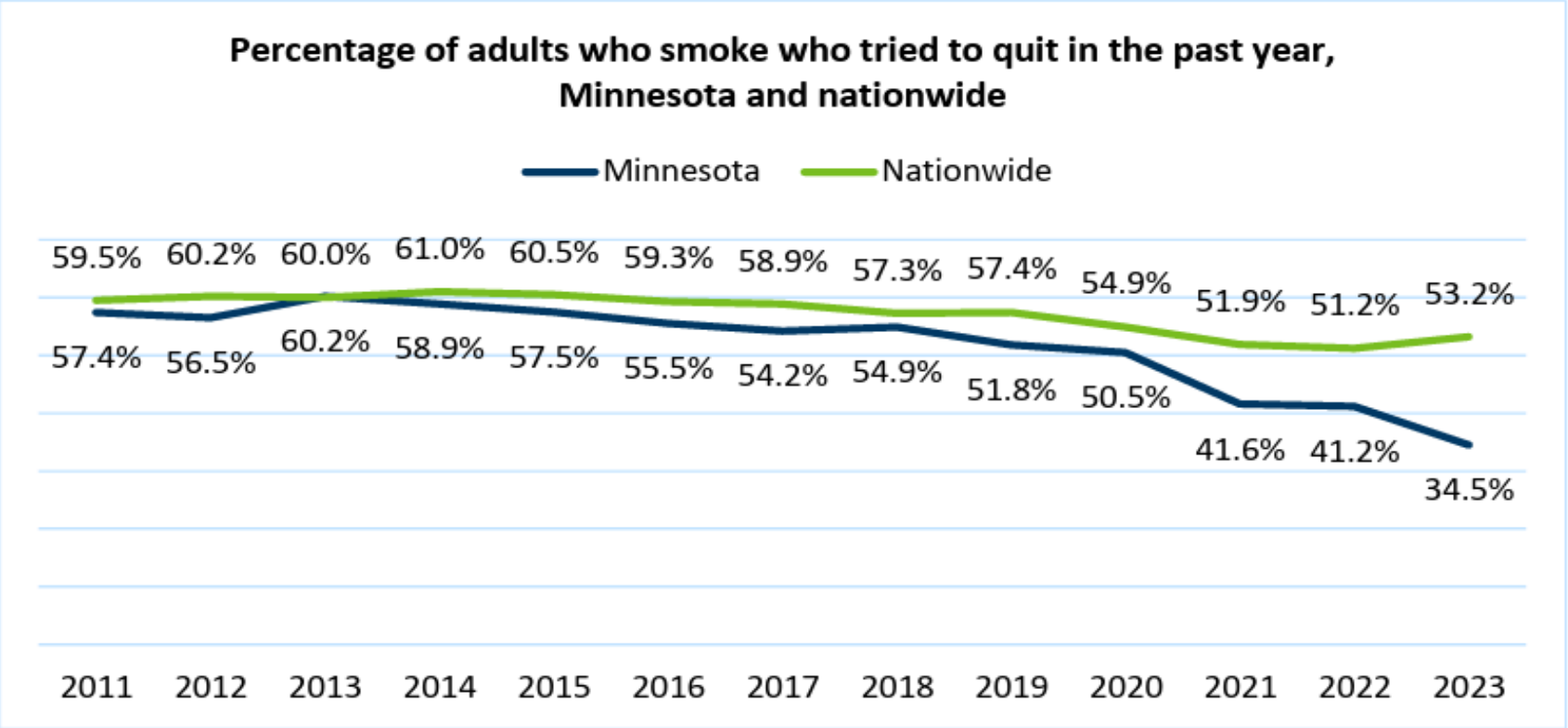


Source: Minnesota Department of Health (2/18/2026).

MN QUIT-SMOKING TRENDS

Quitting

34.5% of Minnesota adults who smoke tried to quit, compared to 53.2% nationwide in 2023.



In 2023 the quitting question was optional for states and only 26 states asked it, which can affect the results.

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Source: Minnesota Department of Health (2/18/2026).

SDM

Lung Cancer Screening (Fixed)

Lung Cancer Screening (Mobile)

Lung Nodule Clinic

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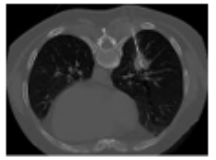
Incidental Lung Finding

Tobacco Cessation
CoC 5.9 – Future Programming

Bronchoscopic Procedures

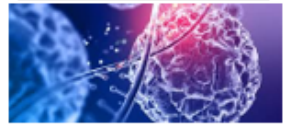
CT Guided Biopsy



Dx

Referral Plan

Medical Oncology



Surgical Oncology

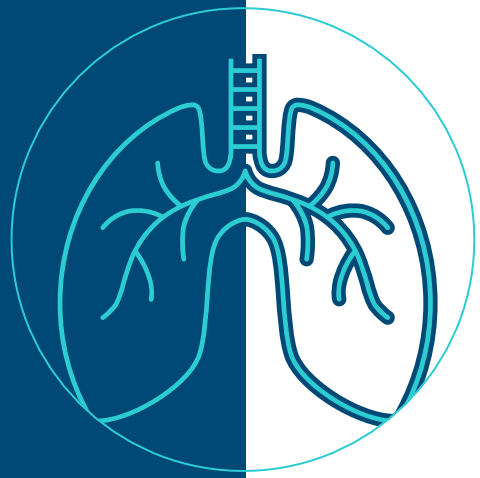
Radiation Oncology

Early Lung Cancer Detection

WHY IS LUNG CANCER SCREENING IMPORTANT?

- Lung Cancer is the #1 cause of cancer deaths in U.S.
- Studies have found that lung cancer screening participation can shift patient diagnoses to earlier stages than those that get diagnosed outside of screening
- U.S. lung cancer screening rate- currently screening 18% of those eligible. Minnesota- 17.8%

Lung cancer screening with annual CT scans for eligible patients can reduce the lung cancer death rate by up to 20%.



