

KCC Lung Cancer Prevention and Early Detection Network

Meeting Notes and Next Steps

April 17, 2015

KY Broadcaster's Association, Frankfort

Next Meeting Date:

Friday, June 19th, 2-3 pm EST, Conference Call/Webinar

Conference call line is: 1-877-394-0659 passcode: 7250592994#

Webinar Link is: <http://connect.uky.edu/lung/>

Decisions Made:

- **Future meetings will have a casual dress code**
- **Remaining Cancer Action Plan strategies for lung cancer screening will be done via email.**

Action Items:

- **Please provide your suggestions, revisions, for policy and systems changes, insurer and strategies needing more data and research to Jennifer by Friday, May 8th, 2015.**
- Need to develop/tailor brief talking points for each area (lung cancer screening, tobacco cessation/treatment, secondhand smoke and radon prevention) that can be used as a resource for Lung Cancer Prevention and Early Detection Network members
- Need to develop/tailor clear, unified messages for each area of lung cancer prevention and early detection for:
 - Public
 - Community leaders
 - Healthcare professionals
 - Healthcare system leaders
 - Policymakers
- Need feedback from the Lung Cancer Prevention and Early Detection Network on KY LEADS C3...stay tuned for specific requests
- Consider looking at the STAR rating system for day cares and how radon might be able to be incorporated in the ratings, <http://chfs.ky.gov/dcbs/dcc/stars/>
- Would it be possible for the Kentucky Cancer Registry and the Lung Cancer Screening Registries to include criteria/information re: radon?

Meeting Discussion

KY LEADS Component 3: Prevention and Early Detection

- Presented on progress and timeline for the next several months (see power point presentation)
- C3 Workgroups discussed (Project Management, Clinical, Education, Data Management, Study Chairs) : These are workgroups focused on the KY LEADS C3 project. Those listed on these workgroups include study personnel. These are not

workgroups for the Lung Cancer Prevention and Early Detection Network although the workgroups will want feedback from the Network, particularly related to the “education” workgroup.

- Incorporate and coordinate with C1 (Provider education). Celeste is interested in helping with material related to tobacco best practice and continuing education
- Discussion of how KY LEADS C3 can provide technical support toward lung cancer screening efforts regardless of study participation
 - Clarify what needs to be asked of health plans
 - Clarifying screening vs. diagnostic
 - Consulting with screening centers
 - Listserv for patient navigators across the state
 - Setting expectations and standards

Discussion on participation in lung cancer screening

- Challenges
 - Normal scans- lowers return rate, creates lost to follow up
 - Need patients to understand why they need to return
 - Need shared decision making
 - Need to develop Analogies/Language to patients (to increase return rate) (address stigma)
 - Shorter Length between screens- 6 mos vs. 1 year affects return rate; if shorter, they are more likely to return
 - CMS/private insurance reimbursement – patients hear about coverage and want to be screened; however, since there are no established codes, some facilities are still charging self-pay which can sometimes be a deal breaker
 - Clinical shortfalls due to inability to pay for diagnostic tests
 - Altering tobacco use history to become eligible, negative effect on treatment, reimbursement, patient safety
 - Gap between clinical requirements for data collection and patient populations (specific to KY)
 - Outside the mainstream of cancer screening, new to the game
 - Need to understand more about the patients (culture, context, etc.) who are eligible for screening in order to address the challenges
 - Consider using existing screening to compare...such as the need for a “baseline mammogram” being similar to the need for a “baseline lung cancer screening” once the patient has been involved in shared decision making visit – maybe this is part of the visit?
 - Concern that some pulmonologists may be referring patients to LDCT who may have “symptoms”
 - Need to better define “asymptomatic” vs. “symptomatic” for eligibility in this population
 - Patients are concerned over additional measures (LDCT v. CT)

- Motivation to Screen
 - Media impact and involvement influences decisions
 - Motivated to be screened by Family experiences/word of mouth/personal experience
 - Self motivation vs. PCP involvement (mix of PCP/patients inquiring, increase in PCP education should lead to increase in screening)
 - At U of L, patient driven (although increase in PCP referrals)
 - At Norton, PCP driven although some patients see newspaper articles, billboards, etc. and call

Cancer Action Plan Strategies:

- Will discuss/decide via email for the remaining strategy areas:
 - Policy and systems changes
 - Insurers
 - Strategies needing more data and research

Radon Prevention:

- National
 - Congressional testimony re: need for funding for radon prevention
 - Will focus initially on schools, military housing, HUD (low-income testing and mitigation)
 - Discussion of FHA loans requiring radon testing/mitigation at time of home purchase
 - Federal Radon Action Plan, http://www.epa.gov/radon/action_plan.html
 - Cost impact research being done by CDC, EPA. Estimated that \$7 billion spent related to radon-induced lung cancer
- State
 - Data
 - 1 in 15 homes in U.S. have elevated radon levels. Average radon levels 1.3 pCi/L
 - 1 in 2 homes in KY have elevated radon levels. Average radon level is 7.3 pCi/L
 - The administrative regulations requiring radon mitigators to be licensed will be in effect as of July 1, 2015
 - Legislation was introduced for testing day care centers; moved through the House but not the Senate. Need for more education
 - Discussion of incorporating radon testing into the STAR program for day care centers
 - 6 series Radon CME will be available soon
 - Environmental Justice; funding for pilot projects in Louisville
 - Testing for radon is inexpensive but remediation is not. Will be providing 300 tests to residents of Louisville and map the levels in order to understand the burden/issue
 - Discussion on whether there could be public funding for radon prevention perhaps as associated with KY LEADS

- Research
 - High levels of radon near fracking sites. Homes that were once 1-3 PCi/L are now 300-400 PCi/L after fracking
 - Would it be possible for the Kentucky Cancer Registry and the Lung Cancer Screening Registries to include criteria/information re: radon?

Attendees (in person): Kristian Wagner, Kyle Holyman, Clay Hardwick, Bobbye Gray, Tim Mullett, Heather Wehrheim, Angela Criswell, Audrey Darville, Allyson Yates, Jamie Studts, Julie McAlister, Celeste Worth, Jude Gallagher, Joseph “Trey” Alexander, Jack Hillard, Goetz Kloecker, Carol Riker, Belinda Blair, Jennifer R. Knight

Attendees (on the phone): Bryan Loy, Dana Lee, Hilary Deskins, Jenny Frantz, Rudy Bess