Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1417
Transmittal Sheet
May 29, 2024

LUNG CANCER SCREENING

1. SUMMARY OF CONTENT: This new directive establishes instructions and procedures for the implementation, staffing, and performance of Lung Cancer Screening (LCS) Programs in Department of Veterans Affairs (VA) medical facilities.

2. RELATED ISSUES: None.

3. POLICY OWNER: The National Center for Lung Cancer Screening (NCLCS) (11SPEC4) is responsible for the content of this directive. Questions may be referred to the Director, NCLCS at VHANCLCSQA@va.gov.

4. LOCAL DOCUMENT REQUIREMENTS: There are no local document requirements in this directive.

5. RESCISSIONS: VHA Memorandum, Guidelines for Lung Cancer Screening in Veterans Health Administration (VHA) (VIEWS 6762531) dated July 15, 2022, is rescinded.

6. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of May 2029. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

7. IMPLEMENTATION SCHEDULE: This directive is effective upon publication. VA medical facilities have 1 year from the date of this directive's publication to fully implement this directive. VA medical facilities may conduct LCS while developing all mandated elements of the LCS Program.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Erica Scavella, M.D., FACP, FACHE
Assistant Under Secretary for Health
for Clinical Services/CMO

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on May 30, 2024.

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1. POLICY

It is Veterans Health Administration (VHA) policy that all eligible Veterans at increased risk of lung cancer be offered lung cancer screening (LCS) in accordance with VHA Clinical Preventive Services guidance and coordinated by the National Center for Lung Cancer Screening (NCLCS). **AUTHORITY:** 38 U.S.C. § 7301(b); 38 C.F.R. § 17.38(a)(2).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer.** The Assistant Under Secretary for Health for Clinical Services/Chief Medical Officer (CMO) is responsible for:

(1) Supporting the Specialty Care Program Office (SCPO) and National Radiology Program Office with implementation and oversight of this directive.

(2) Ensuring support is provided for the development of mitigation or corrective actions associated with potential or experienced noncompliance with this directive.

c. **Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer.** The Assistant Under Secretary for Health for Patient Care Services/Chief Nursing Officer (CNO) is responsible for supporting program offices within Patient Care Services with implementation and oversight of this directive.

d. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

e. **Chief Officer, Specialty Care Program Office.** The Chief Officer, SCPO is responsible for supporting the LCS Chief Consultant, NCLCS, in executing this directive.

f. **Executive Director, Diagnostic Services.** The Executive Director, Diagnostic Services is responsible for:

(1) Providing oversight and support of national issues related to the LCS Program, including LCS-related policy, procedures, and education across VHA.

(2) Overseeing radiology LCS services within VHA in collaboration with the Executive Director, National Radiology Program, and the LCS Director, National Radiology Program.

g. **Executive Director, National Radiology Program.** The Executive Director, National Radiology Program is responsible for:

(1) Developing and supporting national VHA radiology policy, procedures, and education for LCS.

(2) Assisting the VISN Diagnostics Integrated Clinical Community (ICC) Clinical Lead and Lead Radiologist in communicating LCS radiology policy changes to VA medical facilities.

(3) Overseeing radiology LCS services within VHA in collaboration with the LCS Director, National Radiology Program and the Executive Director, Diagnostic Services.

h. **Executive Director, National Center for Health Promotion and Disease Prevention.** The Executive Director, National Center for Health Promotion and Disease Prevention (NCP) is responsible for:

(1) Developing and maintaining LCS and patient eligibility guidelines available at https://www.prevention.va.gov/preventing_diseases/screening_for_lung_cancer.asp.

(2) Collaborating with the LCS Chief Consultant, NCLCS when LCS Program guideline changes are needed and communicating such changes to VISNs and VA medical facilities.

i. **Lung Cancer Screening Chief Consultant, National Center for Lung Cancer Screening.** The LCS Chief Consultant, NCLCS is responsible for:

(1) Providing oversight and facilitating corrective actions to VISNs and VA medical facilities regarding LCS Program compliance with this directive.

