VA Partnership to Increase Access to Lung Screening

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Service Chief, Radiation Oncology
Atlanta Veterans Affairs Health Care System

Principal Investigator: VA-PALS
The Mystery of VA
VA Demonstration Project (2012-15)

Robert Petzel, Under Secretary for Health
VHA – Central Office
Resigned 2014

Linda Kinsinger, MD, MPH
VHA Chief Consultant for Preventive Services (NCP)
Retired 2015

Charles Anderson, MD, PhD
VHA Chief Consultant Diagnostic Services
Retired 2016
Implementation of Lung Cancer Screening in the Veterans Health Administration

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Evaluation of the VA Lung Cancer Screening Clinical Demonstration Project

Prepared for:
Department of Veterans Affairs, Office of the Under Secretary for Health

Prepared by:
1. Health Services Research & Development Center of Innovation, Durham Veterans Affairs Medical Center
2. National Center for Health Promotion and Disease Prevention, Office of Patient Care Services
3. National Radiology Program Office, Diagnostic Services, Office of Patient Care Services
4. Veterans Engineering Resource Center, Pittsburgh Veterans Affairs Medical Center

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Linda S. Kinsinger, MD, MPH

Report Date:
March 2016

CHALLENGES
1. Approx 2/3 = abnormal finding
2. Tracking = complex
3. Coordination of care = variable

NEEDS
1. System-wide tracking registry
2. Radiologists, CT scanners, staff
3. Training for primary care
4. Engaging pulmonology & oncology
<table>
<thead>
<tr>
<th>Patients:</th>
<th>% Advancing</th>
<th>VA population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potentially eligible for LDCT</td>
<td></td>
<td>2,780,933</td>
</tr>
<tr>
<td>Eligible for LDCT</td>
<td>32.0%</td>
<td>545,063</td>
</tr>
<tr>
<td>Qualifying for LDCT; met all criteria</td>
<td>84.3%</td>
<td>494,372</td>
</tr>
<tr>
<td>Patients Agree to LCS; Minneapolis excluded</td>
<td>55.5%</td>
<td>274,376</td>
</tr>
<tr>
<td>Completed LDCT; included in Eval. Anal.</td>
<td>85.9%</td>
<td>235,689</td>
</tr>
<tr>
<td>Positive (Nodules needed tracking + possible Lung Ca + doc. Lung Ca)</td>
<td><strong>51.7%</strong></td>
<td><strong>121,851</strong></td>
</tr>
<tr>
<td>Possible Lung Ca</td>
<td>1.50%</td>
<td>3,535</td>
</tr>
<tr>
<td>Documented Lung Ca</td>
<td>1.60%</td>
<td>3,771</td>
</tr>
<tr>
<td>Negative</td>
<td>48.3%</td>
<td>113,838</td>
</tr>
<tr>
<td>Incidental Finding Requiring Follow-up</td>
<td>32.4%</td>
<td>76,363</td>
</tr>
</tbody>
</table>

> 4mm
Why We Can’t Sit Still
Memorandum

Date: NOV 27 2017

From: Deputy Under Secretary for Health for Operations and Management (10N)

Subj: Lung Cancer Screening with Low Dose Computed Tomography (VAIQ: 7845332)

To: Network Director (10N1-23)
VISN Chief Medical Officers (10N1-23)

Thru: Assistant Deputy Under Secretary for Health for Clinical Operations (10NC)
Executive Director, Primary Care Operations (10NC3)
Chief Consultant for Preventive Medicine (10P4N)
Chief Consultant for Diagnostic Services (10P11D)
VA-PALS
PARTNERSHIP TO INCREASE ACCESS TO LUNG SCREENING
Co-Principal Investigators

Claudia Henschke, PhD, MD
Mt Sinai Medical School, NY

Rick Avila, MS
Paraxial
VHA Support and Guidance

**Central Office**
- Office of Strategic Partnerships
- Diffusion of Excellence
- Office of Rural Health
- Center for Innovation

**National Programs**
- Diagnostic Services
- Office of Information & Technology
- Health Promotion & Prevention (NCP)
- Oncology
- Radiation Oncology
- Quality Enhancement Research Initiative
I-ELCAP – Lung Screening Sites

Since 1992
Project Goals Funded through FY20

1) **VAPALS-IELCAP Software Management System**
   • VistA-based – open source

2) **Implement Best Practices at 10 VAMCs**
   • Structured reporting ([LungRADS](#) or I-ELCAP protocols)
   • LDCT phantoms (Accumetra)

3) **Centralized Training and QA**
   • Navigator training
   • Radiology training (dual reads, on-site in-services)

4) **Evaluate Implementation, Analyze Outcomes**
   • Present to VA leadership (Quality, Operations, Policy)
VA-PALS Sites
- Phoenix
- St Louis
- Philadelphia
- Atlanta
- Indianapolis
- Denver
- Nashville
- Chicago (Hines)
- Houston
- Los Angeles
<table>
<thead>
<tr>
<th>Name</th>
<th>Last 5</th>
<th>DOB</th>
<th>Gender</th>
<th>VAPALS-ELCAP</th>
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<tbody>
<tr>
<td>Gaylord304, Halie879</td>
<td>G5844</td>
<td>11/01/1934</td>
<td>MALE</td>
<td>VAPALS-ELCAP</td>
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<tr>
<td>Gaylord519, Trent121</td>
<td>G6762</td>
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<td>Gaylord874, Joyce307</td>
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<td>09/22/1963</td>
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<td>Gerhold141, Ora75</td>
<td>G2939</td>
<td>02/09/1957</td>
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<tr>
<td>Gerhold486, Dixie737</td>
<td>G6598</td>
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<td>MALE</td>
<td>VAPALS-ELCAP</td>
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<tr>
<td>Gerhold486, Eino921</td>
<td>G9949</td>
<td>02/09/1997</td>
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<td>Gerhold521, Rogers573</td>
<td>G1285</td>
<td>07/03/1962</td>
<td>FEMALE</td>
<td>VAPALS-ELCAP</td>
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<td>Gerhold697, Nicole915</td>
<td>G3007</td>
<td>02/09/1952</td>
<td>MALE</td>
<td>VAPALS-ELCAP</td>
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</table>
## Intake but no CT Evaluation