ELIGIBILITY GUIDELINES

- Age 50 – 77/80
- Current smoker or quit <15 years ago
- 20 pack year history

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BENEFITS OF LUNG CANCER SCREENING

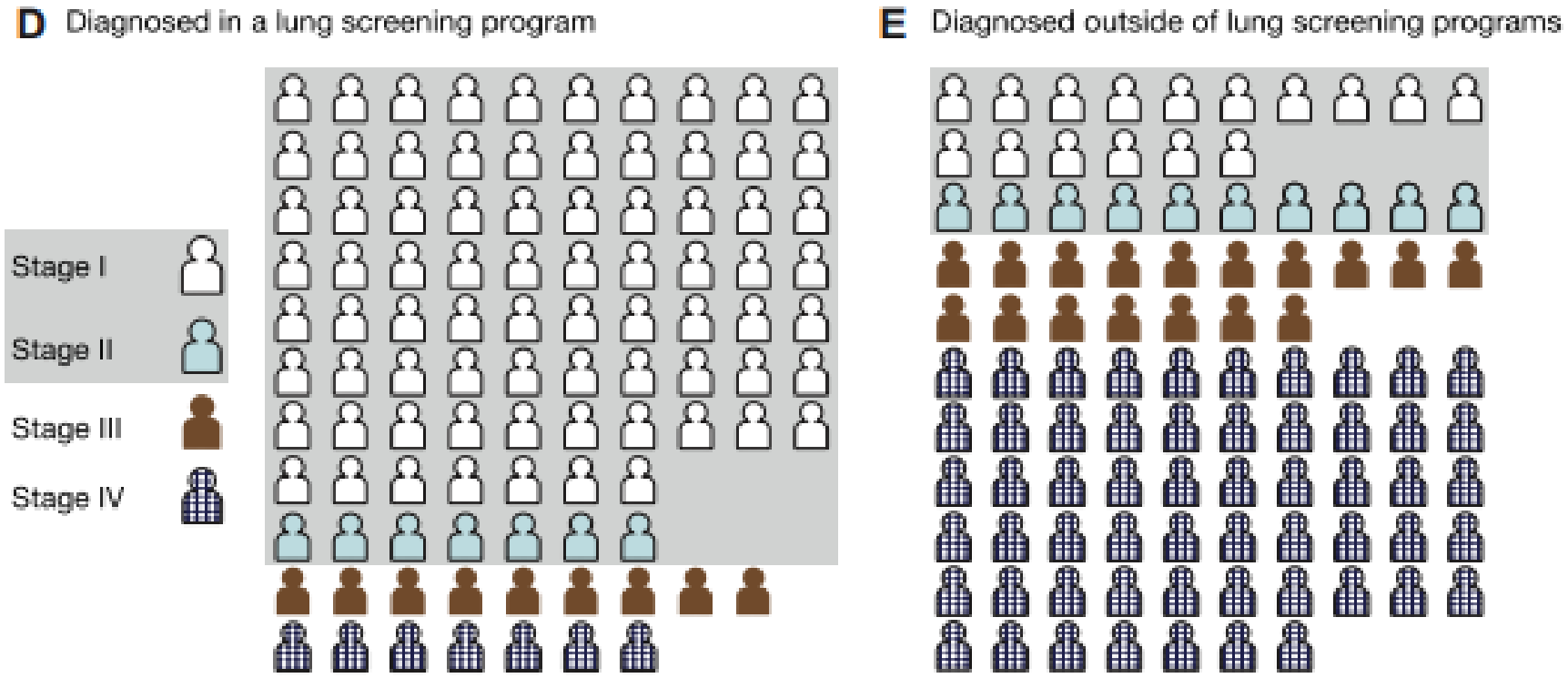

Diagram D: 80% of detected cancers from the lung cancer screening program are Stage 1 and 2

Diagram E: Only 26% of lung cancers diagnoses otherwise are Stage 1 and 2

SOURCE: LUNG SCREENING BENEFITS AND CHALLENGES: A REVIEW OF THE DATA AND OUTLINE FOR IMPLEMENTATION. SANDS ET AL. J THORAC ONCOL 2021;16(1):37-53

REVISING ALLINA HEALTH LUNG CANCER SCREENING PROGRAM
OCTOBER 2022

Lung Cancer Screening HUB Model
Oct 18, 2022

Patient Screened;
Completes Shared Decision Making;
Documents in Updated SmartSet;
Places LDCT Ordered

Provides Patient Results;
Contacts Patient Follow up LDCT;
RN Provides Education for Rad 3 & 4s;
RN Guides Rad 4 Patients to Lung Nodule Clinic;
Communicates with both PCP & Specialists on Patient.

Primary Care	Radiology	Lung Cancer Screening Hub

LDCT currently available at:

Abbott Northwestern Hospital
River Falls Hospital
St. Francis Medical Center
New Ulm Medical Center
Faribault Medical Center
Buffalo Hospital
Cambridge Medical Center
UTD Hospital – Regina Hastings Campus
Midwest Radiology – St. Paul
Midwest Radiology – Coon Rapids
Midwest Radiology – Maple Grove
Midwest Radiology – Burnsville

