

Welcome

Minnesota Commission on Cancer Network

October 16, 2026

David Brauer, MD, MPHS, FACS



MASONIC CANCER CENTER

UNIVERSITY OF MINNESOTA

MN Commission on Cancer Network

ACS #1

American College of Surgeons
Commission on Cancer



ACS #2

American Cancer Society



Minnesota Cancer Alliance



October 21st 12:00 CST



CLOSING THE SCREENING GAP

TOGETHER

Hosted in Partnership By:



A Breath of Hope
LUNG CANCER FOUNDATION



END LUNG
CANCER
NOW
endlungcancernews.lu.edu



LUNG CANCER INITIATIVE
A DIVISION OF HOPE AND ACTION

OCT 21

Join us for a practical conversation on the state of lung cancer screening across four states.

12 PM CST/1 PM EST

Virtual, Zoom

bit.ly/CloseScreeningGap

We'll explore:

- A clinical look at where things stand today
- The systemic barriers providers face day-to-day
- Strategies and partnerships driving progress forward

Moderated by Pierre Onda, Co-Founder and President of The White Ribbon Project, and Caregiver



[Close the Screening Gap Register Here](#)

November 10th 12:30-1:30 CST

Radon and Lung Cancer November 10th 12:30-1:30 pm CST



Presenters:

Abbie Benaud, MD, Clinical Professor of Medicine, University of Iowa
Marc Katz, Planner, Clean Air Unit Minnesota Dept of Health
Kelly Pulford, Outreach Manager, A Breath of Hope Lung Cancer Foundation

Participants will learn about radon and its connection to lung cancer, what people can do to determine the level of radon in their homes and how they can mitigate unsafe levels. The Minnesota Department of Health will share resources that hospitals and clinics can use to increase awareness with their communities.

Register Now:

<https://us06web.zoom.us/join/register/eWEg4HV9TPqYQIU5vrg9Q#/registration>



cancer.org | 1.800.227.2345

[Radon and Lung Cancer Screening Register Here](#)



Thank You & Connect

Our Gratitude To:

- Cancer Liaison Physicians (CLPs) & Cancer Centers
- Allied Health Professionals
- Megan Whittet

Looking Ahead:

Tentative next webinar: **May 2027**

- Rural cancer resources
- Other topics of interest?

Let's Connect

brauerd@umn.edu
megan.whittet@cancer.org

Reach out with questions

or suggest future topics



Objectives

1. Learn about CoC Standard 5.9

1. Strategies for successfully implementing the standard and improving patient outcomes



Standard 5.9:

Smoking Cessation for Patients with Cancer

- “Cancer committee must implement a process for patients with newly diagnosed cancer to be screened for current smoking” (cigarette)
- Documentation must be in a structured, accessible format
- Patients who report current smoking must be referred or receive access to evidence-based smoking cessation treatment within 30 days of the screening for smoking status



Resources - American Cancer Society

- [How-to resource](#)
- [“Empowered to Quit”](#)



Agenda

1. 905 - 925: Tim Mullet, MD, MBA, FACS

University of Kentucky Markey Cancer Center

Development, Implementation, and Future of the Standard

1. 925 - 930: Survey

1. 930 - 945: Tavia Mirassou-Wolf

National Jewish Health: Health Systems Change Program Manager

Minnesota Quit Partner - Health Systems Change Program

1. 945 - 10: Molly Black

American Cancer Society: Director, Early Detection & Patient Support

Lung Cancer Screening Guidelines and Best Practices





MASONIC CANCER CENTER

UNIVERSITY OF MINNESOTA

The University of Minnesota is an equal opportunity educator and employer.

Smoking and Cessation Across the Continuum of Lung Cancer Risk, Treatment, and Survival

Timothy Wm. Mullett, MD, MBA, FACS
University of Kentucky

Disclosure

- Nothing to disclose

Learning Objectives

1. Understand the impact of tobacco use in cancer care
2. Recognize the importance of tobacco treatment in cancer care
3. Learn effective mechanisms of tobacco treatment

Smoking Across the Continuum of Cancer

- The biologic basis of smoking is well established (mutations, tumor promotion, tx resistance)

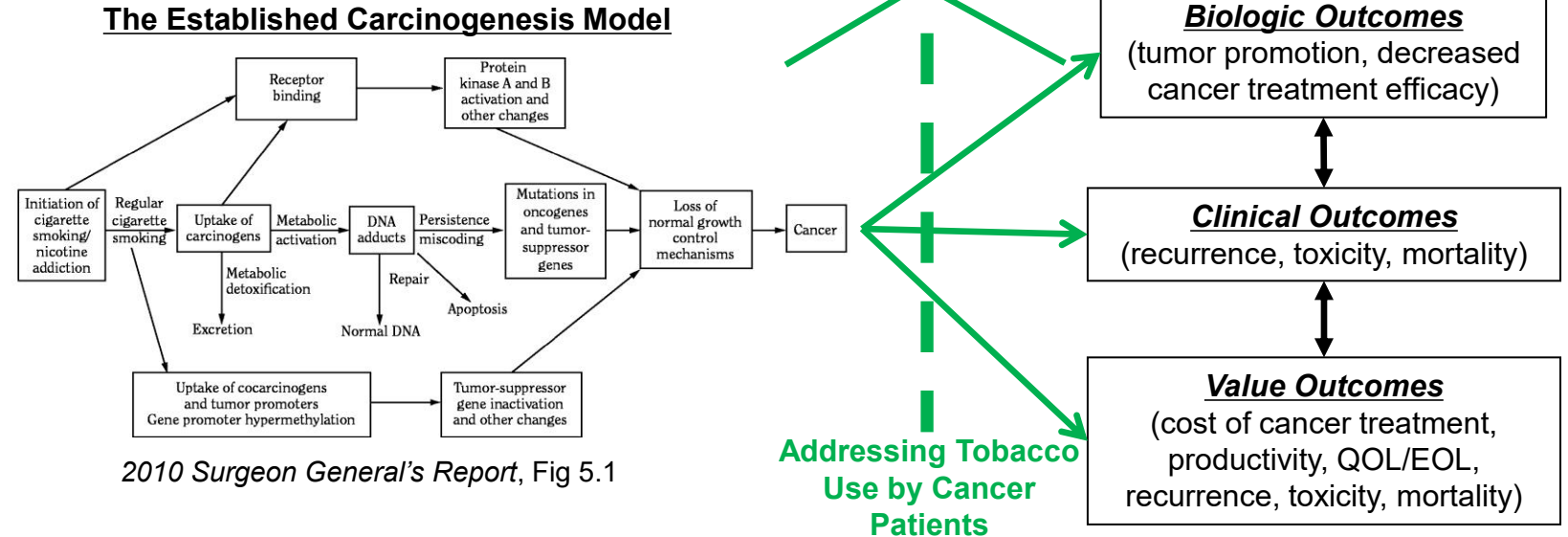
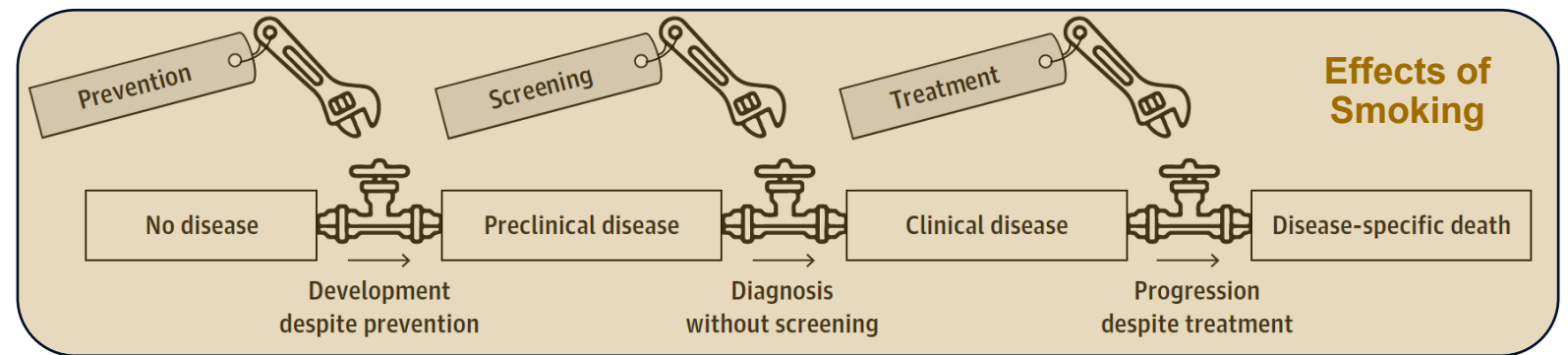


Figure. Opportunities for Averted Cancer Deaths With Prevention, Screening, and Treatment Interventions

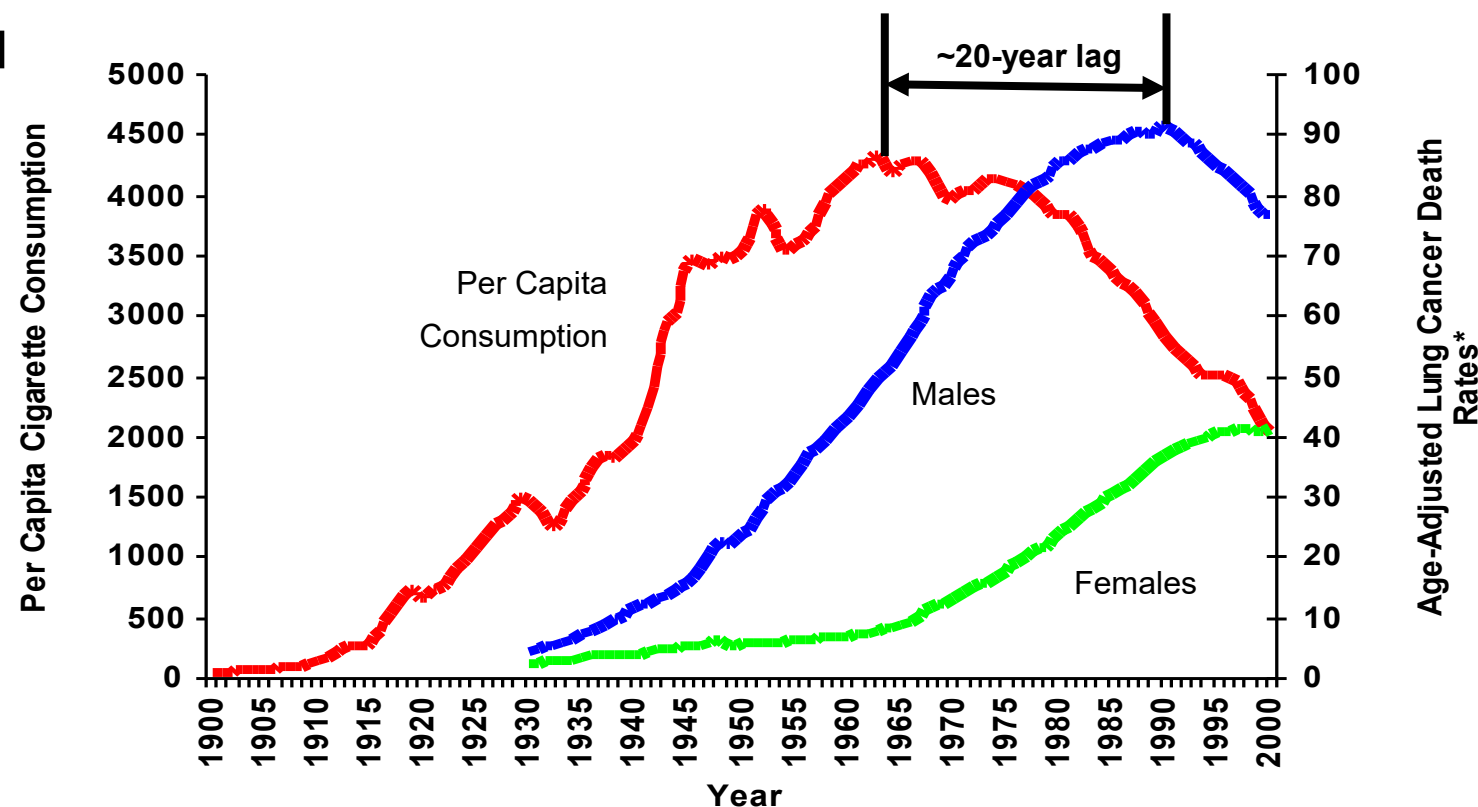
- I like the new concept from Goddard et al. (JAMA Oncol, Dec 2024)
- With my highlight of smoking effects across prevention, screening, and treatment



This schematic of cancer progression shows opportunities for prevention, screening (for interception and early detection), and treatment advances to partially or completely interrupt the development and/or progression of disease that would cause death.

