

Above all else, we
are committed to the
care and improvement
of human life.

Return to Cancer Screenings Post COVID

Lung Cancer

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HCA[®]

Disclosure of Conflicts of Interest

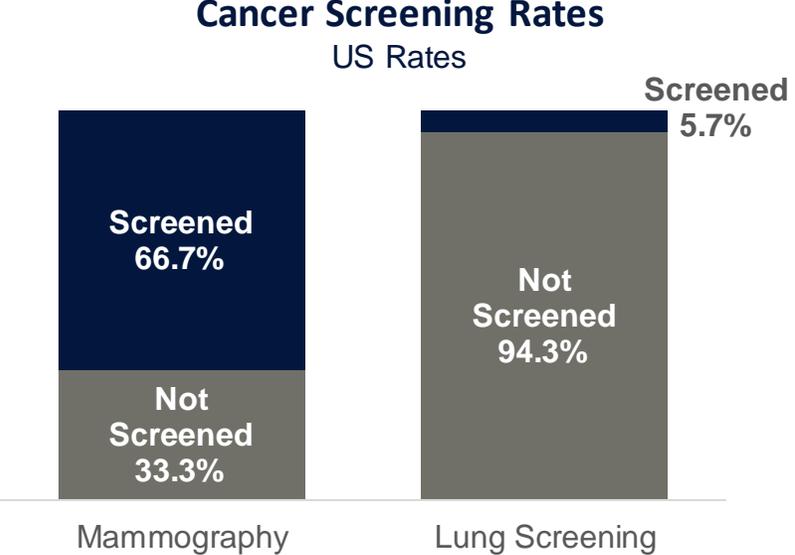
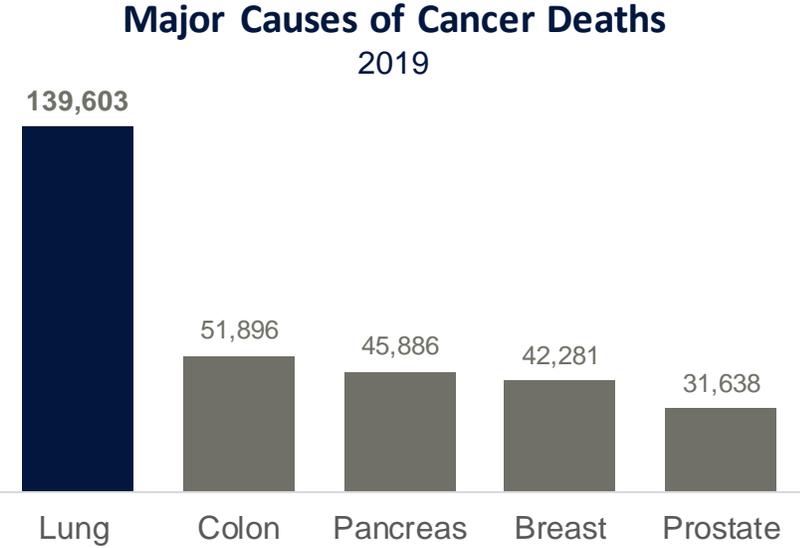
Susan Garwood, MD, has the following financial relationships to disclose:

Consultant and speaker – Auris Health and Biodesix

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**LUNG CANCER SCREENING 2022
FINDING A PATH FORWARD**

Lung Cancer Impact in US



- ❑ 5-year relative survival rate of lung cancer is **21.7%**
 - The 5-year survival rate drops dramatically from a stage 1 diagnosis (68-92% survival) to a stage 4 diagnosis (0-10% survival)
- ❑ Lung cancer is the third most common cancer in women and the second leading cause of female cancer death
- ❑ Lung screening expanded guidelines increase eligible Americans to 14.5M people, an increase from 14% to 23% of the total US population



Lung Cancer Screening Eligibility Expansion

Lung Cancer Screening CMS NCD

<u>Old Guidelines</u>	<u>Updated Guidelines</u>
<p>14% of population eligible</p> <ul style="list-style-type: none"> Age 55–77 30 pack-year smoking history Current or former smokers who have quit within past 15 years 	<p>23% of population eligible</p> <ul style="list-style-type: none"> Age 50–77 20 pack-year smoking history Current or former smokers who have quit within past 15 years Simplifies requirements

Screening is looking for cancer before a person has any symptoms. This can help **find cancer at an early stage**. When cancer is found early, it may be **easier to treat**. By the time symptoms appear, cancer may have begun to spread.