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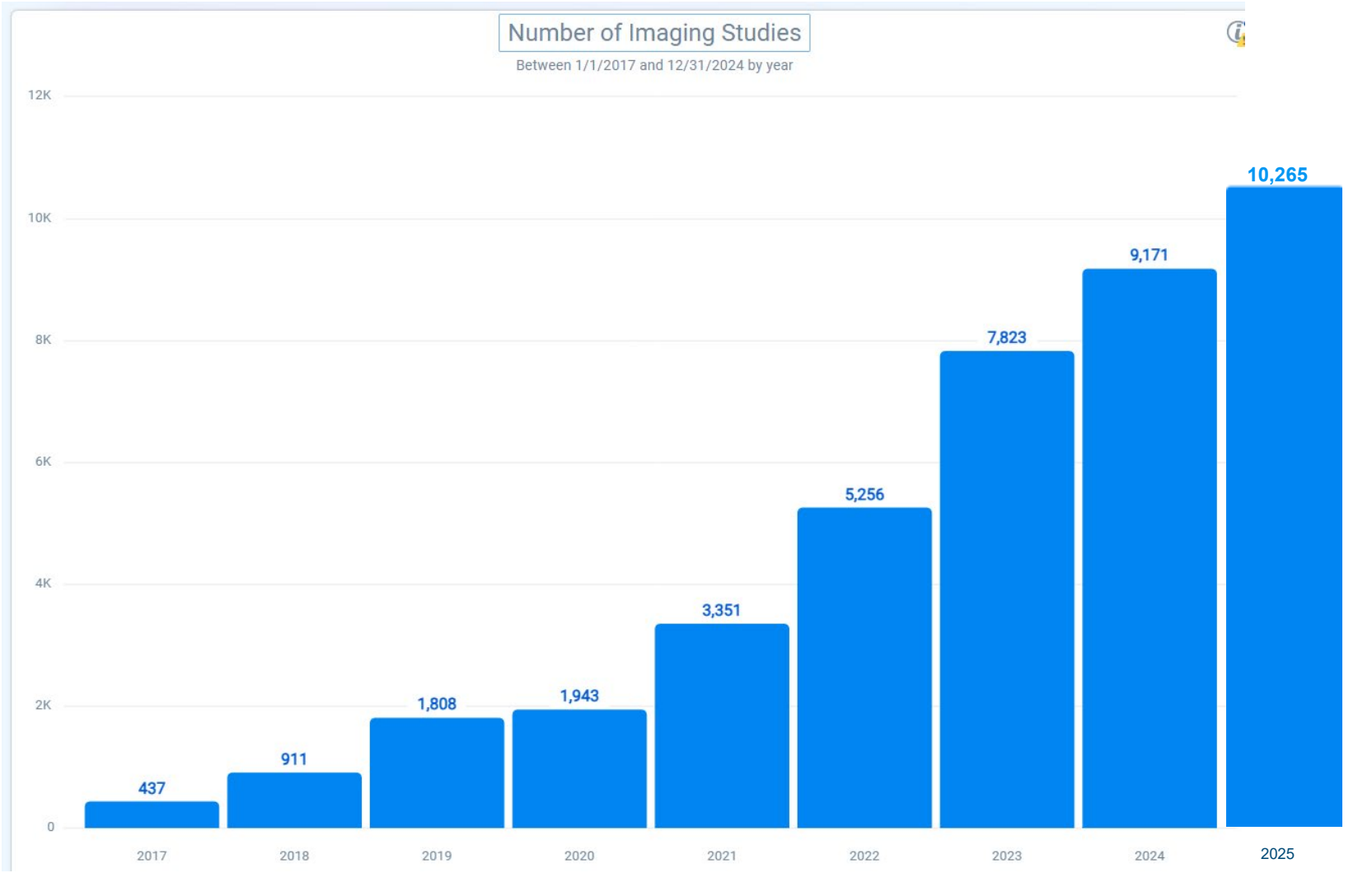
HISTORY OF LUNG SCREENING AT ALLINA HEALTH



Previous Model

New Model- PCP completing SDM and Lung Screening Hub Management

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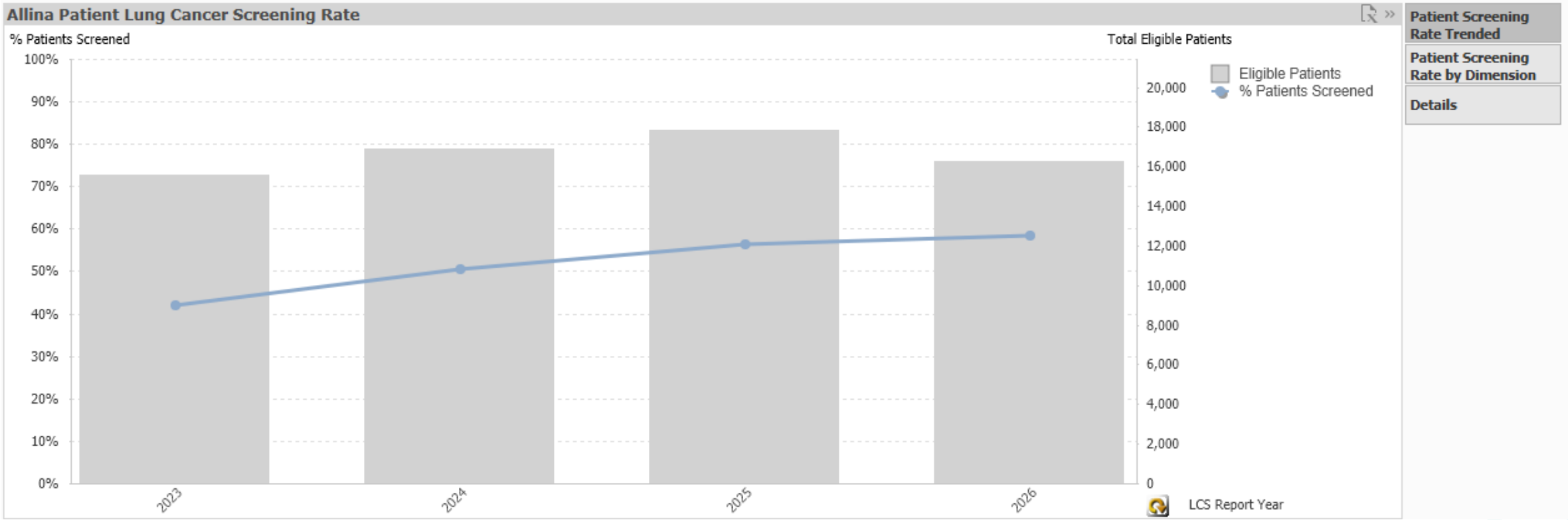
ALLINA HEALTH LUNG CANCER SCREENING RATES

National Average for LCS = 18.2%



We are currently screening 58.3% of Allina patients that have 20 pack year history. However, it is more likely that we are screening about 30% of those who are eligible knowing we are missing many who are eligible who do not have an accurate tobacco history in Epic.