(2) Establishing VHA quality metrics for the LCS Program.

(3) Collaborating with the LCS Director, National Radiology Program to monitor evidence-based guidelines in published literature and recommendations from the United States Preventive Services Task Force (USPSTF) and other national guideline groups.

(4) Working collaboratively with the LCS Director, National Radiology Program and national program offices, such as NCP, as new evidence-based recommendations are published to evaluate the need for new or revised policies, clinical tools, quality metrics, and processes that may be integrated into LCS processes for Veterans across VHA.

See:
https://www.prevention.va.gov/preventing_diseases/screening_for_lung_cancer.asp.

(5) Collaborating with the LCS Director, National Radiology Program as an operational partner (e.g., managing LCS imaging) to support LCS research and quality improvement (QI) initiatives.

(6) Collaborating with the Executive Director, NCP when LCS Program guideline changes are needed and disseminating to VISNs and VA medical facilities.

(7) Maintaining the NCLCS metrics dashboard; determining which data to track; reviewing VISN and VA medical facility level data to assess LCS quality, access, and health disparities throughout VHA; and reporting the data to national leadership at briefings. The NCLCS metrics dashboard is available at https://app.powerbigov.us/groups/me/apps/4fd56f32-e97b-424b-a480-e83a8c00655a/reports/ac8e5d29-02ee-44a9-8f78-efb655ba0b8b/ReportSectioncfa73475a44bedc26f20?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

j. **Lung Cancer Screening Director, National Radiology Program.** The LCS Director, National Radiology Program is responsible for:

(1) In collaboration with the Executive Director, National Radiology Program and the Executive Director, Diagnostic Services, overseeing radiology LCS services for compliance with this directive.

(2) Coordinating and providing radiology guidance and technical assistance to VA medical facilities that support the delivery of high-quality LCS, including QI efforts. ***NOTE:*** *Guidance and technical assistance can occur through national conference calls, individual program consultation as requested, web resources, clinical tools, or the Lung Cancer Screening Platform (LCSP).*

(3) Providing guidance for criteria to be used in interpretation and recommendations for follow-up of computed tomographic (CT) scanning used in LCS (i.e., American College of Radiology Lung Imaging Reporting and Data System (ACR Lung-RADS)).

(4) Coordinating and providing guidance and technical assistance to VA medical facilities in implementing the standards and technical requirements used in low radiation dose computed tomography (LDCT) scanning for LCS per the National Radiology Program's Lung Cancer Screening standard operating procedures (SOPs), available at https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Developing and distributing professional quality assurance guidelines for physicians participating in the interpretation of CT scanning for LCS.

(6) Collaborating with the LCS Chief Consultant, NCLCS to monitor evidence-based guidelines relevant to published literature and recommendations from USPSTF and other national guideline groups.

(7) Working collaboratively with the LCS Chief Consultant, NCLCS and national program offices, such as NCP, as new evidence-based recommendations are published to evaluate the need for new or revised policies, clinical tools, quality metrics, and processes that may be integrated into LCS processes for Veterans across VHA. See: https://www.prevention.va.gov/preventing_diseases/screening_for_lung_cancer.asp.

(8) Collaborating with the LCS Chief Consultant, NCLCS as an operational partner (e.g., managing LCS imaging) to support LCS QI initiatives.

k. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing the Assistant Under Secretary for Health for Clinical Services/CMO and the Assistant Under Secretary for Health for Operations when barriers to compliance are identified.

(2) Establishing oversight of corrective actions addressing operational noncompliance at the VISN or VA medical facility level when indicated.