Cessation has a ~20-Year Survival Lag... But is the Largest Preventable Risk Factor

- ~80-85% of lung cancers caused by smoking
- Smoking may mediate risk for other risk factors
- CISNET 1975-2020 **prevention, screening, and treatment avert 5.94m cancer deaths***
 - 80% (4.75m) from prevention and screening of which
 - 98% from tobacco control
 - 2% from screening (not widely used in this timeframe)



*Age-adjusted to 2000 US standard population.

Source: Death rates: US Mortality Public Use Tapes, 1960-2000, US Mortality Volumes, 1930-1959, National Center for Health Statistics, Centers for Disease Control and Prevention, 2002. Cigarette consumption: US Department of Agriculture, 1900-2000.

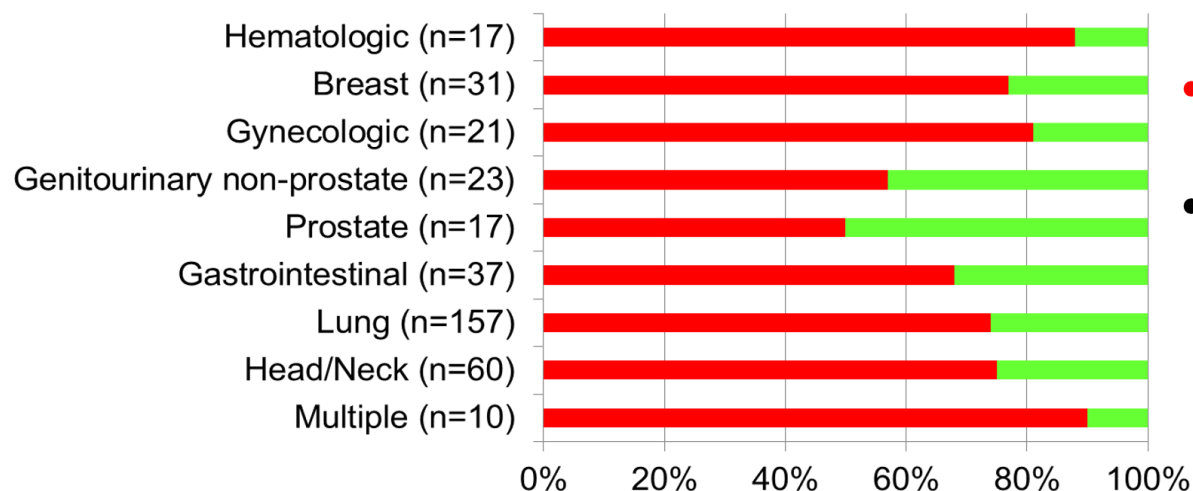
*Goddard et al. JAMA Oncol Dec 2024

Effects of Smoking After a Cancer Diagnosis

**2014 SGR: >400 studies,
500K patients 1990-2012**

Effect	Associations	Median RR
Overall Mortality (159 studies)	87%	Current: 1.51 Former: 1.22
Cancer Mortality (58 studies)	79%	Current: 1.61 Former: 1.03

■ Significant ■ Non-significant



Overall Mortality Among 129 studies, 2013-17

- Smoking at diagnosis with 61% increased risk
- Smoking at follow-up with 113% increased risk

Financial Effects of Smoking at Diagnosis

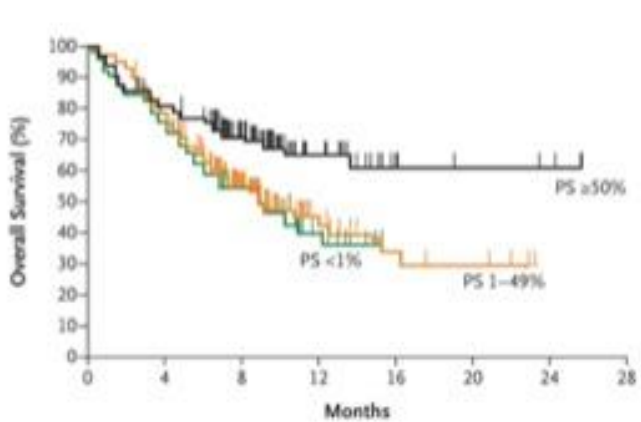
- Smoking after diagnosis adds ~\$3.4 billion (US) and \$239 million (Canada) in cancer treatment costs annually (2019 estimates)

Benefits of Smoking Cessation

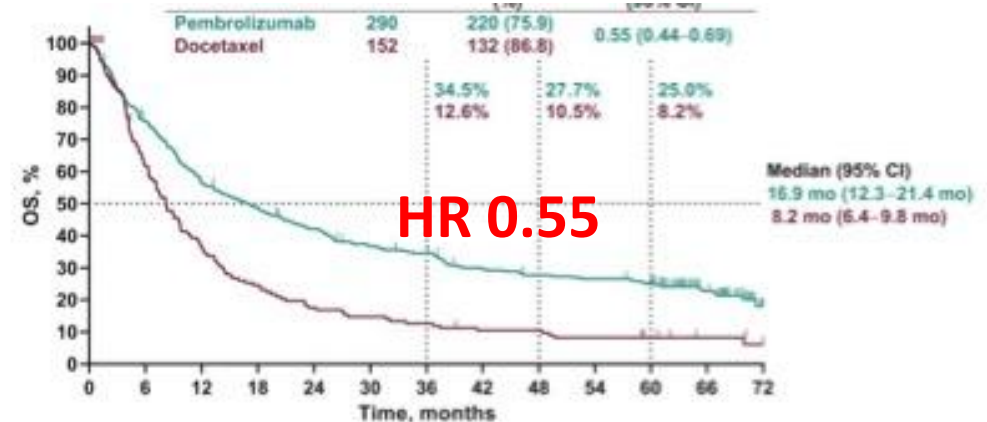
- **Smoking cessation AFTER diagnosis associated with 45% median reduction in mortality**
- Smoking cessation AT ANY TIME reduces non-cancer mortality (heart disease, pulmonary disease, etc.)

2014 SGR, 2020 SGR, Warren C3I 2021,
Warren JAMA Netw Open 2019, Irragori Curr Oncol 2020

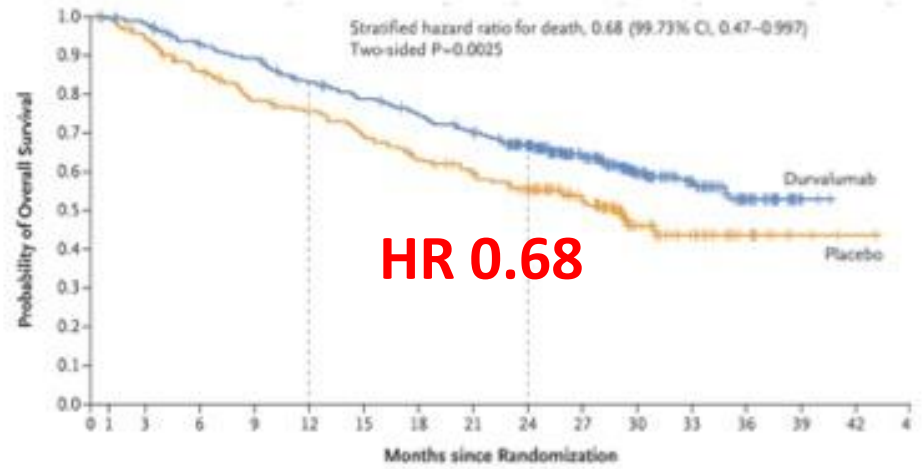
Smoking Cessation in the Context of Lung Cancer Treatment



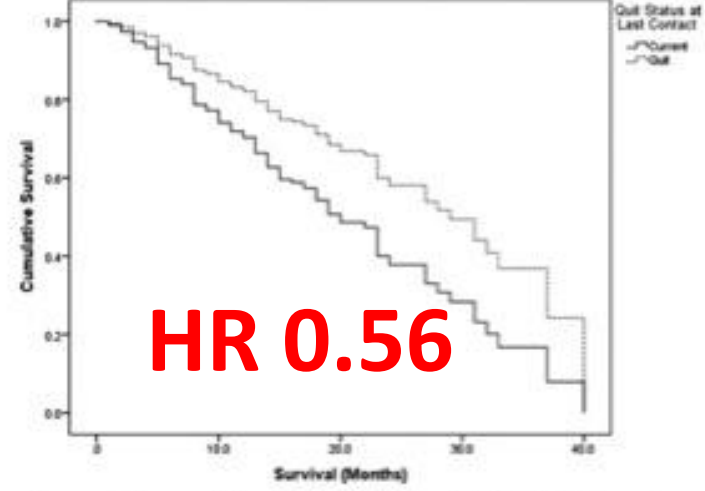
Overall Survival with Pembro by PD-L1 status, Keynote-001 (Garon et al. NEJM 2015)



Overall Survival with Pembro, PD-L1 >50 Keynote-010 (Herbst et al. JTO 2021)



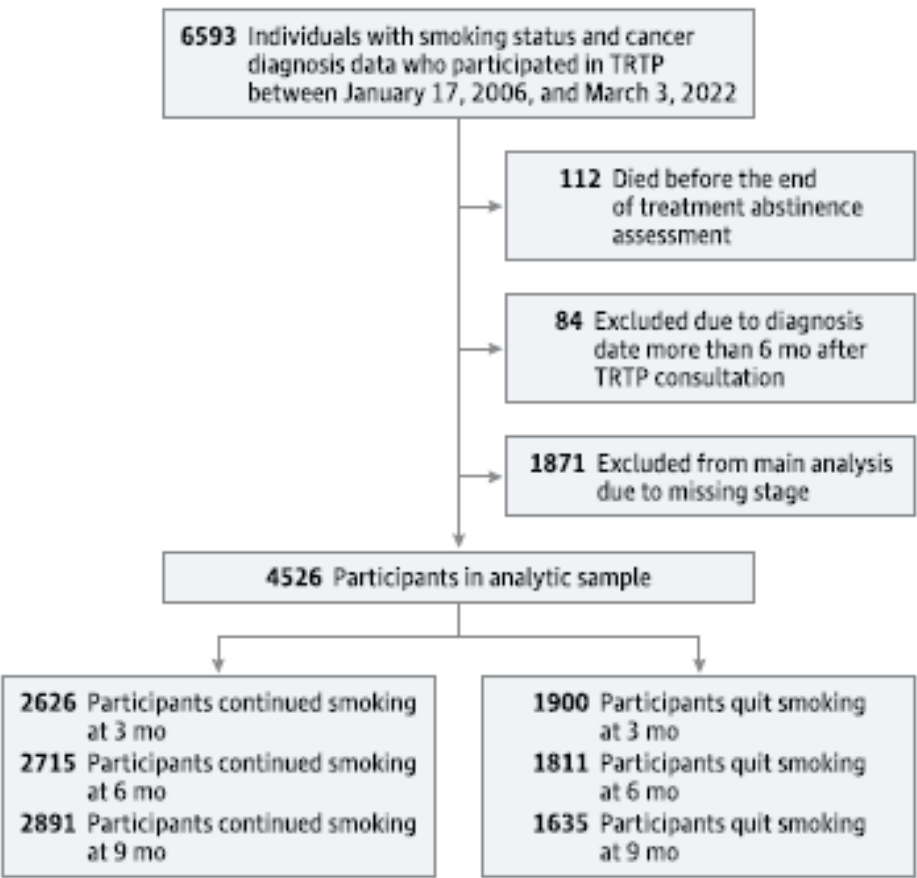
Overall Survival with Duvalumab, Pacific Trial (Antonia et al. NEJM 2018)



Smoking Cessation added to first line NSCLC treatment (Dobson-Amato et al. JTO 2015)