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LUNG SCREENING AT ALLINA

Simple Concept, Easy Adjustment, Continuous Improvement

Early Detection Team- Weekly Meetings

- Medical Director
- Program Manager
- Clinical Specialist - RN

Lung Screening Hub Protocol Driven Work

2 Schedulers

- Sends due letters
- Call patients to schedule CT scan
- Process result letters
- Send overdue letters

1 RN

- Places orders for all patient enrolled in the screening program
- Calls patients, provides education for all RAD 3 and RAD 4 results
- Serves as a resource to patients, Hub team, and PCPs.

Primary Care Partnership

Ongoing Partnership with Primary Care- Buy In

- Physician Champion
- Regular Rounding to PCP clinics to discuss lung screening.

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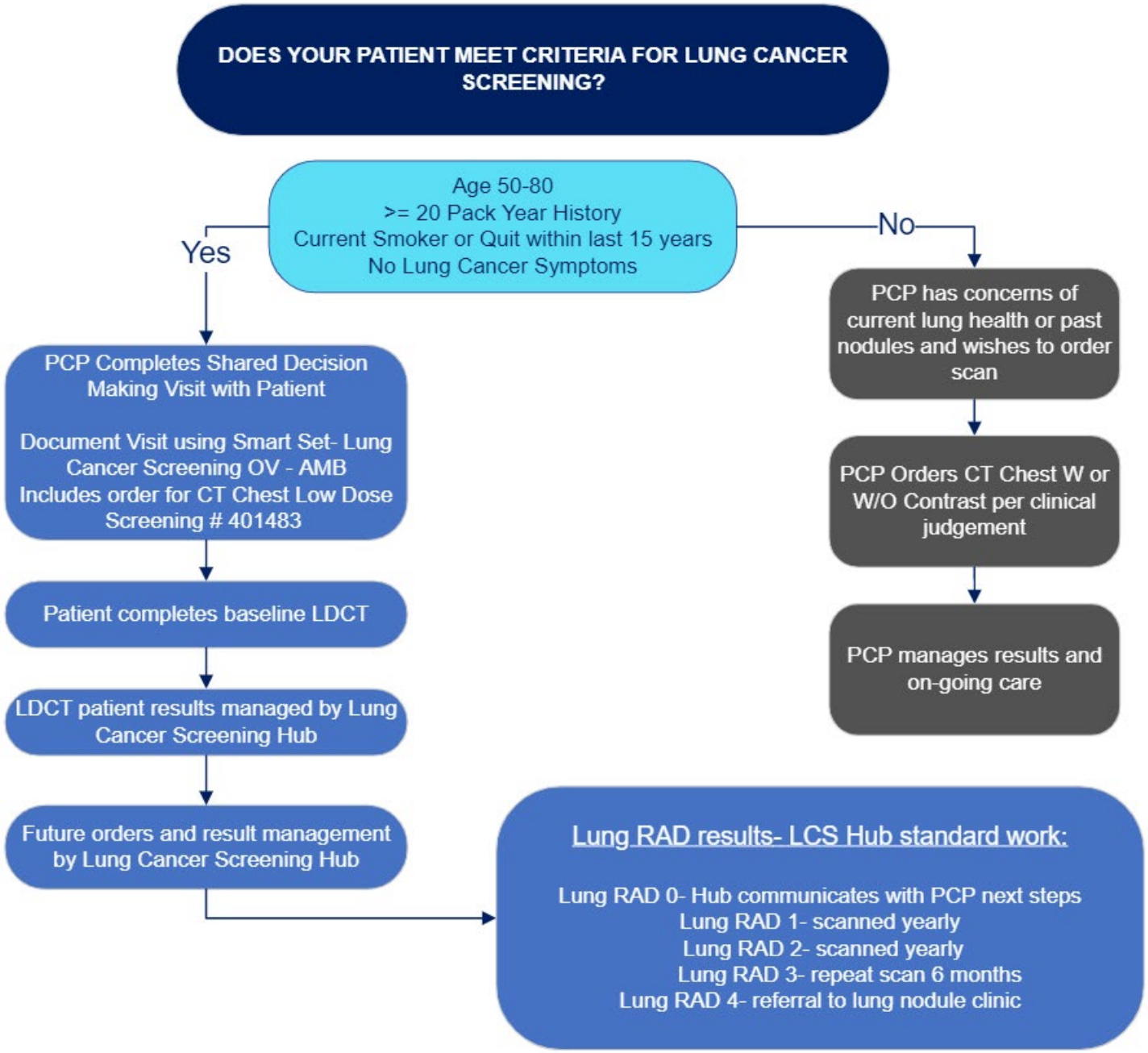
Lung Cancer Screening Program Workflow