(3) Ensuring that a comprehensive high-quality LCS Program is implemented at all VA medical facilities within their VISN including, if necessary, hub and spoke models.

l. **Veterans Integrated Service Network Diagnostics Integrated Clinical Communities Clinical Lead and Lead Radiologist.** The VISN Diagnostics ICC Clinical Lead and Lead Radiologist is responsible for:

(1) Implementing the following national SOPs within their VISN in accordance with the requirements in this directive: SOP 1417 – 01: Lung Cancer Screening – Imaging Technical Parameters; SOP 1417 – 02: Lung Cancer Screening – Imaging Coding/Syntax; SOP 1417 – 03: Lung Cancer Screening – Imaging Reporting Requirements; SOP 1417 – 04 Lung Cancer Screening – Imaging Report Tracking; and SOP 1417 – 05 Lung Cancer Screening – Minimum Reporting Standards for Community Care. ***NOTE:*** *SOP templates are available at https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. This is an internal VA website that is not available to the public.*

(2) Communicating LCS radiology policy changes to VA medical facilities within their VISN.

m. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and taking corrective action if noncompliance is identified.

(2) Ensuring that all LCS Program and reporting requirements are in place and sustained at the VA medical facility as outlined in paragraph 3.

n. **VA Medical Facility Chief of Staff and Associate Director for Patient Care Services.** The VA medical facility Chief of Staff (CoS) and Associate Director for Patient Care Services (ADPCS) are responsible for:

(1) Ensuring that the Lung Cancer Screening Platform (LCSP) is used by LCS Program staff to coordinate high-quality LCS at the VA medical facility, which includes:

(a) Supporting installation, set-up, implementation, and maintenance of the LCSP.

(b) Ensuring that VA medical facility staff who utilize the LCSP maintain competencies, including how to use LCS clinical reminders, templates, and reports, as appropriate for their role. ***NOTE:*** *NCLCS maintains and provides courses on the LCSP.*

(c) Ensuring that the VA medical facility LCS Program staff communicate results and recommendations to the Veteran and the Veteran's VA health care providers as appropriate.

(d) Assigning personnel (for example, VA medical facility LCS Coordinators) to review information in the LCSP and provide follow-up to the Veteran, as appropriate.

(2) Ensuring that quality metrics for the LCS Program are monitored and reported at least annually as part of an ongoing quality assurance program on the NCLCS SharePoint *https://app.powerbigov.us/groups/me/apps/4fd56f32-e97b-424b-a480-e83a8c00655a/reports/ac8e5d29-02ee-44a9-8f78-efb655ba0b8b/ReportSectioncfa73475a44bedc26f20?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf*. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Ensuring that attempts to schedule LCS, follow-up evaluation, and cancellation of consults after non-response or no-shows for LCS and follow-up testing and procedures are documented in accordance with VHA Directive 1232(5), Consult Processes and Procedures, dated August 24, 2016, and VHA Directive 1234, Radiology Outpatient Scheduling and Orders Management, dated July 25, 2023.

(4) Ensuring that processes are in place at the VA medical facility for appropriate evaluation of screen-detected findings and collaborating with the VA medical facility Tumor Board to ensure the VA medical facility has processes in place to provide high quality lung cancer treatment.

(5) Ensuring that, when clinically appropriate, the Veteran is referred to a thoracic surgeon, oncologist, radiation oncologist, or other appropriate VA health care for initiation of treatment planning and appropriate management of newly diagnosed lung cancer.

(6) Collaborating with the VA medical facility LCS Director to implement processes for LCS reporting at the VA medical facility in accordance with the National Radiology

Program's Lung Cancer Screening SOPs, available at https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public*.

(7) Working with the VA medical facility LCS Director to determine membership of the VA medical facility LCS Lung Nodule Management Board. See paragraph 2.r. and 3.d.(6).

o. **VA Medical Facility Chief, Radiology Service.** The VA medical facility Chief, Radiology Service is responsible for:

(1) Ensuring that Radiologists responsible for reading lung cancer screening CTs have competencies specific to LCS, including the requirements for specific Lung-RADS coding used in the interpretation of LDCT for LCS screening.