<table>
<thead>
<tr>
<th>Enrollment Date</th>
<th>Name</th>
<th>SSN</th>
<th>Followup</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/23/2018</td>
<td>Dibbert829,Bethany196</td>
<td>999-11-2141</td>
<td>baseline</td>
</tr>
<tr>
<td>5/24/2018</td>
<td>Toy38,Laverne139</td>
<td>999-68-1215</td>
<td>baseline</td>
</tr>
<tr>
<td>6/11/2018</td>
<td>Adams529,Christop677</td>
<td>999-23-4212</td>
<td>baseline</td>
</tr>
<tr>
<td>6/12/2018</td>
<td>Effertz802,Caleb131</td>
<td>999-83-3568</td>
<td>baseline</td>
</tr>
<tr>
<td>6/14/2018</td>
<td>Abernathy614,Donavon721</td>
<td>999-98-9135</td>
<td>baseline</td>
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<tr>
<td>6/15/2018</td>
<td>Schaefer749,Nicolette831</td>
<td>999-92-6912</td>
<td>baseline</td>
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<tr>
<td>6/27/2018</td>
<td>Auer171,Eliezer702</td>
<td>999-67-1413</td>
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<td>6/28/2018</td>
<td>Nikolaus949,Tobin128</td>
<td>999-75-9602</td>
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<tr>
<td>8/1/2018</td>
<td>Keebler293,Malinda715</td>
<td>999-34-4835</td>
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<td>8/9/2018</td>
<td>Feeney725,Madilyn343</td>
<td>999-54-3455</td>
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<td>8/10/2018</td>
<td>Altenwerth668,Darius875</td>
<td>999-75-8849</td>
<td>baseline</td>
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<tr>
<td>8/21/2018</td>
<td>Pfeffer335,Jason584</td>
<td>999-64-7860</td>
<td>baseline</td>
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</table>
Gaylord304, Halie879  999-46-5844  DOB: 11/1/1934  AGE: 84  GENDER: M

CT Evaluation Form

Scan  Nodules  Emphysema/Coronary Calcifications  Other Abnormalities  Impression & Follow Up

Scan information

* CT study date
12/10/2018

MM/DD/YYYY

Signing radiologist

* Radiologist

Clinical information

☐ Include in impression

☐ CT scan performed at outside institution
<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>* Solid comp. of part-solid</td>
<td></td>
</tr>
<tr>
<td>Solid mean diameter (mm)</td>
<td>-</td>
</tr>
<tr>
<td>Smooth edges</td>
<td>No</td>
</tr>
<tr>
<td>Calcifications</td>
<td>No</td>
</tr>
<tr>
<td>Index Nodule</td>
<td>No</td>
</tr>
<tr>
<td>Spiculated</td>
<td>No</td>
</tr>
<tr>
<td>Distance from the costal pleura (mm)</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>-</td>
</tr>
<tr>
<td>Comment</td>
<td></td>
</tr>
<tr>
<td>Pathologic diagnosis</td>
<td>-</td>
</tr>
<tr>
<td>Additional non-calcified nodules</td>
<td>No</td>
</tr>
</tbody>
</table>
Impression

Annual repeat and follow-up CT scans should utilize the same low-dose protocol used for baseline low-dose CT scans.

* Nodules

- No evidence of nodules. Follow-up as recommended.
- Nodule(s) as described. Consistent with old granulomatous disease. Follow-up as recommended.
- Nodule(s) unchanged, as described. Follow-up as recommended.
- Nodule(s) as described. Follow-up as recommended.

Other Findings

- No other significant abnormalities.
- Other abnormalities and suggested follow-up as described above.

Impression remarks
Follow Up select one or more

CT follow up:
- Annual repeat
- Now
- 1 month
- 3 months
- 6 months
- Other

Approximate follow-up date:

MM/DD/YYYY

Other follow up:
- Antibiotics
- Diagnostic CT
- PET
- Percutaneous biopsy
- Bronchoscopy
- Pulmonary consultation
- Refer to tumor board
- No other further follow-up
- Other

* Specify

Lung-RADS

* Category
- Not applicable
- 0 (incomplete)
- 1 (negative)
- 2 (benign appearance or behavior)
- 3 (probably benign)
- 4A (suspicious)
- 4B (suspicious)
- 4X (suspicious)

Modifiers
- S - clinically significant or potentially clinically significant findings (non lung cancer)
- C - prior diagnosis of lung cancer who return to screening
CT screening for lung cancer: comparison of three baseline screening protocols

Claudia I. Henschke, Rowena Yip, Teng Ma, Samuel M. Aguayo, Javier Zulueta, David F. Yankelevitz
Writing Committee for the I-ELCAP Investigators