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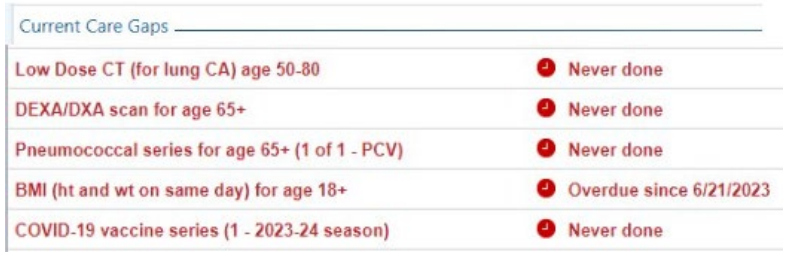
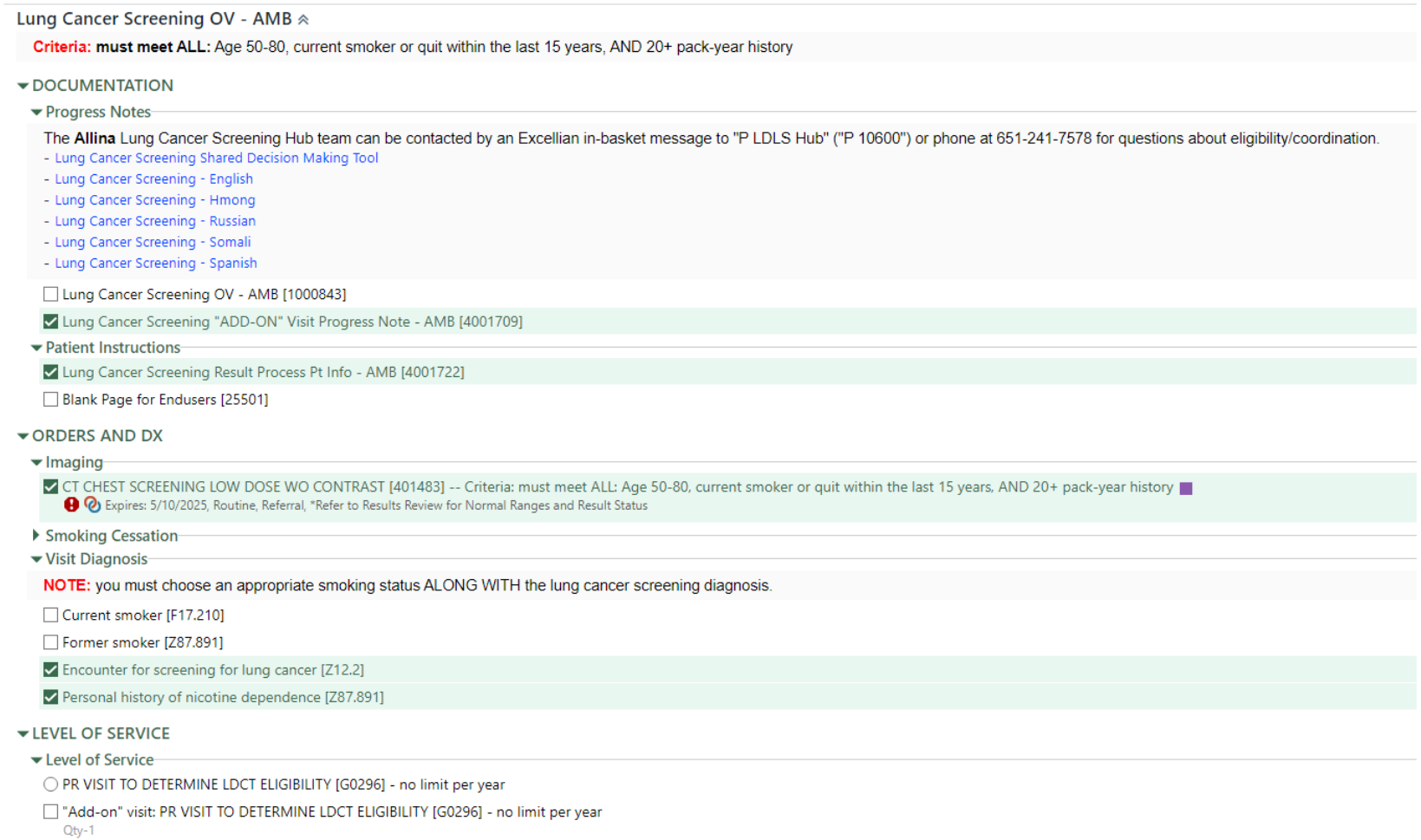
LUNG SCREENING SMART SET

Important to Use LCS Smart Set:

- ✓ Automatically adds to progress note & patient instructions
- ✓ Will order correct CT order
- ✓ Ensures adequate documentation of SDM conversation





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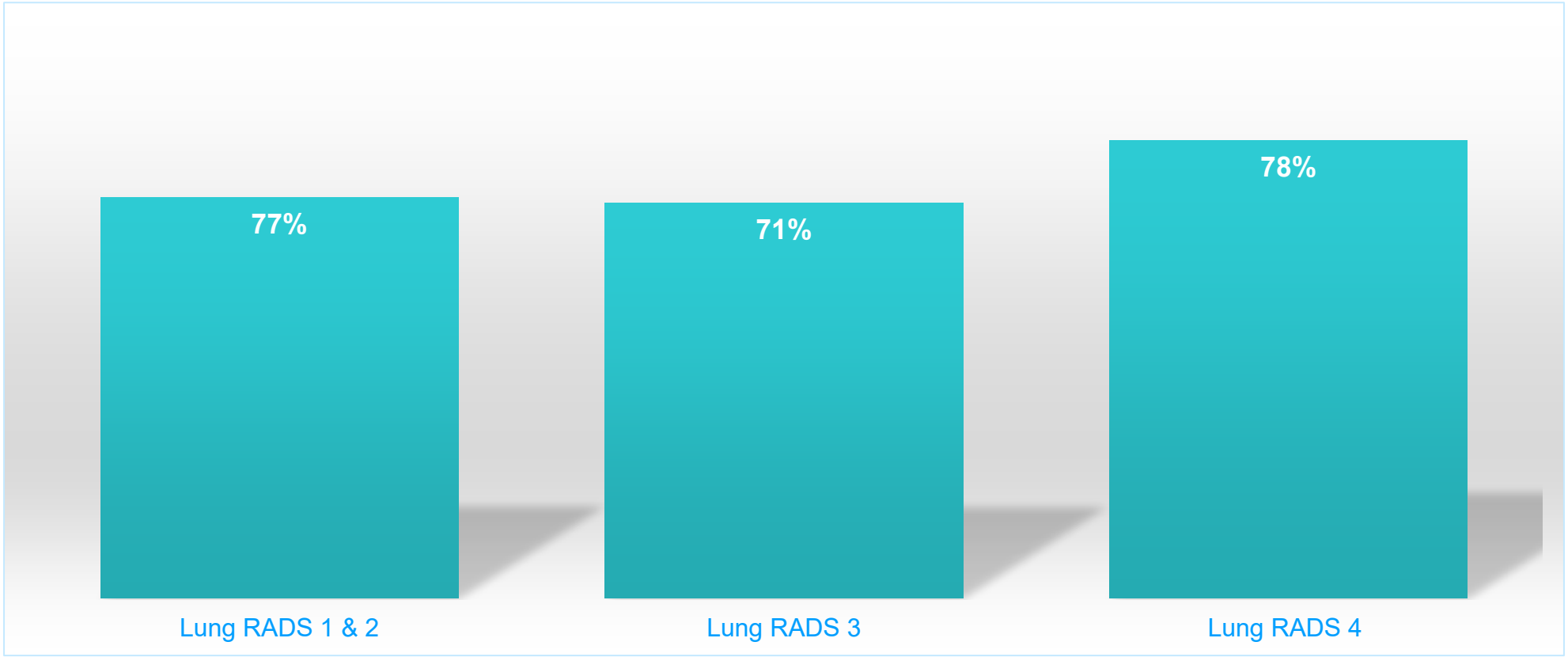
LUNG SCREENING COMPLIANCE RATES