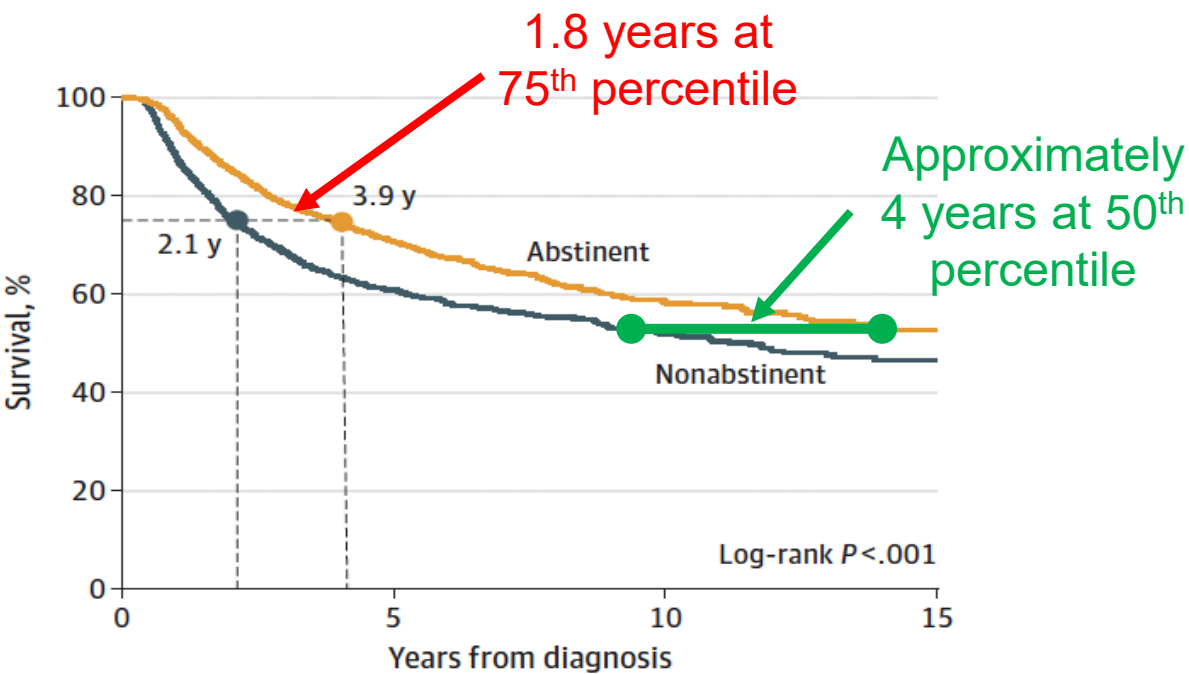
Cessation After Diaagnosis and Survival

Figure 1. Study Flow Diagram



Currently smoking patients with cancer in the Tobacco Research and Treatment Program (TRTP) at the University of Texas MD Anderson Cancer Center were enrolled in the study. After the exclusions noted in the flow diagram, 4526 individuals remained in the analytic sample.

A <6 mo



No. at risk				
Abstinent	1067	537	227	58
Nonabstinent	1076	509	208	53

Quitting smoking as soon as possible after diagnosis results in the highest improved survival

National Implementation Efforts

- **NCI Smoking Cessation at Lung Examination (SCALE) Initiative**
 - 8 centers funded to implement cessation into LDCT
- **NCI Cancer Centers Cessation Initiative (C3I)**
 - 52 NCI Designated Cancer Centers funded over 2 years to develop clinical cessation programs
- **National Canadian Partnership Against Cancer (CPAC) Initiative**
 - Increased access to cessation support from 26% of centers in 2016 to 95% in 2022
- **American College of Surgeons Commission on Cancer (CoC)**
 - Just ASK: 700+ sites participated in increased identification of tobacco use (yr 1)
 - Beyond ASK: 300+ sites develop cessation approaches (yr 2)

Cancer

PROGRAMS

AMERICAN COLLEGE OF SURGEONS

CANCER PROGRAMS

Study Completed over 2022

Just ASK Quality Improvement Project & Clinical Study

Improving Assessing and Documenting Tobacco Use
during Cancer Treatment

CANCER PROGRAMS

Study Completed over 2023

Beyond ASK Quality Improvement Project

Improving Referral to Effective Tobacco Treatment

Improved Care for Nearly 1 Million Patients

JustASK (2022)

- Roughly 700 cancer programs
- About 650,000 cancer patients

BeyondASK (2023)

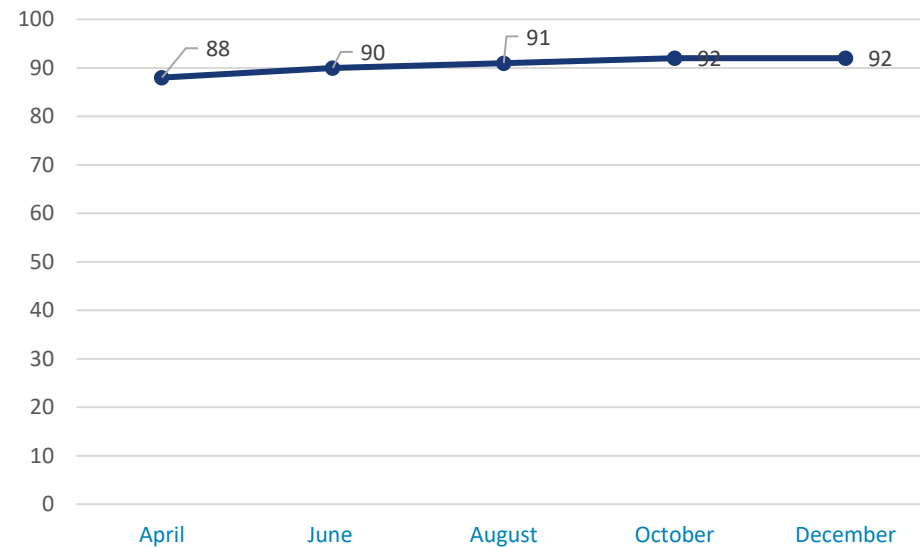
- Roughly 300 cancer programs
- About 250,000 cancer patients



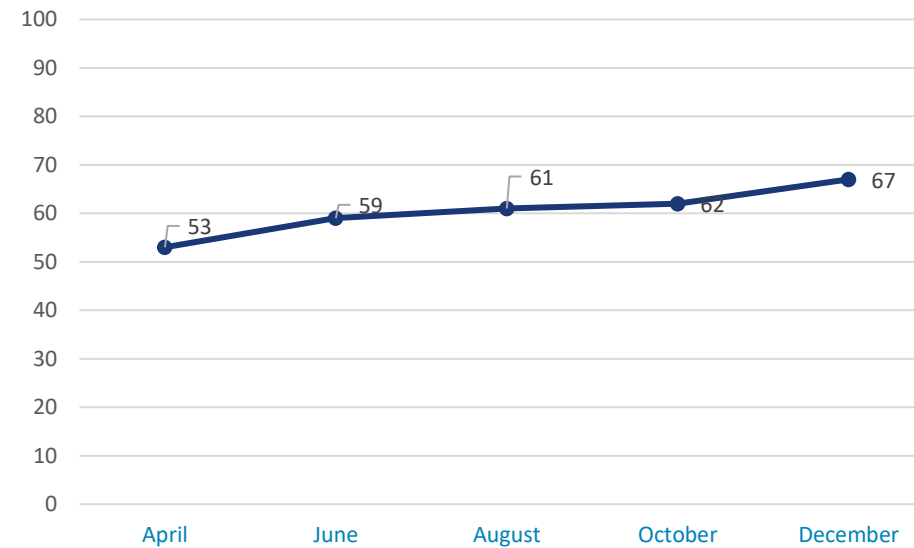
JustASK

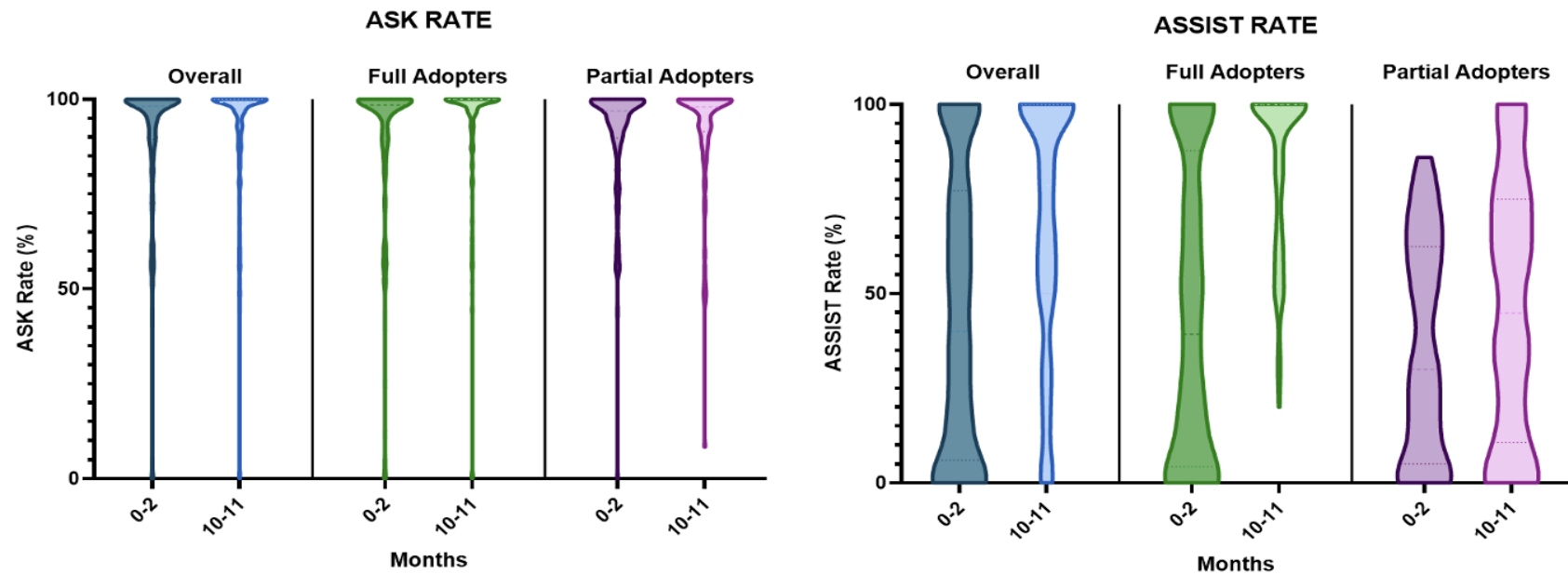
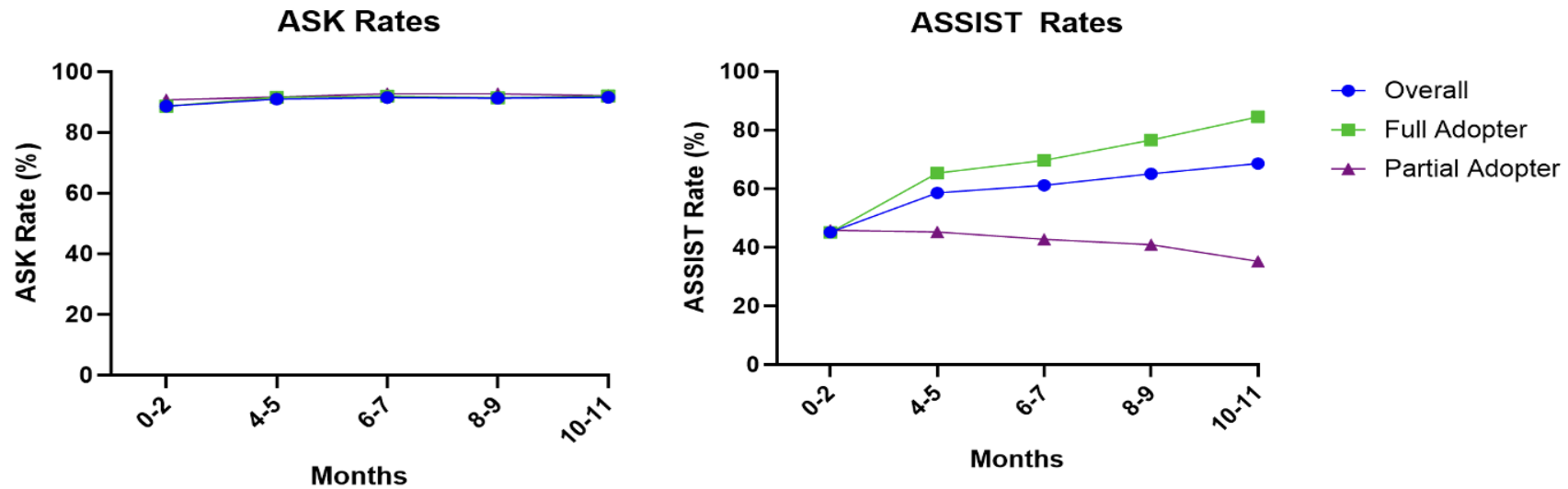
Ask and Assist Trends (All)

