

PUBLIC REPORTING OF OUTCOMES 2017



Introduction: Santa Barbara Cottage Hospital has had an accredited Cancer Program in place since 1988. The program undergoes rigorous survey every three years to make sure that we meet standards set forth by several professional organizations under the umbrella of the American College of Surgeons, Commission on Cancer.

STANDARD 4.2 SCREENING PROGRAMS

Low Dose CT LUNG CANCER SCREENING PROGRAM

Program Description:

According to the Santa Barbara Public Health Department, in 2015 cancer was the leading cause of death in Santa Barbara County and lung cancer was the number one cause of all cancer deaths. Smokers and those exposed to second-hand smoke are at greatest risk for developing lung cancer.

The National Lung Cancer Screening Trial, U.S. Preventative Task Force and American Lung Association recommend annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery (USPTF, 2013).

Beginning May 2015 Santa Barbara Cottage Hospital initiated a Lung Screening Program using low-dose Computed Tomography (CT) technology to provide a detailed look inside the lungs. As an ACR-Designated Lung Cancer Screening Center, Cottage Center for Advanced Imaging provides a fast, noninvasive CT scan that can identify smaller nodules and cancers more readily than a traditional X-ray.

Studies show that this scan can find up to 85 percent of lung cancers in the earliest, most curable stages and has been shown to reduce lung cancer deaths by up to 20 percent (Aberle et al., 2011).

By screening high-risk individuals, our program hopes to find lung cancer in its earliest and most treatable stages. Patients meet with our nurse navigator before they are screened to discuss program details, smoking cessation, and follow-up protocols.

Lung cancer screening is covered by Medicare and Medicaid Services (CMS) and private insurance, with a written order from a physician or qualified mid-level practitioner.

To qualify for coverage for lung cancer screening patients must meet these criteria:

- Ages 55-80 (55-77 for Medicare patients)
- 30+ pack year smoking history
- Current smoker, or have quit within the last 15 years
- No current signs/symptoms of lung cancer
- Has a doctor's order for LDCT for lung CA screening

Patients meet with our nurse navigator before they are screened in order to discuss program details, smoking cessation and follow up protocols.

Outcomes:

As of November 1, 2017:

- 141 Patients have been screened since the program's inception in May 2015.
- 24 patients were referred for short-term follow up.
- Two patients were found to have lung cancer and subsequently treated.

Follow-up:

Following screening, results are faxed to the ordering practitioner. Attention is called to actionable findings. Results are reported to the American College of Radiology's Lung Cancer Screening Registry. Patients and providers are notified the month before repeat screenings are indicated. If a patient is diagnosed with lung cancer, the nurse navigator works with the patient to track his or her care and connect the patient with appropriate resources.

Evidence-based Intervention:

US Preventative Services Task Force Final Recommendation Statement, Lung Cancer: Screening, December 2013.

Sources:

Santa Barbara County Public Health Department. (2016). *Community health status report*. [Data file]. Retrieved from: <http://cosb.countyofsb.org/phd/>

United States Preventative Services Task Force. (2013). Final Recommendation Statement, Lung Cancer: Screening . [Data file] Retrieved from: <http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening>

Aberle, D.R., Adams, A.M., Berg, C.D., Black, W.C., Clapp, J.D., Fagerstrom, R.M., et al; National Lung Screening Trial Research Team. (2011). *Reduced lung-cancer mortality with low-dose computed tomographic screening. New England Journal of Medicine*, 365:395-409.