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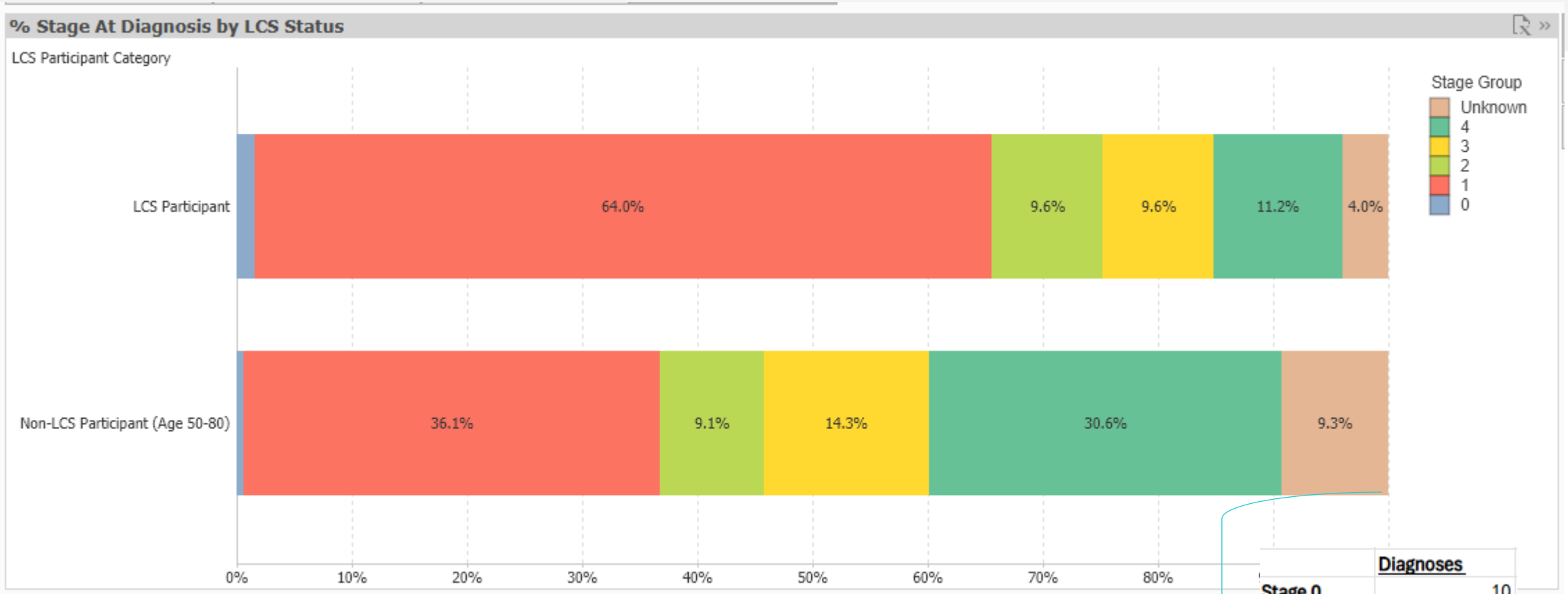
Lung Cancer Staging (2025)



	Diagnoses
Stage 0	10
Stage 1	200
Stage 2	62
Stage 3	83
Stage 4	202
Unknown	75
NA	10

642

Lung Cancer Diagnoses

Jan – Aug 2025

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WHAT HAPPENS WHEN A PATIENT IS NO LONGER ELIGIBLE FOR LCS?