- Ask Rate
 - Most programs had participated in JustASK project

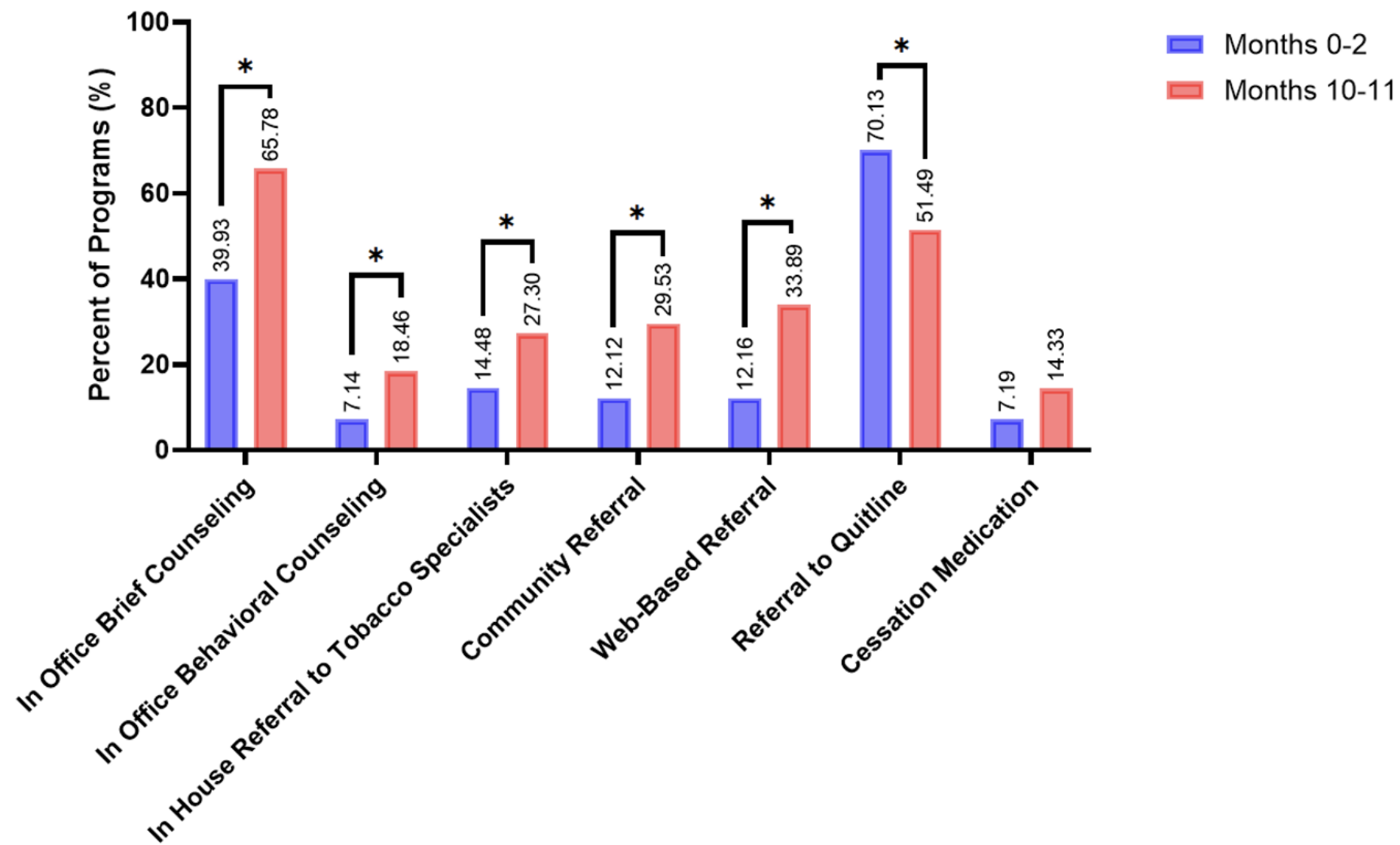


- Assist Rate





Types of Assistance Offered



NEW CoC STANDARD 5.9

**Programs will have to
show plans for
implementation &
perform internal audit
in 2026**

**Measured for
compliance in
2027 Site Reviews**

All cancer patients in CoC Accredited facility



Assess for tobacco use in the last 30 days

Determine the ASK Rate

Threshold for compliance =
90%



Assist patients found to be POSITIVE in Tobacco Use to
EFFECTIVE tobacco treatment

Determine the ASSIST Rate

Threshold for compliance =
80%

Standard 5.9: Smoking Cessation for Patients with Cancer

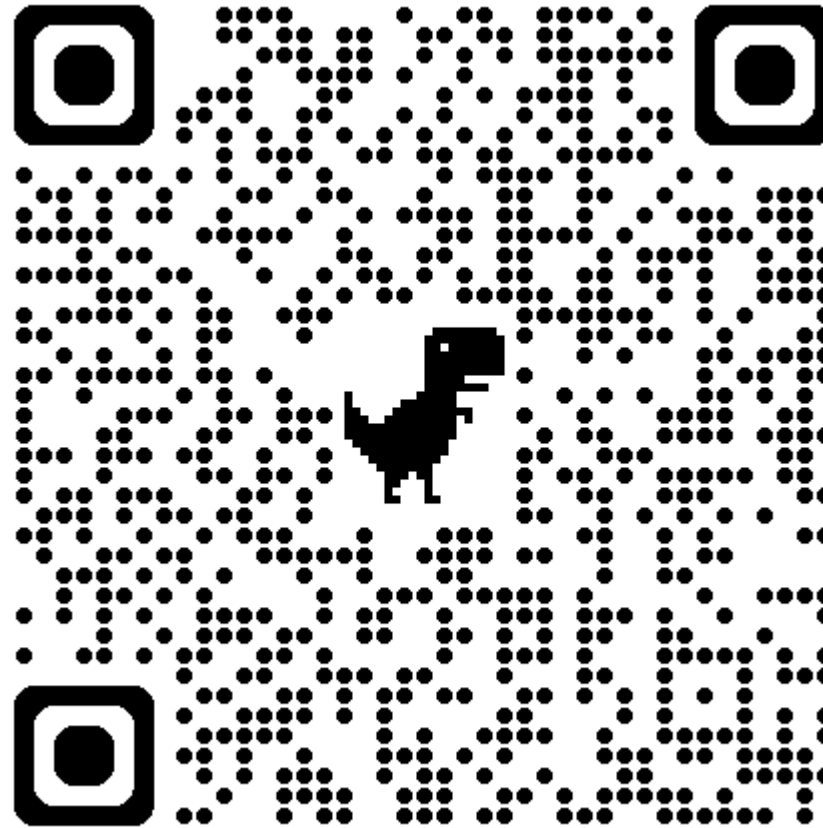
Process Requirements

- Must implement process to screen for smoking status in patients with newly diagnosed cancer at initial consultation at accredited program for cancer treatment
- Referrals must receive or be referred for smoking cessation treatment consistent with evidence-based guidelines.
- Services must be available on-site or by referral

Audit Requirements

- Each year, cancer committee must conduct an internal audit of a minimum of 20 patients with newly diagnosed cancer to determine:
 - # screened
 - # who reported current smoking
 - # who reported smoking and received/were referred for smoking cessation treatment
- Action plan required if audit shows:
 - Less than 90% of patients were screened for smoking status
 - Less than 80% of current smokers were referred for treatment

Link to full Standard 5.9 Text



Resources for Tobacco Treatment in Cancer

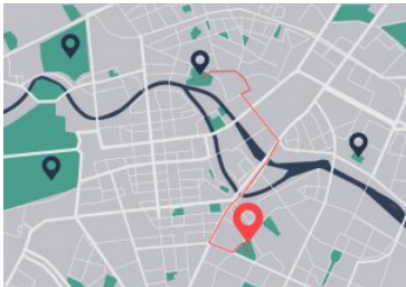
Cancer Center Cessation Initiative (C3I)

- In 2017, NCI announced the Cancer Center Cessation Initiative as part of the Cancer Moonshot_{SM}.
- 52 NCI-designated cancer centers (CCs) funded from 2017 to 2021
 - UW served as the Coordinating Center and was therefore ineligible to be a participating center.
- Goal: Enhance capacity of CCs to treat tobacco use of all oncology patients who smoke. Funded centers were charged with:
 - Taking a population-based approach
 - Increasing the proportion of patients who received cessation treatment and their cessation outcomes
- Impact: More than **100,000** patients **reached** since 2018

www.TobaccoTreatmentRoadmap.org

A practical guide to implementing tobacco treatment programs in your cancer clinics

Tobacco Treatment Implementation Roadmap



Welcome to the C3I Tobacco Treatment Implementation Roadmap for Cancer and Other Patients. This resource was developed by the [Cancer Center Cessation Initiative \(C3I\)](#), funded by the National Cancer Institute.

The Roadmap provides practical guidance, examples, and resources that can be adapted to fit the particular needs and contexts of diverse clinical settings to deliver evidence-based tobacco treatment to patients who use tobacco.

We recommend starting with the [Pre-Implementation module](#). This module outlines the functions of tobacco treatment programs in oncology and other settings to engage interested parties; screening and treatment tools and workflow; and case studies to help champions and teams design tobacco treatment programs and systems.



- *Modules:*
 - Pre-Implementation
 - Implementation
 - Sustainability
 - Treatment for All
- *Resources:*
 - Planning tools
 - Case studies
 - EHR screenshots and samples
 - External toolkits
 - Billing guidance
 - Team building and engagement tools



Certified Professional by the American Heart Association – Tobacco Treatment

*The American Heart Association (AHA) is collaborating with
The Association for the Treatment of Tobacco Use and Dependence (ATTUD)
to improve tobacco treatment efforts*



A global leader in fighting heart disease and stroke and helping families and communities thrive

www.heart.org



A non-profit, multi-disciplinary organization of professionals dedicated to supporting the efforts of those providing clinical tobacco dependence services and increasing access to evidence-based treatments

www.attud.org

Certification Process



Eligibility Requirements:

- Associates degree level of education
- Completion of an accredited Tobacco Treatment Specialist training program
- Payment of required fee(s)

Certification Maintenance:

- Over 3 years, obtain 20 CE credits in approved tobacco treatment and related subject areas
- Alternatively, individuals may opt to retake the exam at full cost in lieu of continuing education credits



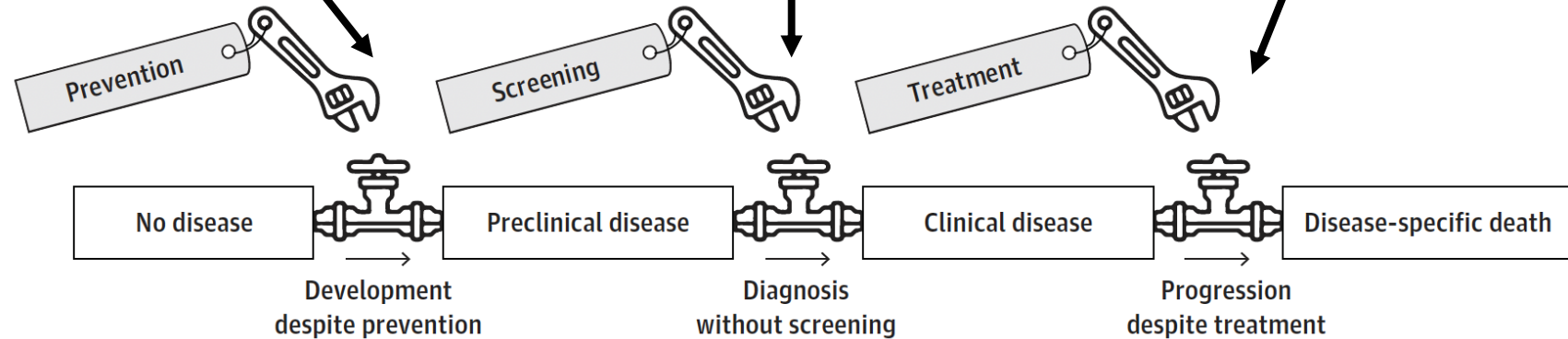
Smoking Must be Addressed with All Steps of the Lung Cancer Continuum

Tobacco control and early cessation reduces risk
(**largest benefit**)

Effective cessation with screening

Effective cessation after diagnosis

Figure. Opportunities for Averted Cancer Deaths With Prevention, Screening, and Treatment Interventions



This schematic of cancer progression shows opportunities for prevention, screening (for interception and early detection), and treatment advances to partially or completely interrupt the development and/or progression of disease that would cause death.

Smoking cessation may be the EASIEST, CHEAPEST, and LOWEST TOXICITY approach to significantly improve patient outcomes

Summary

- Smoking is the largest preventable risk factor for lung cancer
- Tobacco control (primary and smoking cessation) is a proven method to reduce lung cancer incidence and mortality
- Smoking/tobacco may interact with other risk factors
 - Mixed vs. pure risk factors
- Clear evidence supports clear clinical benefits for smoking cessation across the entire spectrum of lung cancer risk, diagnosis, treatment, and survival

**Efforts to address lung cancer
must consider smoking and cessation**

Health Systems Change (HSC) Program

Quit Partner

Tavia Mirassou-Wolf, MPH
Health Systems Change Program Manager
October 16, 2026

NATIONAL JEWISH HEALTH

- Founded in **1899** — dedicated to respiratory health for over 125 years
- Ranked **#1 or #2 in Pulmonology** by *U.S. News & World Report* for 25 consecutive years
- Nonsectarian, nonprofit academic medical research center — every dollar earned is reinvested in research and program enhancements
- Vendor for Quit Partner

HEALTH SYSTEMS CHANGE PROGRAM

- Goal: Strengthen state and local capacity to increase the number of health professionals who screen for commercial tobacco use, provide treatment, and refer patients to the quitline.