(2) Ensuring that the procedure name and Current Procedural Terminology (CPT) codes are appropriately applied and utilized by LCS staff as indicated by SOP 1417 – 02: Lung Cancer Screening – Imaging Coding/Syntax. This ensures that LCS data is clear and accurately transferred to the LCSP for review and data analysis. For additional information on the reporting requirements of a LDCT, see SOP 1417 – 02: Lung Cancer Screening – Imaging Coding/Syntax available at https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(3) Ensuring that LDCT screening examinations are performed in accordance with the technical specifications as outlined in SOP 1417-01: Lung Cancer Screening – Imaging Technical Parameters. ***NOTE:*** *Recommended LDCT screening quality monitors can be found on the National Radiology Program LCS SharePoint site. For additional information on the reporting requirements of a LDCT, see SOP 1417 – 01: Lung Cancer Screening – Imaging Technical Parameters https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. This is an internal VA website that is not available to the public.*

(4) Ensuring that LCS results reporting, interpretation, and documentation meet the minimum requirements as indicated in SOP 1417 – 03: Lung Cancer Screening – Imaging Reporting Requirements, SOP 1417 – 04: Lung Cancer Screening – Imaging Report Tracking, and SOP 1417 – 05: Lung Cancer Screening – Minimum Standards for Community Care https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

p. **VA Medical Facility Lung Cancer Screening Director.** The VA medical facility LCS Director role is usually filled by a pulmonologist as a collateral duty, although physicians from other specialties involved with LCS such as oncology, radiology, or primary care with similar expertise and interest can also fulfill this role. The VA medical facility LCS Director is responsible for:

(1) Overseeing the VA medical facility LCS Coordinator(s) and LCS Program operations at the VA medical facility.

(2) Selecting the LCS Program model (e.g., consult, hybrid) for the VA medical facility. ***NOTE:*** *For more information on LCS Program model types, see https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FProgram%20Models&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5. This is an internal VA website that is not available to the public.*

(3) Collaborating with the VA medical facility Chief, Radiology Service and VA medical facility CoS and ADPCS with implementing processes for LCS radiology and LCS reporting SOPs, respectively, at their VA medical facility and in accordance with the National Radiology Program's Lung Cancer Screening SOPs, available at https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public*.

(4) Monitoring the quality of the LCS Program based on adherence rates provided on the NCLCS metrics dashboard found at https://app.powerbigov.us/groups/me/apps/4fd56f32-e97b-424b-a480-e83a8c00655a/reports/ac8e5d29-02ee-44a9-8f78-efb655ba0b8b/ReportSectioncfa73475a44bedc26f20?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

(5) Working with the VA medical facility LCS Coordinator(s) to determine membership of and leading the LCS Program Oversight Board. See paragraph 2.q. for more information.

(6) Working with the VA medical facility CoS and ADPCS to determine membership of the VA medical facility LCS Lung Nodule Management Board. See paragraph 2.r. and 3.d.(6).

(7) Encouraging patient safety reporting by making LCS Program staff aware of potential safety concerns and encouraging reporting regarding patient safety concerns related to LCS Programs, as outlined in VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

(8) Implementing contingency planning which includes maintaining or establishing, monitoring, and providing training efforts to LCS Program staff regarding system backups and a Continuity of Operations Plan or Disaster Recovery Plan for system degradations or complete system failures that are designed to maintain an adequate level of core and safe patient care services for LCS Programs as outlined in VHA Directive 0320(1), VHA Comprehensive Emergency Management Program, dated July 6, 2020.

q. **Chair, VA Medical Facility Lung Cancer Screening Program Oversight Board.** ***NOTE:*** *The VA medical facility LCS Coordinator(s) and representation from Pulmonary Medicine Service, Radiology Service, and Primary Care Service are*

mandatory members of the VA medical facility LCS Program Oversight Board. Consideration may be given to add other relevant services (e.g., medical, surgical, cardio-thoracic surgery, and radiation oncology; Veteran Engagement Specialists) and is at the discretion of the VA medical facility LCS Coordinator and the VA medical facility LCS Director. The Chair, VA medical facility LCS Program Oversight Board is responsible for:

(1) Overseeing the conduct and management of the LCS Program at the VA medical facility. See paragraph 3 for additional details.