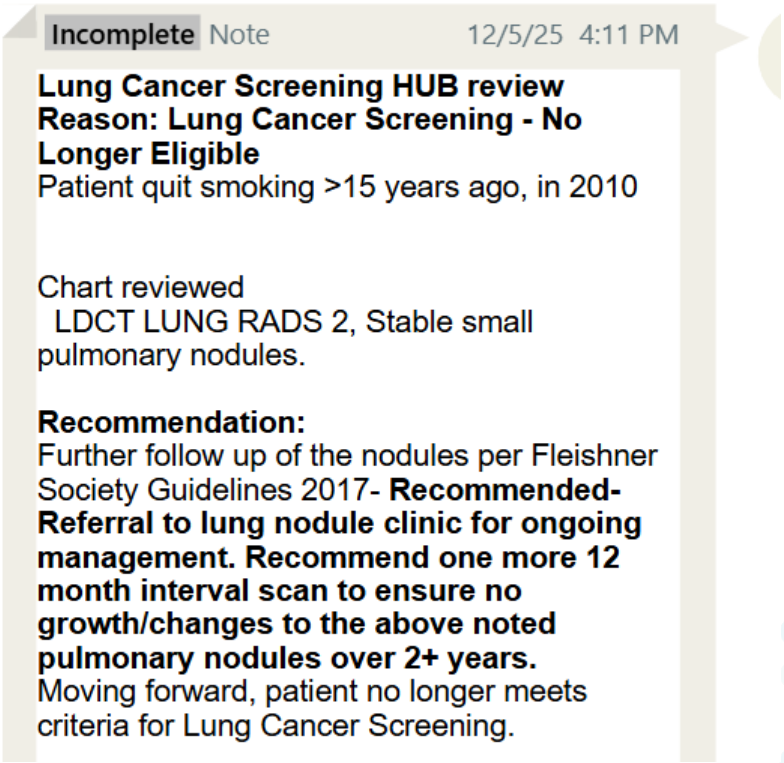
LCS Hub will follow standardized next steps based on the patient's last RAD score:

RAD 1

- ✓ PCP notified
- ✓ Patient sent no longer eligible letter
- ✓ LCS HMA removed

RAD 2

- ✓ Hub provider reviews previous CT and makes recommendation:
  - No further imaging required
  - Patient to be followed by Lung Nodule Clinic
- ✓ LCS Hub notifies PCP and patient of patient next step
- ✓ LCS HMA removed



Incomplete Note 12/5/25 4:11 PM

Lung Cancer Screening HUB review
Reason: Lung Cancer Screening - No Longer Eligible
Patient quit smoking >15 years ago, in 2010

Chart reviewed
LDCT LUNG RADS 2, Stable small pulmonary nodules.

Recommendation:
Further follow up of the nodules per Fleishner Society Guidelines 2017- **Recommended- Referral to lung nodule clinic for ongoing management. Recommend one more 12 month interval scan to ensure no growth/changes to the above noted pulmonary nodules over 2+ years.**
Moving forward, patient no longer meets criteria for Lung Cancer Screening.

CONTINUOUS IMPROVEMENT

- Clinic Level-
  - Ongoing rounds with primary care
  - Tobacco pack year history calculator- refresher education to clinic staff
- Patient Level-
  - Targeted population-
    - Community Events
    - Mental Health
  - Digital reach
    - Emails to patients prior to PCP appointment introducing lung screening
- Team Level-
  - Centralized LDCT scheduling
    - Dedicated team of experts who understand eligibility
    - Personal phone call
  - Data Dashboards
    - Primary Care Dashboard
    - Early Detection Team Data
      - Lung Screening Compliance
      - Lung Nodule Clinic Referral Compliance
      - Cancer Diagnosis

Mobile lung cancer screening?
We do that.

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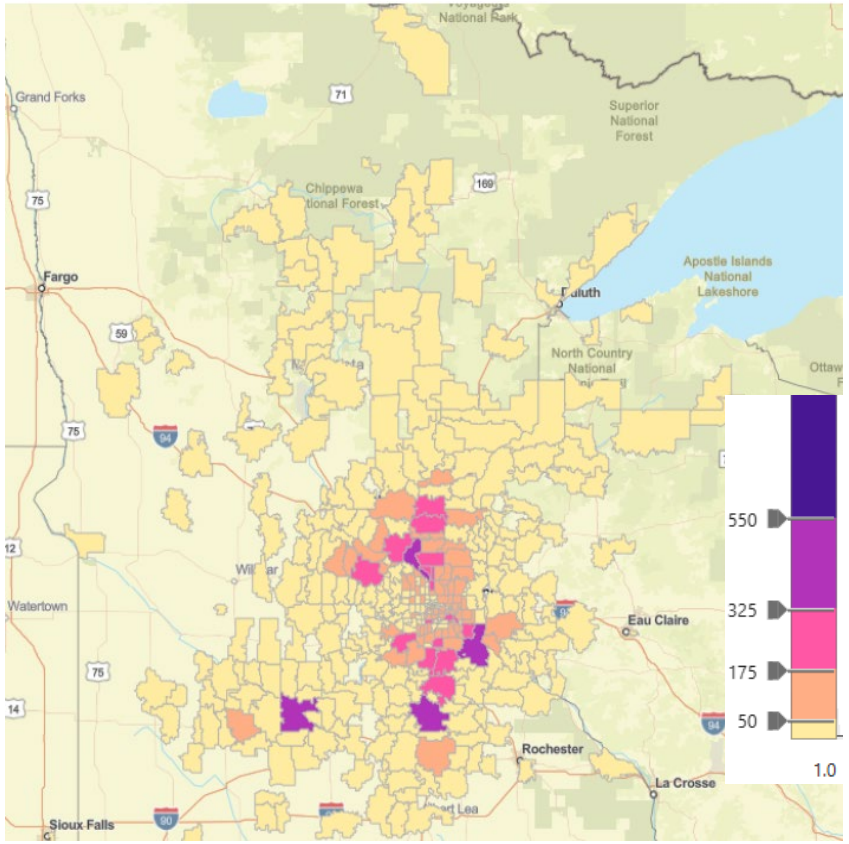
LIFE – LUNG IMAGING FOR EARLY-DETECTION

COMMUNITY STRATEGY – BEYOND YEAR 1

Reaching the broader state:

- Partnerships and Collaboration
- Stakeholder engagement with Public Affairs to help “drive” these conversations