HCA Screening Programs 2021

- Volume: 18,722
- 86 LDCT screening programs
 - +11 new programs CY '21
 - +15 new programs CY '22

Screening Opportunity

	7%	66%	100%
2023 Projected HCA Screening Volume	53,857	507,791	769,380

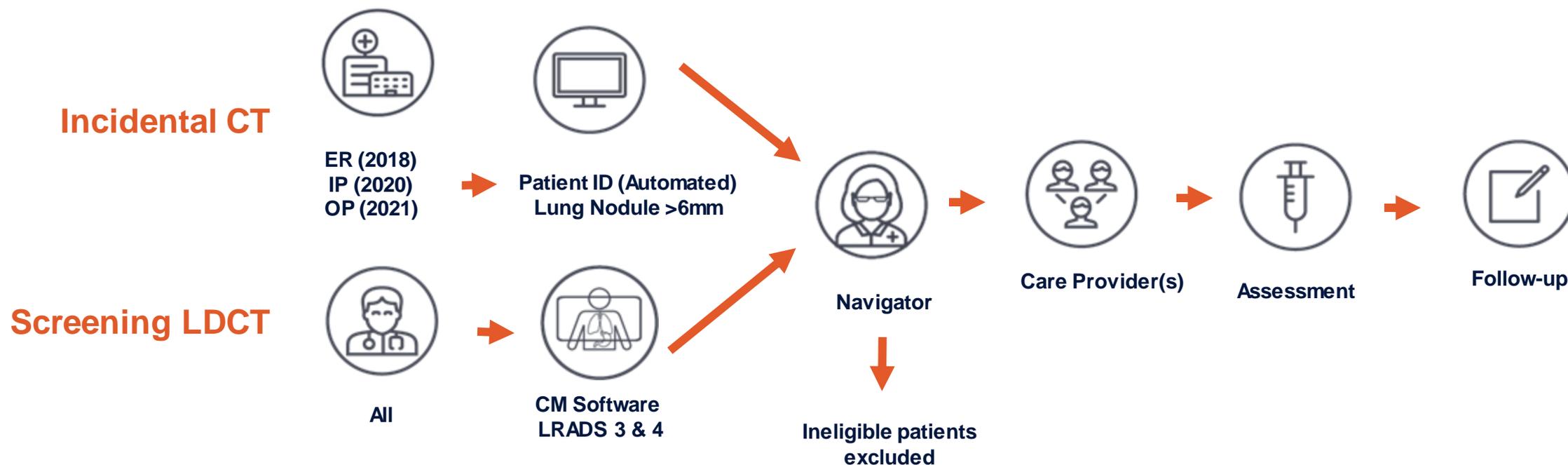
CMS NCD Operational Recommendations

<p style="text-align: center;">Medicare NCD Administrative Changes</p>	<p style="text-align: center;">Suggested Applications</p>
<p>Simplifies requirements for the counseling and shared decision-making visit (removes the restriction that it must be furnished by a physician or non-physician practitioner)</p>	<p>The ordering provider is responsible for shared decision making and appropriate documentation at the time of order. Use of imaging staff (non-provider) requires clear educational protocol.</p>
<p>Removes the requirement for the reading radiologist to document training in diagnostic radiology and radiation safety; Involvement in the supervision and interpretation of at least 300 chest computed tomography acquisitions in the past 3 years</p>	<p>The radiologist must meet the following eligibility criteria:</p> <ul style="list-style-type: none"> • Adherence to NCD standards • Compliance to all facility medical staff credentialing policies
<p>Removes requirement for submission to a CMS approved registry (e.g. ACR)</p>	<p>Facilities can cease collection and submission of required ACR data elements on patients having a screening date of service after February 9, 2022.</p> <p><i>*If your facility is a designated lung cancer screening center through CTAP accreditation, participation in the LCSR remains a requirement for the designation.</i></p>