(2) Informing the VA medical facility Director and LCS Director when issues related to the LCS Program arise at the VA medical facility.

(3) Providing guidance to the VA medical facility LCS Coordinator(s) during LCS Program planning and implementation and when coordinating day-to-day program activities, providing education about the LCS Program to VA health care providers and Veterans, tracking and coordinating ongoing patient care, communicating LCS scan results to Veterans and other health care providers, and collecting and reporting program evaluation data as requested by VA medical facility, VISN, national program office staff (e.g., SCPO, NCLCS, NCP), or VHA upper-level leadership.

r. **VA Medical Facility Lung Cancer Screening Lung Nodule Management Board.** ***NOTE:*** *For more information on the VA medical facility Lung LCS Nodule Management Board, including membership, see paragraph 3.d.(7).* The VA medical facility LCS Lung Nodule Management Board is responsible for:

(1) Convening on a regular basis to provide a multidisciplinary review of screen-detected nodules to guide clinical follow-up. ***NOTE:*** *Meeting frequency and duration are determined by the LCS Lung Nodule Management Board and is based on caseload and availability of board members.*

(2) Ensuring that the VA medical facility has the processes in place to provide high quality screen-detected lung nodule management and diagnostic services to Veterans.

s. **VA Medical Facility Tumor Board.** ***NOTE:*** *For more information on the VA medical facility Tumor Board, including membership, see paragraph 3.d.(8).* The VA medical facility Tumor Board is responsible for:

(1) Collaborating with the VA medical facility CoS and ADPCS to ensure that the VA medical facility has processes in place to provide high quality lung cancer treatment.

(2) Convening on a regular basis to provide a multidisciplinary review of suspected and diagnosed lung cancer to guide treatment and follow-up. ***NOTE:*** *Meeting frequency and duration are determined by the VA medical facility Tumor Board and is based on caseload and availability of board members.*

(3) Working with the Veteran's VA health care providers to ensure a complete continuum of care within the LCS Program.

t. **VA Medical Facility Lung Cancer Screening Coordinator.** The VA medical facility LCS Coordinator is responsible for:

(1) Ensuring that post-LCS recommendations are captured in the LCSP, including recommendations for management, follow-up, and repeat screening.

(2) Ensuring that LCS documentation in electronic health record (EHR) meets the minimum requirements. ***NOTE:*** *The LCSP contains reminders and templates with mandated reporting fields for minimum documentation requirements. For more information on documentation requirements, see https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FInstallation%20Guides&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5. This is an internal VA website that is not available to the public.*

(3) Providing guidance and education to VA health care providers to ensure that they engage Veterans in shared decision-making about LCS, including what LCS entails, the importance of annual repeat screening should a Veteran choose to enroll, the benefits and harms of LCS, and the option to decline screening. ***NOTE:*** *Veterans often find that the provision of information about screening choices increases their knowledge about screening options.*

(4) Collaborating with VA health care providers to communicate LCS findings and recommendations for management to the Veteran in compliance with VHA Directive 1088, Communicating Test Results to Providers and Patients, dated July 11, 2023, and notifying the Veteran and the Veteran's VA health care provider if follow-up testing is missed.

(5) Collaborating with VA health care providers to ensure that Veterans who are enrolled in LCS and are currently smoking or recently quit smoking are informed of and, if so desired, connected with resources to support tobacco cessation. For more information on smoking and tobacco use cessation, see VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated September 5, 2019.

(6) Working under the direction of the VA medical facility LCS Director, with the guidance of the VA medical facility Lung Cancer Screening Program Oversight Board, to implement the LCS Program, coordinate day-to-day program activities, provide education about the LCS Program to VA health care providers and Veterans, communicate LCS results to VA health care providers and Veterans, track and coordinate ongoing patient care, attend ongoing LCS-related educational opportunities provided by NCLCS, and collect and report program evaluation data as requested by VA medical facility, VISN, national program office staff (e.g., SCPO, NCLCS, NCP), or VHA upper-level leadership. See paragraph 3 for additional details.