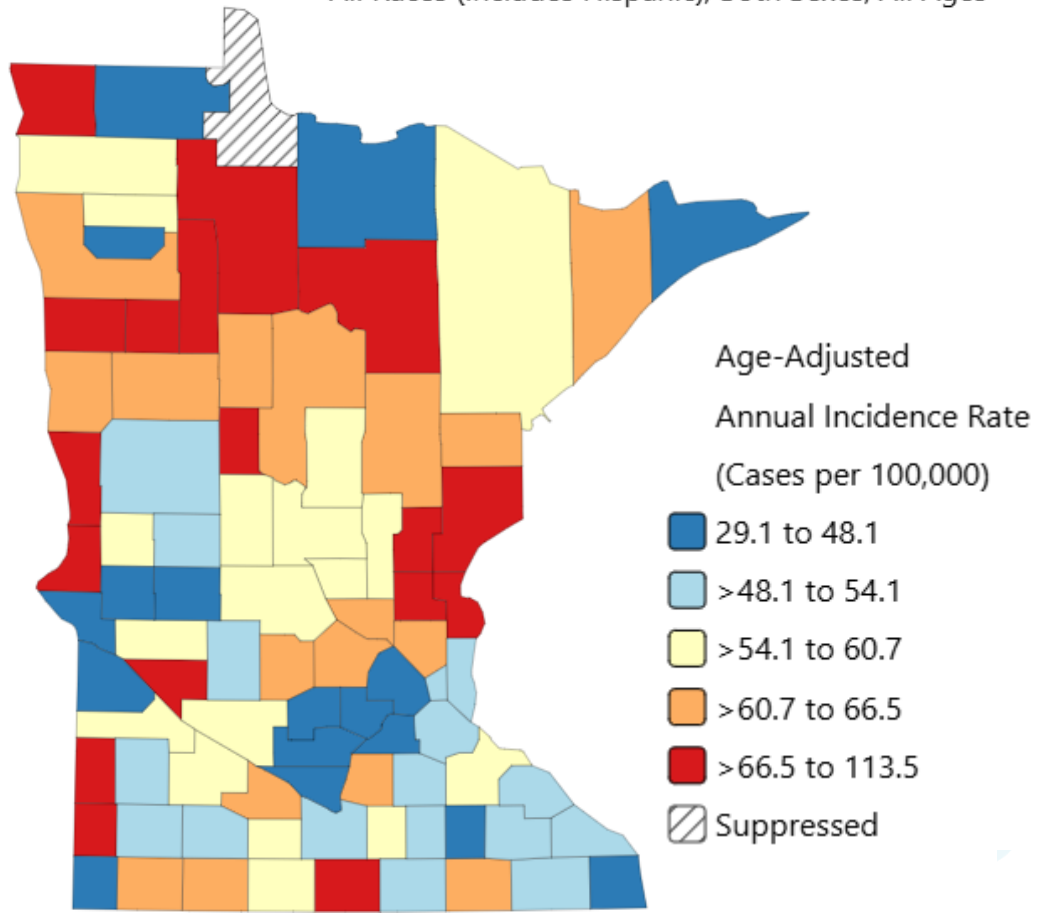
Lung Cancer Screening volumes by Zip Code (Allina 2024 & 2025)



Incidence Rates for Minnesota by County

Lung & Bronchus (All Stages^), 2018-2022

All Races (includes Hispanic), Both Sexes, All Ages



Notes:

Created by statecancerprofiles.cancer.gov on 02/18/2026 3:24 pm.

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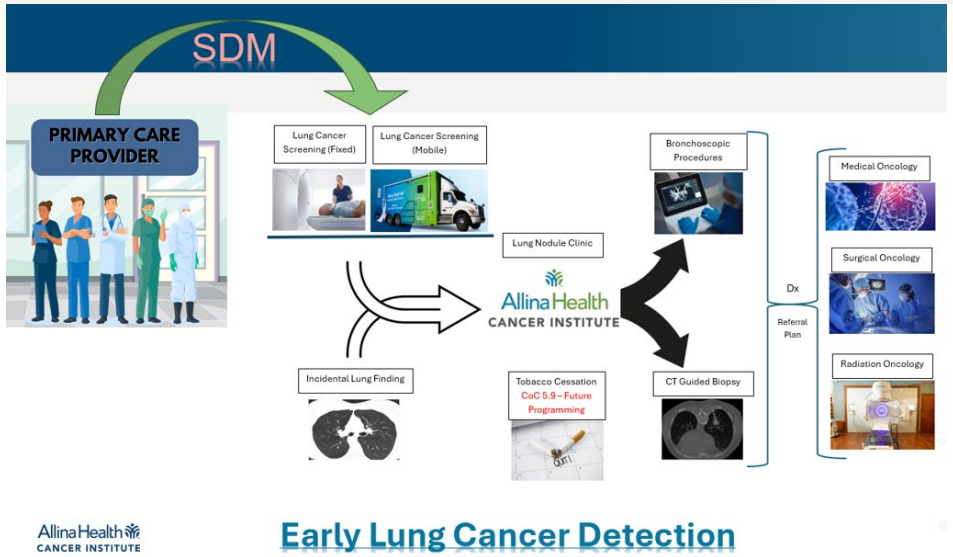
SEVEN ESSENTIALS FOR SUCCESS

1. Clear Governance and Ownership
2. Reliable End-to-End Workflow
3. Invest in Navigation and Tracking Infrastructure
4. Enable Primary Care & Frontline Teams
5. “Drive” Equitable Access & Community Reach
6. Align Financial, Compliance & Quality Strategy
7. Measure, Learn and Scale



Bottom Line

“Lung Cancer Screening is a Population Health Strategy – NOT a Radiology Project”

- Success depends upon strong governance, reliable workflows, navigation, equity focus, and disciplined performance management.
- You must be aware of your upstream opportunities and plan for your downstream needs.

LUNG SCREENING PATIENT STORY

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QUESTIONS?

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Mobile
Lung Cancer Screening
SCHEDULE
YOUR SCREENING
612-775-LUNG
(5864)
DOT1044290
DOT1044290