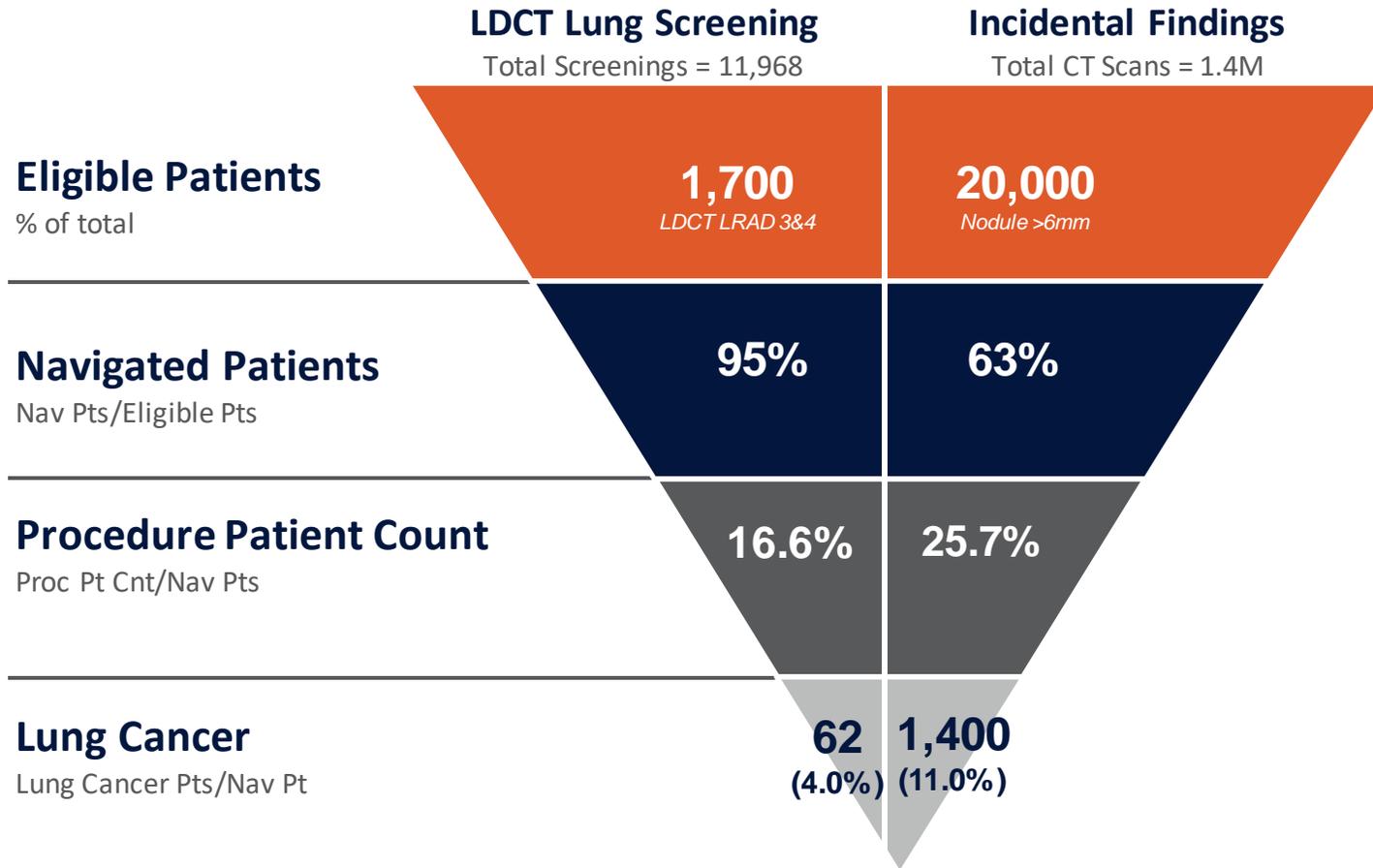
**These reflect CMS updates to eligibility and coverage determination and may not apply to commercial payers.*