The Health Systems Change program is the clinical-engagement arm of the quitline — connecting providers and public health champions to cessation services that work.

Program Eligibility

- To be eligible, individuals must be:
 - A Minnesota resident
 - 13 years or older to participate in coaching
 - Eligibility for coaching dependent on insurance
 - 18 years of age or older to receive Nicotine Replacement Therapy (NRT)



Program Features

- Telephone coaching with experienced Tobacco Treatment Specialists
- A suite of digital services – quitpartnermn.com
- Personalized educational materials
- Nicotine replacement therapy (NRT) for eligible participants

Phone coaching is available 7 days a week; online resources are available 24/7. Coaches speak English and Spanish, and more than 270 additional languages are offered via translation services.



Tailored Programs

American Indian Quitline*



- 1-833-9AI-QUIT (833-924-7848);
- www.quitpartnermn.com/american-indian-quitline/
- Culturally tailored
- Ten coaching calls with American Indian coaches

**NRT is available for eligible participants*

Pregnancy and Postpartum Program*



- Up to 9 coaching calls; 5 during pregnancy, and 4 postpartum
- Same quit coach
- Incentives are available for completed coaching calls

Behavioral Health Program*



- Seven coaching calls
- Intensive coaching protocol covering:
 - Anxiety
 - Depression
 - Bipolar
 - Schizophrenia
 - ADHD
 - PTSD
 - Substance Use Disorder

My Life My Quit



- TEXT START to 36072
- mylifemyquit.org
- Tailored for youth ages 13-17
- Five coaching sessions by phone, live text, or online chat with a youth coach specialist

Brief Intervention (AAC)

- In one study, enrollment in cessation services was:
 - **14.7% Active** referral
 - **0.5% Self** referral

Roughly 29 times as many enrollees

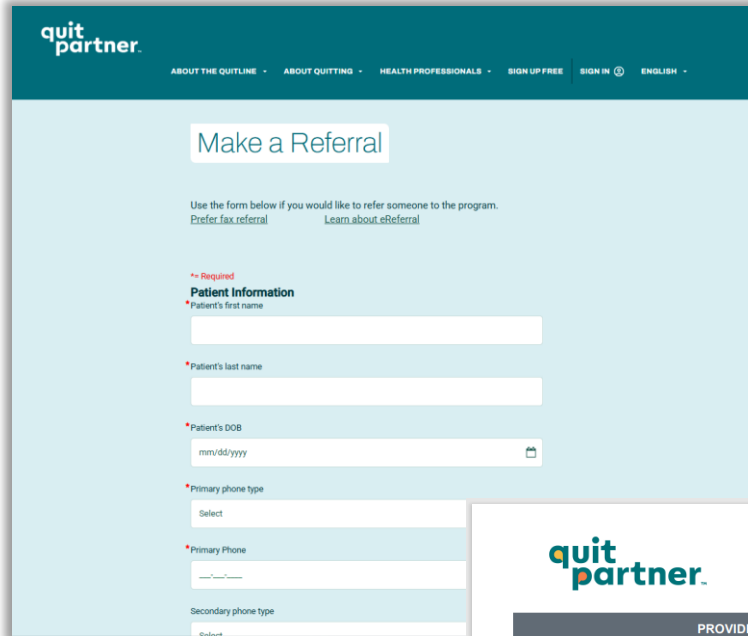


Referral Methods

- Web Referral Form
 - Online
 - Drop down menu option
- Fax Form
- eReferral Integration

Data Perks!

- Progress notes
- Monthly clinic status reports



quit partner.

ABOUT THE QUITLINE - ABOUT QUITTING - HEALTH PROFESSIONALS - SIGN UP FREE - SIGN IN - ENGLISH -

Make a Referral

Use the form below if you would like to refer someone to the program.
[Prefer fax referral](#) [Learn about eReferral](#)

*** Required**

Patient Information

*Patient's first name

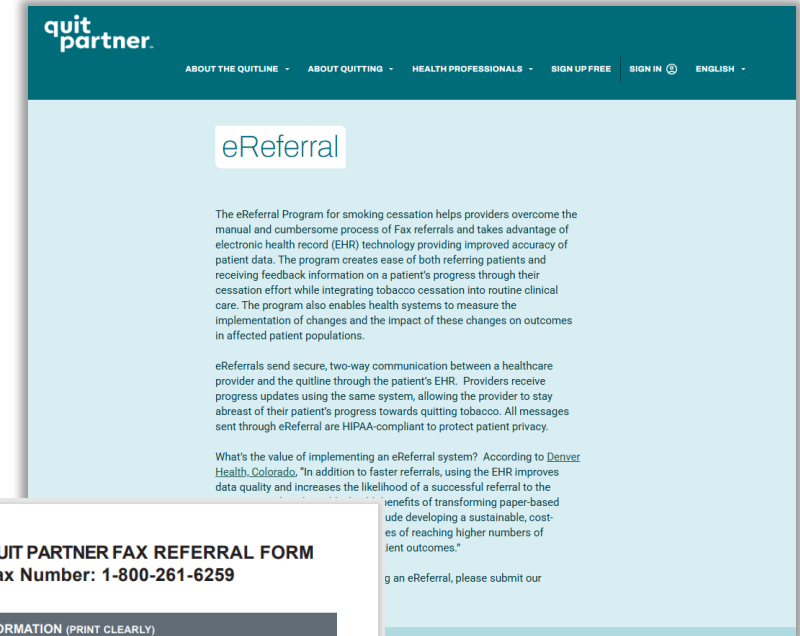
*Patient's last name

*Patient's DOB

*Primary phone type

*Primary Phone

Secondary phone type



quit partner.

ABOUT THE QUITLINE - ABOUT QUITTING - HEALTH PROFESSIONALS - SIGN UP FREE - SIGN IN - ENGLISH -

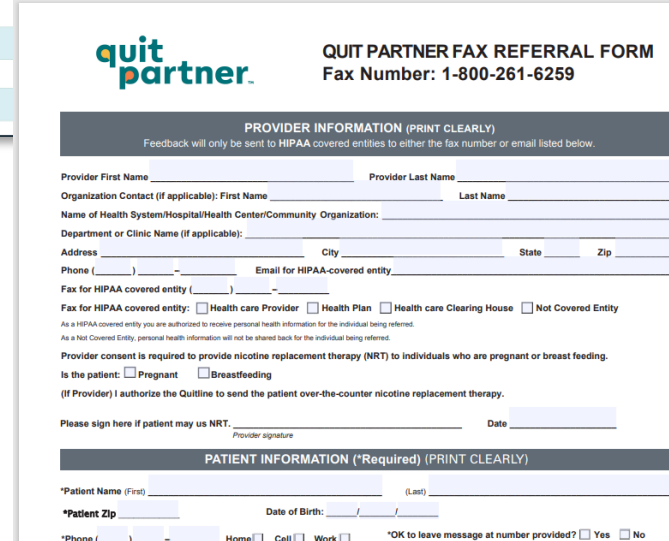
eReferral

The eReferral Program for smoking cessation helps providers overcome the manual and cumbersome process of Fax referrals and takes advantage of electronic health record (EHR) technology providing improved accuracy of patient data. The program creates ease of both referring patients and receiving feedback information on a patient's progress through their cessation effort while integrating tobacco cessation into routine clinical care. The program also enables health systems to measure the implementation of changes and the impact of these changes on outcomes in affected patient populations.

eReferrals send secure, two-way communication between a healthcare provider and the quitline through the patient's EHR. Providers receive progress updates using the same system, allowing the provider to stay abreast of their patient's progress towards quitting tobacco. All messages sent through eReferral are HIPAA-compliant to protect patient privacy.

What's the value of implementing an eReferral system? According to [Denver Health, Colorado](#), "In addition to faster referrals, using the EHR improves data quality and increases the likelihood of a successful referral to the benefits of transforming paper-based care into a sustainable, cost-effective model of reaching higher numbers of patients."

To get an eReferral, please submit our



quit partner.

QUIT PARTNER FAX REFERRAL FORM

Fax Number: 1-800-261-6259

PROVIDER INFORMATION (PRINT CLEARLY)
 Feedback will only be sent to HIPAA covered entities to either the fax number or email listed below.

Provider First Name Provider Last Name

Organization Contact (if applicable): First Name Last Name

Name of Health System/Hospital/Health Center/Community Organization:

Department or Clinic Name (if applicable):

Address City State Zip

Phone () Email for HIPAA-covered entity

Fax for HIPAA covered entity ()

Fax for HIPAA covered entity: ☐ Health care Provider ☐ Health Plan ☐ Health care Clearing House ☐ Not Covered Entity

As a HIPAA covered entity you are authorized to receive personal health information for the individual being referred.
 As a Not Covered Entity, personal health information will not be shared back for the individual being referred.

Provider consent is required to provide nicotine replacement therapy (NRT) to individuals who are pregnant or breast feeding.
 Is the patient: ☐ Pregnant ☐ Breastfeeding

(If Provider) I authorize the Quitline to send the patient over-the-counter nicotine replacement therapy.

Please sign here if patient may use NRT. Date

Provider signature

PATIENT INFORMATION (*Required) (PRINT CLEARLY)

*Patient Name (First) (Last)

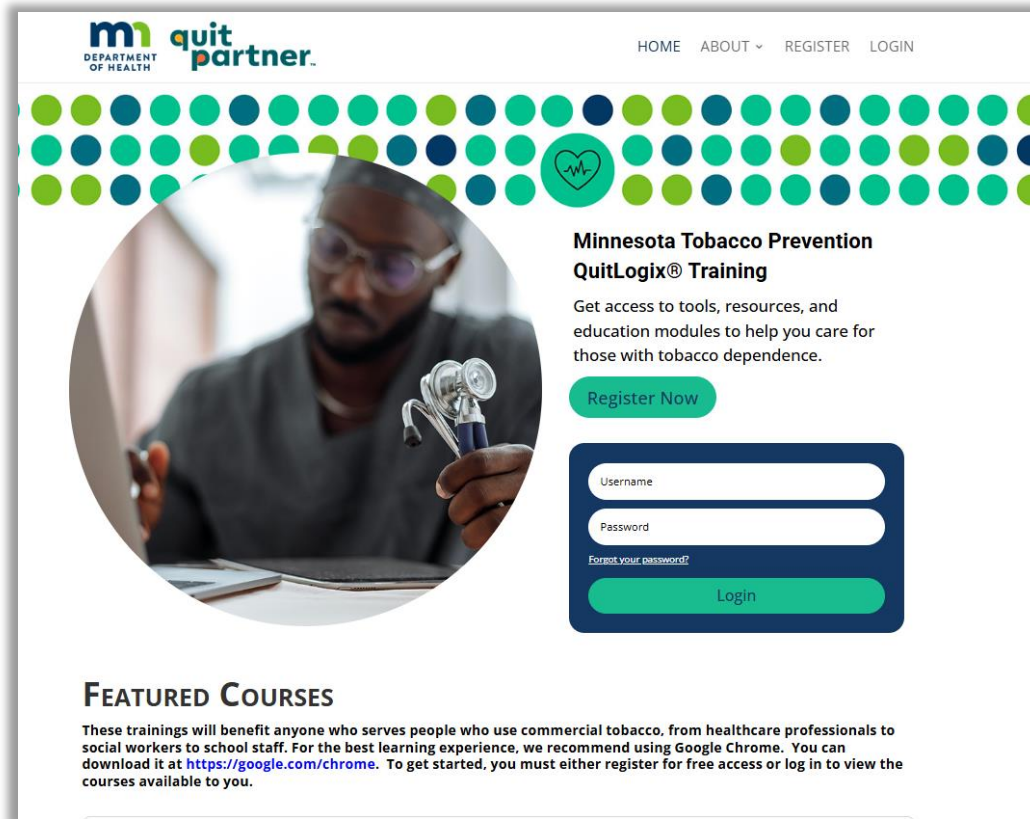
*Patient Zip Date of Birth: / /

*Phone () Home ☐ Cell ☐ Work ☐ *OK to leave message at number provided? ☐ Yes ☐ No

The HSC team can help you meet CoC Standard 5.9 AND we offer the following benefits:

- Direct support to organizations in developing sustainable Quit Partner referral workflows designed to meet quality measures.
- Live presentations on Quit Partner services with real-world examples on implementing Ask, Advise, Connect in your unique setting.
- Monthly status reports highlighting your organization's referral trends.
- QuitLogix® Education accredited online training modules, which include how to deliver brief interventions for commercial tobacco.
- Access to key resources and quality improvement tools.

