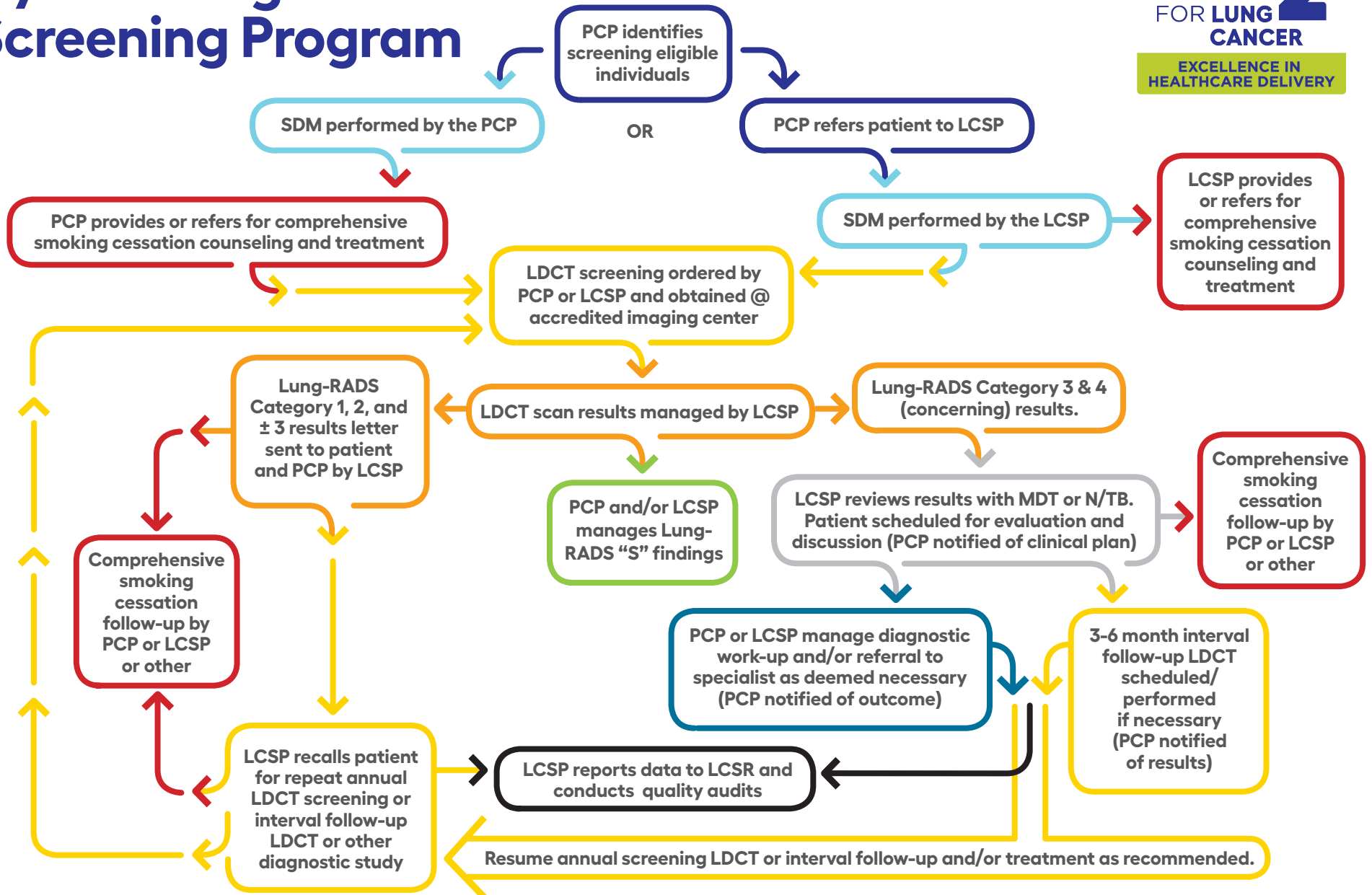
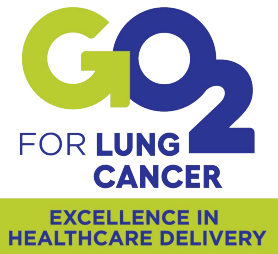


Hybrid Lung Cancer Screening Program



- LUNG CANCER SCREENING WORK FLOW LEGEND**
- LCS eligibility determination and referral
 - Shared decision making
 - Smoking cessation services
 - Annual LDCT screening or interval follow-up chest imaging
 - Results review and action
 - Action for Lung-RADS "S" findings
 - Multidisciplinary or lung nodule/tumor board results review
 - Reporting to lung cancer registry and quality audit
 - Diagnostic work-up/referral to specialist

The hybrid lung cancer screening program (LCSP) represents a clinical model where aspects of patient management through the screening process may be shared by the primary care provider (PCP) and the LCSP, depending on circumstances and PCP preferences. The PCP initiates the screening process by identifying screening eligible individuals. Then, the PCP may either perform shared decision making (SDM) and, for patients who currently smoke, provide or refer to comprehensive smoking cessation services, document these procedures and order the low dose CT (LDCT) scan, or the PCP may refer the screening eligible patient directly to the LCSP and defer to the LCSP for these steps of the process.

Once the LDCT has been performed, the LCS results and management recommendations will be reviewed by the PCP and the LCSP. The results of negative or low-suspicion LDCT findings based on the Lung-RADS classification system are sent to the patient and the PCP with repeat annual screening or interval follow-up

imaging recommendations. The LCSP reviews the results of concerning LDCT findings with a multidisciplinary team (MDT) or nodule/tumor board (N/TB). The patient is scheduled with the LCSP for a phone or in-person evaluation and discussion of results and clinical recommendations. This information is also communicated to the PCP, and the LCSP and PCP will determine who (LCSP or PCP) will manage the diagnostic workup or referral to a specialist and who has responsibility for results management of this workup. The LCSP navigator and/or coordinator are integral partners in this workflow and the LCS process. They may perform any or all of the following duties: scheduling, results management, communicating with all involved (patient, PCP, multidisciplinary team, specialist), providing patient education, ensuring a timely continuum of care, and essential clinical follow-up is performed and reporting to the LCS Registry. The PCP and/or the LCSP manages all “S” findings and provides or refers for comprehensive smoking cessation follow-up.



Confronting Lung Cancer Starts Here 

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