HCA LUNG NODULE PROGRAM OVERVIEW

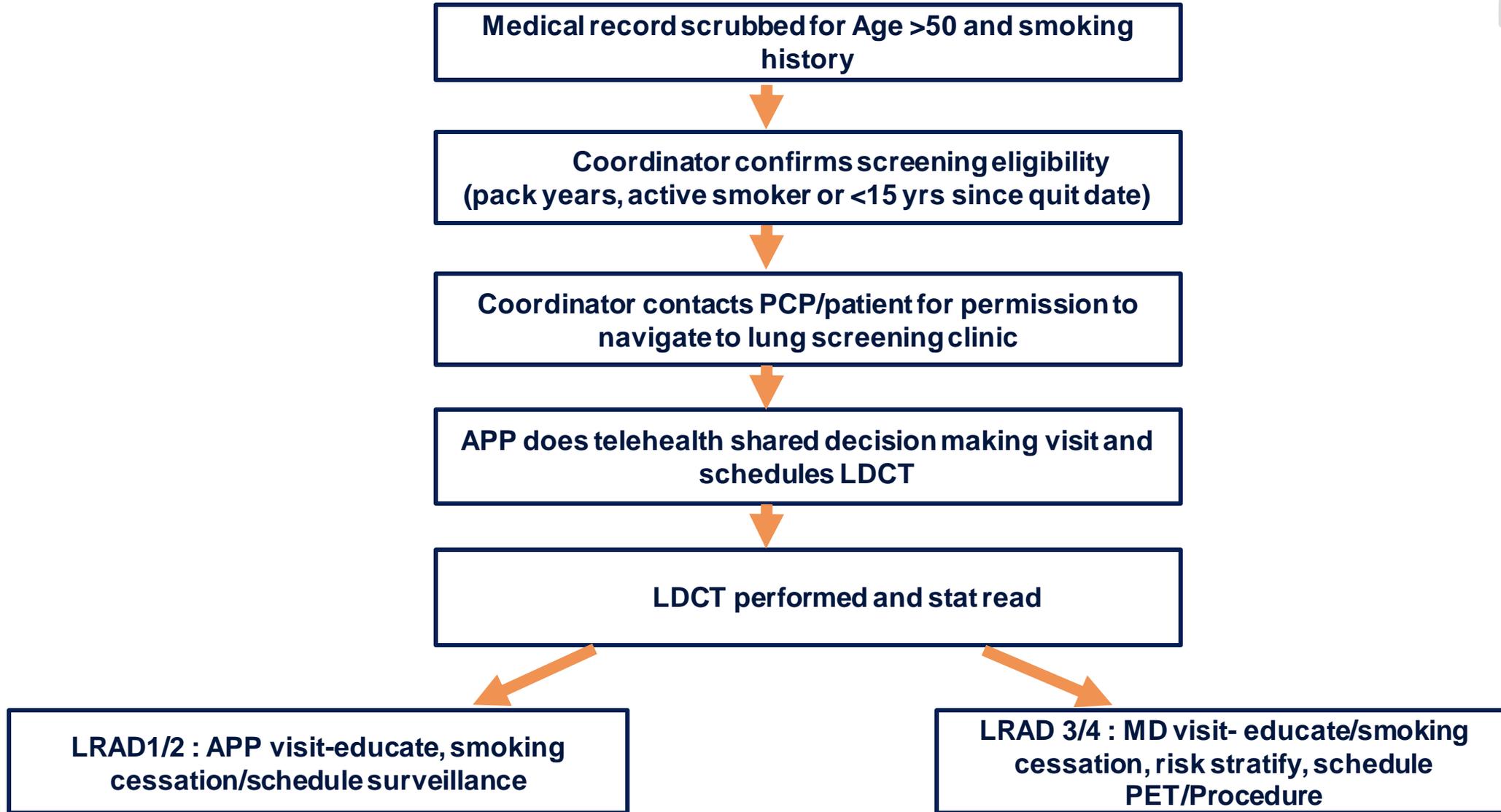
Patients undergoing a CT scan which reveals select **incidental** lung nodule findings, as well as those undergoing a **screening LDCT** scan which requires navigation to an appropriate point of care.



HCA LUNG NODULE PROGRAM PERFORMANCE 2021



Screening Trigger Pathway



QUESTIONS?