QuitLogix® Education Online Modules



The screenshot shows the homepage of the Minnesota Tobacco Prevention QuitLogix® Training website. At the top, there is a navigation bar with links for HOME, ABOUT, REGISTER, and LOGIN. Below the navigation bar is a decorative header with a row of green and blue dots. The main content area features a large circular image of a healthcare professional wearing glasses and holding a stethoscope. To the right of the image, the text reads "Minnesota Tobacco Prevention QuitLogix® Training" followed by a description: "Get access to tools, resources, and education modules to help you care for those with tobacco dependence." Below this text is a green "Register Now" button. Further down, there is a login section with fields for "Username" and "Password", a link for "Forgot your password?", and a green "Login" button. At the bottom, there is a section titled "FEATURED COURSES" with a paragraph explaining that the trainings are for healthcare professionals and social workers, and that they recommend using Google Chrome. A link is provided to download the training at <https://google.com/chrome>.

**Minnesota Tobacco Prevention
QuitLogix® Training**

Get access to tools, resources, and education modules to help you care for those with tobacco dependence.

[Register Now](#)

Username

Password

[Forgot your password?](#)

[Login](#)

FEATURED COURSES

These trainings will benefit anyone who serves people who use commercial tobacco, from healthcare professionals to social workers to school staff. For the best learning experience, we recommend using Google Chrome. You can download it at <https://google.com/chrome>. To get started, you must either register for free access or log in to view the courses available to you.

<https://quitlogixeducation.org/minnesota/>

Provider Resources



**PROVIDER QUICK
REFERENCE GUIDE**

Help your patients in their quit journey by connecting them to Quit Partner. Coaches work with each participant to meet them where they are and help determine which Quit Partner program will be the best fit.

TELEPHONE

- 24/7 coaching with trained Tobacco Treatment Specialists
- Live coaching in both English and Spanish
- Real-time interpretation services in 200+ languages

CESSATION MEDICATION

- Participants must be medically eligible and at least 18 years old
- Nicotine Replacement Therapy (NRT) includes patches, gum or lozenges and is available for eligible participants
- Combination therapy is available for eligible participants
- Shipped directly to participant's home

DIGITAL

- A mobile-friendly website
- Interactive online quit plan assistance
- Motivational text and email messaging
- Two-way chat available online

**LUNG CANCER SCREENING
EDUCATION**

- Lung cancer screening resource package to support education and awareness

EDUCATION MATERIALS

- Personalized education materials to support quitting
- Available in English and Spanish
- Mailed to participant's home or sent electronically through email

**ALL MINNESOTA
RESIDENTS
ARE ELIGIBLE!**

Eligibility for phone coaching is
dependent on insurance

Special Programs

**American Indian
Quitline***



- 1-833-9AI-QUIT (833-924-7848); aiquit.com
- Culturally tailored
- Ten coaching calls with American Indian coaches

**Pregnancy
and Postpartum
Program***



- Up to 9 coaching calls; 5 during pregnancy, and 4 postpartum
- Same quit coach
- Incentives are available for completed coaching calls

**Behavioral
Health Program***



- Seven coaching calls
- Intensive coaching protocol covering:
 - Anxiety
 - Depression
 - Bipolar
 - Schizophrenia
 - ADHD
 - PTSD
 - Substance Use Disorder

My Life My Quit



- TEXT START to 36072
- mylifemyquit.org
- Tailored for youth ages 13-17
- Five coaching sessions by phone, live text, or online chat with a youth coach specialist

*NRT is available for eligible participants




https://v-card.quitlogix.org/mn_vcard/

Contact Card

Quit Partner

1-888-354-7526
OR

1-844-251-0005
OR

1-800-784-8669




https://v-card.quitlogix.org/mlmq_vcard/

Contact Card

My Life, My Quit

1-855-891-9989
OR

1-800-784-8669

Free Quit Partner Handouts

Toolkit Materials

Resources
to let people know
about
Quit Partner and
MLMQ



<https://www.quitpartnermn.com/toolkit-materials/>

We are here to support you!

Connect with us:

Health System Support Team

Call us at 844-251-0006

healthsystemschange@njhealth.org

Lung Cancer Screening Guidelines, Best Practices & Resources

MN CoC Network Meeting | 10/16/2026



Molly Black
Director, Early Detection

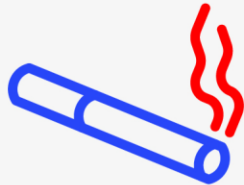
Lung Cancer Screening

You may be eligible if you meet the following criteria:



**People age 50
to 80 years old**

+



**Currently
smoke**

or



**Used to
smoke**

+



x 20

**Have a 20 or more
pack-year history.**

*A pack-year is equal to smoking
1 pack or about 20 cigarettes
per day for a year.

Talk to a doctor to determine if screening is right for you. Visit cancer.org/get-screened to learn more.

ACS (2023) vs. USPSTF (2021) Lung Cancer Screening Recommendations

Eligibility	2023 ACS ¹	2021 USPSTF ²
Age	50-80 years	50-80 years
Smoking Status	Persons who currently smoke or formerly smoked. Years since quit is no longer an eligibility factor for people who formerly smoked	Persons who currently smoke or formerly smoked (and quit no more than 15 years ago)
Smoking History	≥ 20 pack years	≥ 20 pack years
Recommendation	Annual screening with LDCT	Annual screening with LDCT

¹ <https://acsjournals.onlinelibrary.wiley.com/doi/full/10.3322/caac.21811>

² <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

What are the benefits of the updated guideline?



21% more lung cancer-associated deaths can be prevented



19% more years for people to live

Considerations prior to screening



Shared decision-making between patient and health professional



Detects lung cancer early but may not detect all lung cancers or have inconclusive results which require follow-up



Counselling about interventions to quit if currently smoking

Key Questions:

Why did the ACS drop the years-since-quitting as a criterion for screening?

- The evidence shows that as those who used to smoke get older, their lung cancer risk continues to increase even 15 years after quitting.
- Many cases (some estimate as many as 40%*) of lung cancer diagnoses are in people who used to smoke and quit more than 15 years ago.
- For a person to have a 20 pack-year smoking history, they would have to smoke about 146,000 cigarettes. Although quitting will lower the risk of developing lung cancer, it will never be the same as a person who never smoked.
- Removing the years since quit criterion increases the number of high-risk persons eligible and **increases the number of deaths averted and life – years gained.**

*Tindle HA, Stevenson Duncan M, Greevy RA, et al. Lifetime smoking history and risk of lung cancer: results from the Framingham Heart Study. J Natl Cancer Inst. 2018;110(11):1201-1207. doi:10.1093/jnci/djy041

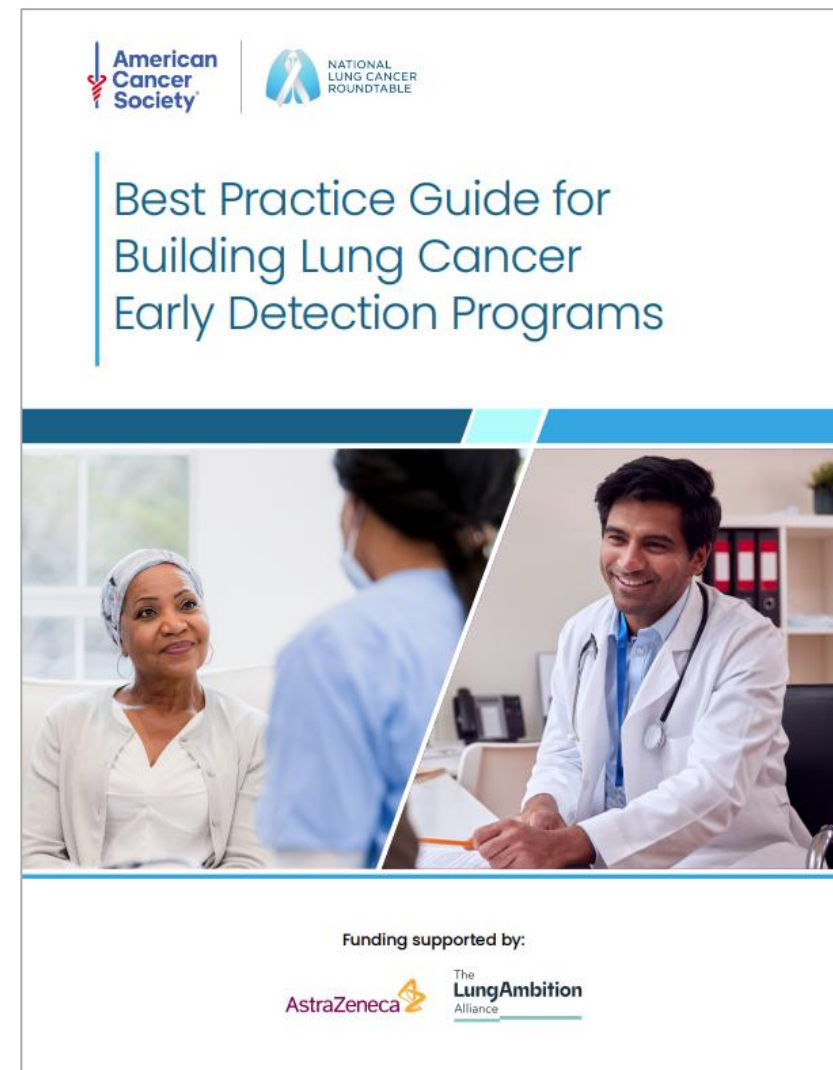
A recommendation from a clinician is the most predictive factor for a patient initiating and completing the cancer screening process.*

*Impact of provider-patient communication on cancer screening adherence: A systematic review
<https://www.sciencedirect.com/science/article/abs/pii/S0091743516302912?via%3Dihub>

Best Practice Guide for Building Lung Cancer Early Detection Programs

This guide is designed to help health facilities create, expand, or improve lung cancer early detection programs, including programs for management of incidental pulmonary nodules (IPNs) and lung cancer screening. **It is meant to complement existing resources and focuses on basic steps to plan, launch, grow, and optimize early detection programs.**

<https://nlcrt.org/best-practice-guide-early-detection/>



Best Practice Guide for Building Lung Cancer Early Detection Programs



PHASE 1

Needs Assessment and Making the Case

- Define Your Community Need
- Define Your Health System or Facility Benefits
- Identify Your Clinician Champion(s)
- Identify Key Supporters and Influencers
- Making the Case to Leadership



PHASE 2

Program Planning

- Identify Your Planning Team and Key Partners
- Define and Develop Program Model
- Design Clinical Workflow
- Build Administrative Infrastructure
- Identify Technology Infrastructure Needs and Potential Solutions
- Define Key Performance Indicators



PHASE 3

Implementation and Sustainability

- Develop Your Education and Engagement Plan
- Run a Pilot
- Monitor Program Outcomes
- Support Adherence to Recommended Follow-up



Best Practice Guide for Building Lung Cancer Early Detection Programs



Compliance with American College of Surgeons' Commission on Cancer Standards

Adding lung cancer early detection programs can support your health system's compliance with two *Commission on Cancer (CoC) standards*:

- **7.3 Quality Improvement (QI) Initiative:** Identify a problem, understand what is causing it through use of a recognized performance improvement methodology, and implement a planned solution for it.
- **7.4 Cancer Program Goal:** Establish a goal related to the scope, coordination, practices, processes, and provision of services for cancer care within your health system.



Work with your cancer committee and engage the cancer program executive who can help address compliance with these standards. Pick a clinician champion(s) from the cancer committee who believes in early detection to aid in implementing your program.

