

### Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/closing-gaps-nsclc/components-to-a-comprehensive-lung-cancer-screening-program/11236/>

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## Components to a Comprehensive Lung Cancer Screening Program

Announcer:

Welcome to *Closing the Gaps in Non-Small Cell Lung Cancer* on ReachMD, sponsored by Lilly.

On today's program, we'll hear from Dr. Jacob Sands, who's a thoracic medical oncologist at the Dana-Farber Cancer Institute and an Instructor of Medicine at Harvard Medical School. Dr. Sands joins us to share the key components of a lung cancer screening program. Let's hear from him now.

Dr. Sands:

We are seeing some really wonderful programs that are robust and enrolling a high percentage of patients who qualify within their hospital system. So, this certainly can be done, and I would encourage people to look to those programs to help guide how best to build these. There are some really important pieces needed. One is a robust data base is needed. Something that is truly a lung screening data base, not an Excel spreadsheet. You can't keep track of everybody in a program with just using an Excel sheet. So you really truly need a lung screening data base, and you also really need a navigator. Those are really important components. It's important to have a multidisciplinary team that's involved, certainly radiology, pulmonology, thoracic surgery. I think it's really important to have medical oncology, at the table as well. Primary care, needs to be involved because in many cases, primary care is really who's identifying these patients and so knowing how best to help primary care with their work flow, in being able to identify who qualifies for lung screening and get them referred in are all really important pieces. It's good to have administration at the table as well. And then being able to handle each of these situations as they come up, a nodule clinic for those that are identified to have, highly suspicious findings, it's good to get them involved into a nodule clinic. And for radiologists to be reading the scans in a very specific way to really clearly identify who has a suspicious nodule that needs clinical follow up to then be followed in that nodule clinic, there really needs to be a lung screening comprehensive program developed, as opposed to primary care doctors just ordering these scans and then having to try to make sure that they're following the protocols. For primary care, that's challenging. They have so much to do in their clinics already, and so that's something, that they need that comprehensive program. The hospitals need to have that comprehensive program together for following that.

Announcer:

That was Dr. Jacob Sands discussing the various components that make up a lung cancer screening program. To revisit any part of this discussion and to access other episodes in this series, visit [ReachMD.com/NSCLC](https://ReachMD.com/NSCLC), where you can Be Part of the Knowledge. Thanks for listening!