Best Practice Guide for Building Lung Cancer Early Detection Programs



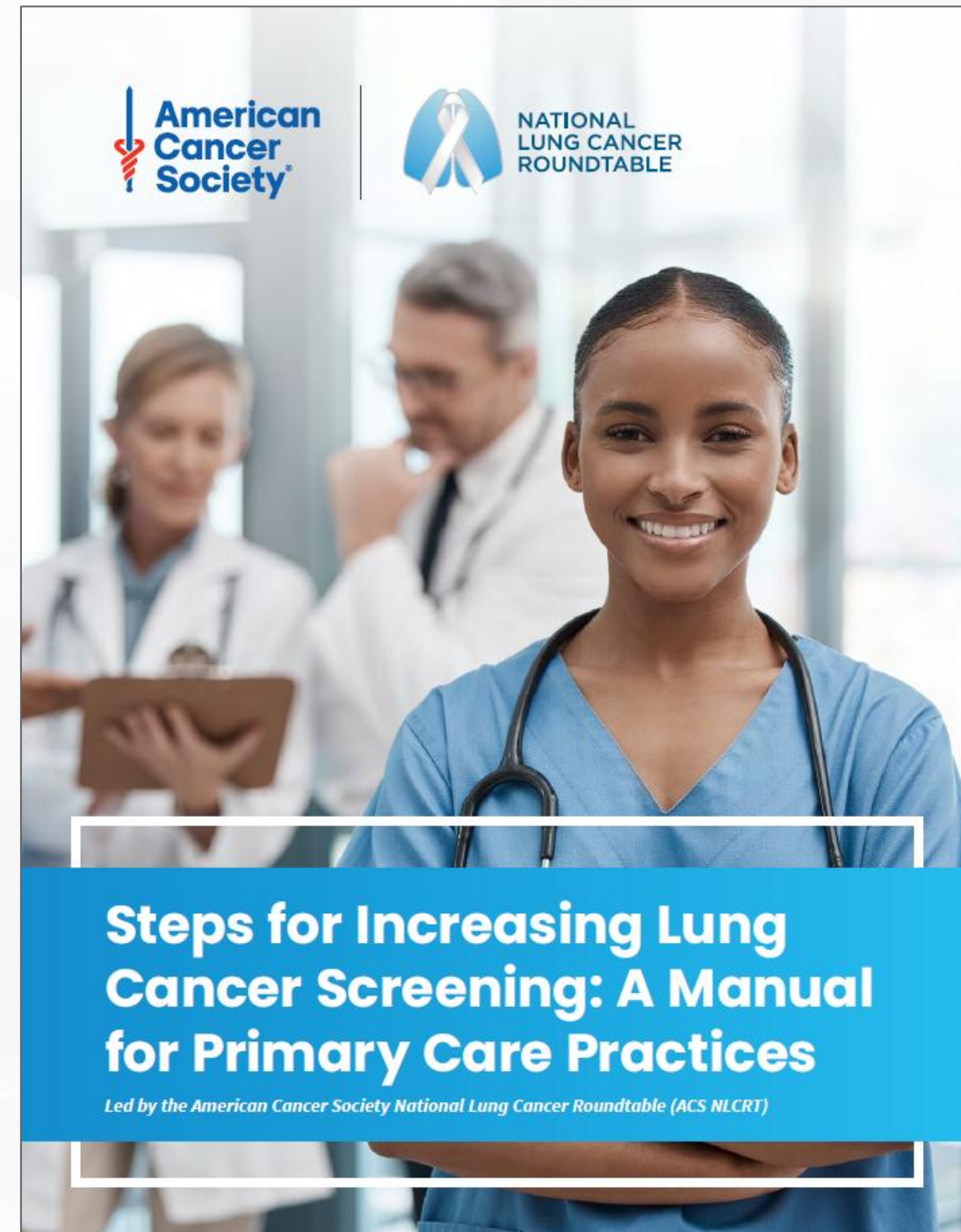
Identify Your Clinician Champion(s)

Identify a clinician champion(s) who can build leadership support, provide guidance and direction, and shepherd the program through administrative hurdles. Physicians and non-physician clinicians such as advanced practice providers can be effective champions.

How to Identify Clinician Champion(s)

Clinician Champion Characteristics	Clinician Champion Actions
• Enthusiastic about the program • Has time to commit to the program • Respected within health care system • Knowledgeable about the subject • Reliable in responding to needs • Works well across departments	• Motivates leadership and staff • Builds and maintains relationships • Advocates for resources • Leads planning and implementation • Recruits team members • Acts as a negotiator/facilitator when appropriate • Provides clinical guidance and program oversight

<https://nlcrt.org/resource/steps-for-increasing-lung-cancer-screening-a-guide-for-primary-care-practices/>



Designed for Your Workflow



1. **Identify eligible patients** for LCS using tobacco history documentation.
2. **Determine an LCS screening model** that works best for your practice.
3. **Review or refine LCS workflows** for shared decision-making, tobacco cessation, and patient education.
4. **Build proficiency in LCS conversations** with stigma-free, patient-centered language.
5. **Get patients screened** by navigating insurance, referrals, and incidental findings.
6. **Measure and improve performance** of LCS efforts with tracking tools and reminder systems.

Calculating Pack-Year (PY) History with *Additional Forms of Tobacco*

Smoking Pack Years

<https://www.smokingpackyears.com/>

Infinity Calculator

<https://infinitycalculator.com/health/pack-year-calculator>

Jefferson Radiology

<https://www.jeffersonradiology.com/calculate-packs-year/>

TheCalcs Pack-Year Calculator

<https://www.thecalcs.com/calculators/medical-health/pack-year-calculator>

How do I calculate pack-year history for patients who smoke or have a history of smoking cigars, cigarillos, loose tobacco, and/or cigarettes?



Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) Auditing Suite

<https://nlcrt.org/resource/lung-cancer-stigma-communications-assessment-tool-lcs-cat-auditing-suite/>



Language Audit Tool for creators of lung cancer materials



What is the Language Audit Tool?

This Language Audit Tool helps you find and remove words and phrases in existing materials that stigmatize lung cancer and tobacco. You can also use it to inform choices when creating new materials.



The tool helps you assess a material for words and phrases in these 4 categories:

- **Labels** that focus on the disease and not the person
- **Blaming language** that uses words and phrases that show negativity and judgment
- **Oversimplifications** that reduce people to a single word (i.e., smoker) and do not reflect the complexity of lung cancer risk and diagnosis
- **Other stigmatizing** words and phrases you identify that you think may be stigmatizing

How do I use this tool?

- 1 Collect the material you plan to review – you may use an electronic or a hardcopy version. An electronic version allows for automated word search, but **the material should still be reviewed in full for language that may not be identified using an automated search.**
- 2 Write the name of the material at the top of page 2. Search the material for each word and phrase listed in the left-hand column of the Language Audit table below.
 - If using a **digital** version of your material, use the "Search" function in your document. Highlight each stigmatizing word or phrase in yellow.
 - If using a **hardcopy** of your material, circle or highlight each stigmatizing word or phrase you find as you read through it.
- 3 For each instance of a stigmatizing word or phrase, make a tally mark in the right-hand column of the Language Audit table below. In the middle column, write the page or section where the word or phrase appears.
- 4 At the bottom of the form, add the total number of instances from the 4 categories to get a Total Language Audit Score.
- 5 If the Total Language Audit Score is 1 or more, proceed to the Language Alternatives Guide to learn how to change the stigmatizing words and phrases you found in this Language Audit Tool.

Language Audit

Labeling language	Location in material (page, section)	Number of instances this language appears in the material
Smoker		
Non-smoker (never, former)		
Admitter (of smoking)		
Denier (of smoking)		
Lung cancer patient		
Nicotine addict		
Subject (research)		



Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) Alternatives Suite

<https://nlcrt.org/resource/lung-cancer-stigma-communications-assessment-tool-lcs-cat-alternatives-suite/>



Language Alternatives Guide to help avoid lung cancer stigma



What is the Language Alternatives Guide?

The Language Alternatives Guide is to help you use language in your lung cancer materials that does not contribute to stigma, prejudice, or discrimination. It continues the process begun in the Language Audit Tool but can also be used to inform choices when creating new materials.



This guide offers specific word substitutes to consider using in your messages about lung cancer and tobacco. It is not a complete list of possible alternatives.

How do I use this guide?



If you are changing an existing material you assessed with the Language Audit Tool:

- 1 See which **labeling, blaming, oversimplifying, or other stigmatizing language** you identified in your material. If you used a digital version, you highlighted them in your document. If you used a hardcopy, you circled or highlighted them.
- 2 Check the tables below, which offer words and phrases as possible replacements for stigmatizing language you may have found in your material.



If you are creating a new material:

- 1 Consider using the words and phrases in the right column of the tables below, while avoiding those in the left column.
- 2 As you finalize your new material, consider double-checking it against the tables below for language that may contribute to stigma.



Avoid this language

- Recalcitrant
- Hardcore

- Willing
- Unwilling

Chief complaint

Patient failed treatment

Willpower

Teachable moment



Use this language instead

Patient reports/says they are not ready to initiate treatment/cessation

Patient is or is not able to participate in treatment/screening/cessation because...

Primary concern

- Treatment failed patient
- Treatment was not successful

Access to tools or resources to stop using tobacco

- Opportunity for engagement
- Chance for reflection, considering, or thinking about...



Cancer
Risk360

Activating Lung Cancer Prevention & Early Detection with **ACS CancerRisk360**



ACS CancerRisk360™ is a free, web-based tool from the American Cancer Society that helps individuals assess their comprehensive cancer risk and receive **personalized recommendations** to reduce that risk and improve overall health.

To learn more, visit
[www.cancer.org/
cancerrisk](http://www.cancer.org/cancerrisk)

ACS CancerRisk360: Turning Lung Cancer Risk Insights into Actionable Prevention & Early Detection



ACS CancerRisk360: Turning Lung Cancer Risk Insights into Actionable Prevention & Early Detection

Molly Black¹, BA, Sarah M. Temkin¹, MD, Laura Makaroff¹, DO, Jane Gerndt¹, MPH, Liora Sahar¹, PhD, Ka Kit (Antonio) Liu¹, MS, Sara Battles², MEd
¹American Cancer Society, ²CrossComm | molly.black@cancer.org or [LinkedIn.com/in/mollyblack828](https://www.linkedin.com/in/mollyblack828)



Background

Over 40% of U.S. cancer diagnoses are linked to modifiable risk factors.¹ Cigarette smoking remains the most significant modifiable risk factor for the development of lung cancer.¹ While annual low-dose CT (LDCT) screening can detect lung cancer early², only 18% of eligible individuals were up to date in 2022.³ Barriers include stigma associated with smoking and lung cancer, as well as limited awareness of other risks such as radon exposure, which is the second leading cause of lung cancer. Public awareness about the association between radon and lung cancer, although higher among recent homebuyers, is low.⁴ While tools exist to support cancer prevention, many focus narrowly on individual behaviors or single cancer types, limiting their reach and impact. ACS CancerRisk360™ addresses this gap by offering a free, web-based tool that integrates modifiable risk factors, including smoking history and radon exposure, and evidence-based screening recommendations to deliver personalized, comprehensive cancer prevention and early detection strategies.

Methods | Development

ACS CancerRisk360™ was developed by American Cancer Society (ACS) experts, with input from external advisors in cancer prevention, early detection, genetics, and health behavior. The tool provides personalized guidance on lifestyle factors, screening, and genetic testing, including a focus on tobacco cessation and radon exposure.

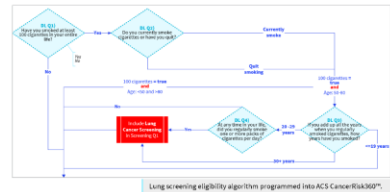


Methods | Functionality

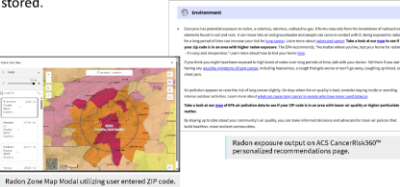
Built through iterative review with diverse specialists and users, the platform meets WCAG 2.1 accessibility standards, includes read-aloud functionality, and follows health literacy best practices. Users receive tailored recommendations and can share results via download, email, text, and/or print.

Methods | Logic & Engagement Tracking

Lung cancer screening eligibility is assessed using the Rendle et al. algorithm⁵, applied to individuals aged 50–80. While current guidelines focus on cigarettes, ACS CancerRisk360™ also advises users of other combustible tobacco products to consult their healthcare provider for additional guidance.



ZIP code input enables geographic personalization, powering interactive maps for radon zones, air pollution, and screening locations—developed in partnership with the ACS Geospatial Solutions Team. Engagement metrics, including tool usage and page views, are tracked in aggregate; individual responses are not stored.



Results | Overall

- Launched: January 2025
- Completed Assessments: 61,936
- Average Minutes to Complete: 7:43
- Average Minutes on Site: 12:16
- Average Completion Rate: 79.54%
- User Rating: 4.27/5

Results | Lung Cancer Risk

Data from 1/1/2025 – 11/6/2025

- 13,263 users who received the question: "If you add up all the years when you regularly smoked cigarettes, how many years have you smoked?" These users were aged 50–80 and reported smoking more than 100 cigarettes in their lifetime.
- 2,962 users received the question: "At any time in your life, did you regularly smoke one more pack of cigarettes per day?" These users regularly smoked between 20 and 29 years.
- 1,294 users received the question: "When did you complete your most recent low-dose CT (LDCT) for lung cancer screening?" These are users without a personal history of cancer and confirmed being screened for lung cancer.
- 6,925 users opened the Radon Zone Map.
- 1,072 users visited radon content on cancer.org.
- 388 users accessed the Screening Locator Tool.

Conclusions

ACS CancerRisk360™ is systematically engaging users in lung cancer risk reduction by integrating tobacco cessation and lung cancer screening eligibility into a comprehensive risk assessment. By routing over 13,000 users through its lung screening algorithm, the tool is delivering actionable insights that support increased screening uptake. Additionally, by incorporating ZIP code-level radon exposure data—alongside other cancer risk factors—ACS CancerRisk360™ is elevating awareness of the second leading cause of lung cancer. This impact is reflected in nearly 7,000 users accessing the Radon Zone Map and over 1,000 visiting cancer.org for radon education.

References

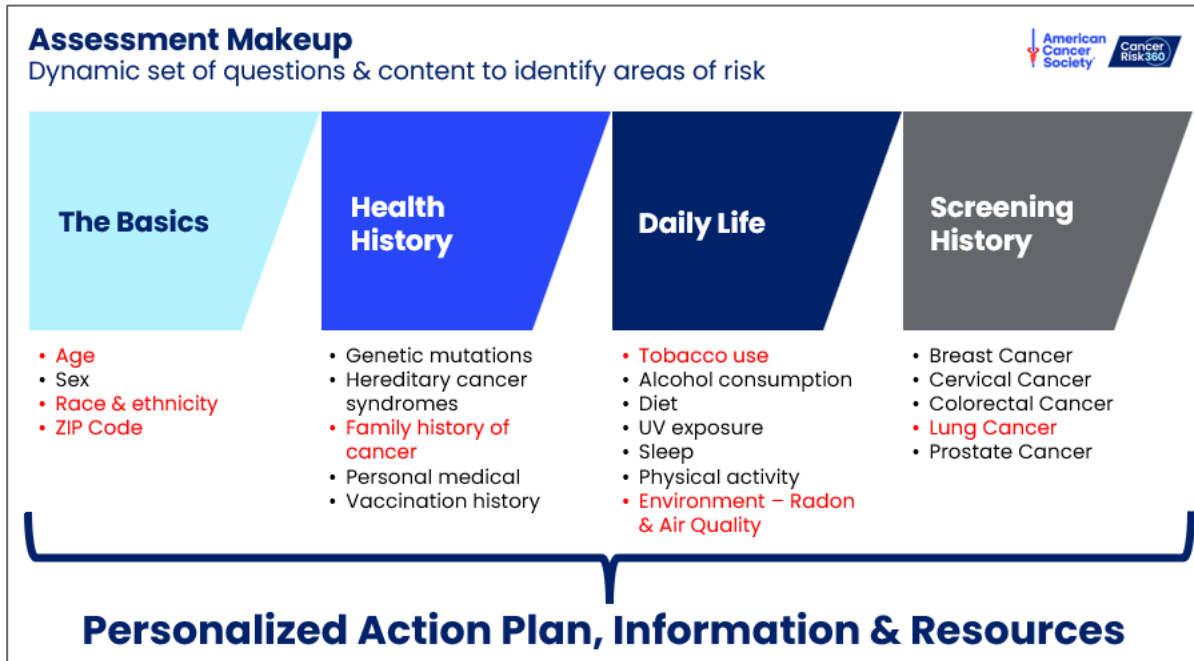
- Islami F, Marlowe DC, Thomson R, et al. "Proportion and number of cancer cases and deaths attributable to potentially modifiable risk factors in the United States, 2019." *CA Cancer J Clin*. 2024; 74(5): 406–432. <https://doi.org/10.3322/caac.21888>
- Wolf, Andrew M. D., et al. "Screening for Lung Cancer: 2023 Guideline Update from the American Cancer Society." *CA: A Cancer Journal for Clinicians*, vol. 73, no. 5, 2023, pp. 455–463. <https://doi.org/10.3322/caac.21811>
- Bandi, Phil, et al. "Lung Cancer Screening in the US, 2022." *JAMA Internal Medicine*, vol. 184, no. 8, 1 Aug. 2024, pp. 882–891. <https://doi.org/10.1001/jamaintern.2024.0055>
- Neri, A., McHughen, C., Harris, B., Puckett, M., and Galloway, M. S. "Measuring Public Knowledge, Attitudes, and Behaviors Related to Radon to Inform Cancer Control Activities and Practices." *International Journal of Environmental Research and Public Health*, 20 Apr. 2016. <https://doi.org/10.3390/ijerph13042046>
- Rendle, K. A., Smith, J. P., Cohen, S., Schlegel, M. H., Wenzler, R. C., Beikman, J. E., and Jackson, A. "Estimating Peak-Year Eligibility for Lung Cancer Screening Using 7-Year Age Questions." *JAMA Network Open*, vol. 6, no. 5, 2023, e2327393. <https://doi.org/10.1001/jamanetworkopen.2023.27393>



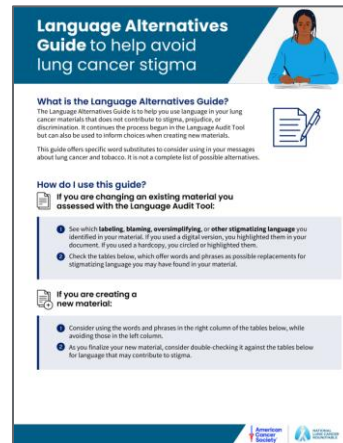
Poster presented at the ACS NLCRT 2025 Annual Meeting

1 Islami et al. (2024). 2 Wolf et al. (2023). 3 Bandi et al. (2022). 4 Neri et al. (2018). 5 Rendle et al. (2023).

Methods | Development



- Developed by American Cancer Society (ACS) experts, with input from external advisors in cancer prevention, early detection, genetics, and health behavior.
- Provides personalized guidance on lifestyle factors, screening, and genetic testing, including a focus on tobacco cessation and radon exposure.
- Question and recommendation language developed and updated using ACS NLCRT language and messaging tools.



Conclusions



ACS CancerRisk360 is systematically engaging users in lung cancer risk reduction by integrating tobacco cessation and lung cancer screening eligibility into a comprehensive risk assessment.

- **By routing over 13,000 users through its lung screening algorithm, the tool is delivering actionable insights that support increased screening uptake.**
- By incorporating ZIP code-level radon exposure data—alongside other cancer risk factors—ACS CancerRisk360 is elevating awareness of the second leading cause of lung cancer.

This impact is reflected in nearly **7,000 users accessing the Radon Zone Map and over 1,000 visiting cancer.org for radon education.**

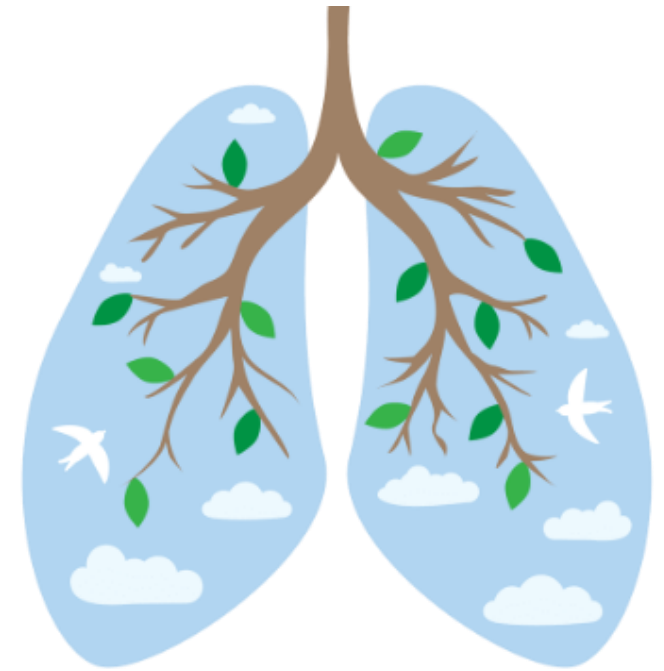
Resources

National Lung Cancer Screening Day November 14, 2026

The National Lung Cancer Screening Day campaign has two main goals:

1. Raise awareness of early cancer detection through regular lung cancer screening.
2. Reduce disparities.

<https://www.lungcancerscreeningday.org/>



NATIONAL
**LUNG
CANCER**
SCREENING
DAY



American College
of Radiology®



RADIOLOGY HEALTH
EQUITY COALITION
■ ■ ■ ■



Lung Cancer Screening | Practice and Patient Resources

Practice Resources

- ACS Lung Cancer Screening Guideline (2023) | [LINK](#)
- ACS NLCRT's Steps for Increasing Lung Cancer Screening: A Guide for Primary Care Practices | [LINK](#)
- ACS NLCRT's Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) Auditing Suite | [LINK](#)
- ACS NLCRT's Lung Cancer Stigma Communications Assessment Tool (LCS-CAT) Alternatives Suite | [LINK](#)
- ACS National Lung Cancer Roundtable | [LINK](#)
- ACS Lung Cancer Fact Sheet for Health Care Professionals | [LINK](#)
- ACS Lung Cancer Screening with LDCT – Shared Decision-making Visit: A Guide for Clinicians | [LINK](#)

Patient Education & Activation Resources

- ACS Lung Cancer Screening Guidelines *flyer (multiple languages)* | [LINK](#)
- ACS Lung Cancer Fact Sheet for Patients *flyer* | [LINK](#)
- ACS Do You Need Lung Cancer Screening? *flyer* | [LINK](#)
- ACS Finding Lung Cancer Early *flyer*:
 - [English](#) | [Arabic](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Simplified Chinese](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- ACS Lung Cancer Screening – Patient Decision Guide *flyer*:
 - [English](#) | [Arabic](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Hmong](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Simplified Chinese](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- ACS Cancer Screening Reminder *cards & flyers (English & Spanish)* | [Ask Your ACS Staff](#)
- How Screening is Done | LDCT video | [LINK](#)
- ACS Lung Cancer: Risk, Prevention, and Early Detection *community presentation* (English & Spanish): [Ask Your ACS Staff](#)
- ACS After a Lung Cancer Diagnosis *flyer* | [LINK](#)



Cancer Prevention | Practice and Patient Resources

Overall Risk Reduction

- ACS CancerRisk360™ Learn More | [LINK](#)
- ACS CancerRisk360™ Take Assessment | [LINK](#)
- ACS CancerRisk360™ Promotional Materials | [Ask Your ACS Staff](#)
- You Can Help Reduce Your Cancer Risk *flyer*:
 - [English](#) | [Arabic](#) | [Chinese](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Portuguese](#) | [Russian](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- Take Control of Your Health and Help Reduce Your Cancer Risk | [LINK](#)
- Healthy Lungs for Everyone *flyer*:
 - [English](#) | [Arabic](#) | [Chinese](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- For Young Women and Teens You Can Help Lower Your Odds of Getting Cancer | [LINK](#)
- Cancer Facts for Men | [LINK](#)
- Cancer Facts for Women | [LINK](#)
- LGBTQIA+ People and Cancer Fact Sheet for Health Care Professionals *flyer* | [LINK](#)
- ACS Cancer Facts for Lesbian and Bisexual Women booklet: [English](#) | [Spanish](#)
- Cancer Facts for Gay and Bisexual Men | [LINK](#)
- Cancer Fact Sheet for LGBTQIA+ People | [LINK](#)

Tobacco

- ACS Empowered to Quit program *website* | [LINK](#)
- ACS Empowered to Quit *flyer* | [LINK](#)
- ACS Empowered to Quit video | [LINK](#)
- Quitting Starts Here *flyer* | [LINK](#)
- Set Yourself Free: Quitting Tobacco *booklet*: [English](#) | [Spanish](#)
- Tobacco: What is it costing you?
 - [English](#) | [Arabic](#) | [Chinese](#) | [French](#) | [Haitian Creole](#) | [Hindi](#) | [Korean](#) | [Polish](#) | [Portuguese](#) | [Russian](#) | [Spanish](#) | [Tagalog](#) | [Ukrainian](#) | [Vietnamese](#)
- Health Benefits of Quitting Smoking Over Time GASO *flyer*
 - [English](#) | [Spanish](#)
- Tobacco & Cancer Fact Sheet *flyer* | [LINK](#)
- ACS Great American Smokeout Information & Tools | [LINK](#)
- How Tobacco Harms LGBTQ+ Communities | [LINK](#)
- Smoking Cessation: Three Steps to Quitting video | [LINK](#)



Molly Black

Director, Early Detection

For questions, feedback
and collaboration:

Molly.Black@cancer.org

○ 980.308.0311

 [/mollyblack828](https://www.linkedin.com/in/mollyblack828)