(7) Serving as an operational resource (e.g., answering questions regarding patient eligibility, CTs, LCSP) for VA health care providers, including but not limited to clinical

staff from primary care, mental health, pulmonary medicine, cardiothoracic surgery, pathology, medical oncology, and radiation oncology.

(8) Participating in the VA medical facility LCS Program Oversight Board, Tumor Board, and LCS Lung Nodule Management Board.

(9) Working with the VA medical facility LCS Director to determine membership of and lead the LCS Program Oversight Board. See paragraph 2.q. for more information.

(10) Notifying the ordering provider of incidental findings (e.g., Lung-RADS S codes) detected on LCS imaging exams for referral to the appropriate VA health care providers for follow-up care. ***NOTE:*** *A quick reference guide for incidental findings can be found at https://www.acr.org/-/media/ACR/Files/Lung-Cancer-Screening-Resources/LCS-Incidental-Findings-Quick-Guide.pdf. This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(11) Completing courses related to their role provided by NCLCS and available at https://apps.gov.powerapps.us/play/481eb84f-90e7-4f3e-b4dd-cfb68b172af5?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

u. **VA Health Care Provider.** VA health care providers who order LDCT screens or refer Veterans to the LCS Program are responsible for:

(1) Informing Veterans through a shared decision-making conversation about LCS, which may include: what LCS entails; the importance of annual repeat screening should a Veteran choose to enroll; the benefits and harms of LCS; the option of no screening; the VA health care provider's initial recommendation based on the Veteran's lung cancer risk and general health; and that the final decision is up to the Veteran based on their individual preferences, values, and circumstances. ***NOTE*:** *Veterans generally make a shared decision about screening with their VA health care provider. Some Veterans may desire more detailed information about screening choices and would find an LCS decision aid helpful.*

(2) Collaborating with the VA medical facility LCS Coordinator(s), as appropriate, to ensure follow-up of LDCT results is completed including informing the Veteran of the screening result, documenting any follow-up plan in the Veteran's EHR, and initiating appropriate clinical action. ***NOTE:*** *Notification must occur in accordance with VHA Directive 1088.*

(3) Forwarding incidental findings (e.g., Lung-RADS S codes) detected on LCS imaging exams to the appropriate health care providers for follow-up care. ***NOTE****: A quick reference guide for incidental findings can be found at https://www.acr.org/-/media/ACR/Files/Lung-Cancer-Screening-Resources/LCS-Incidental-Findings-Quick-Guide.pdf. This linked document is outside VA control and may not conform to Section 508 of the Rehabilitation Act of 1973.*

(4) Initiating referrals as needed and following up with Veterans they refer to community care LCS including informing the Veteran of the screening result and documenting results and appropriate follow-up plan in the Veteran's EHR upon receipt of imaging results. ***NOTE:*** *Notification must occur in accordance with VHA Directive 1088.*

(5) Working with the VA medical facility Tumor Board as needed to ensure a complete continuum of care within the LCS Program.

(6) Collaborating with the VA medical facility LCS Coordinator as needed to ensure Veterans who are enrolled in LCS and are currently smoking or recently quit smoking are informed of and, if so desired, connected with resources to support tobacco cessation. For more information on smoking and tobacco use cessation, see VHA Directive 1056.

(7) Using the resource materials available at https://dvagov.sharepoint.com/sites/NCLCS/Resources_Samples_and_Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FPatient%20Ed%20Materials&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5 and https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx to provide complete LCS care and patient education. ***NOTE:*** *These are internal VA websites that are not available to the public.*

3. LUNG CANCER SCREENING PROGRAM

a. A high-quality LCS Program includes shared decision-making with Veterans about their desire to have LCS, the initial LDCT, and follow-up care. Follow-up care includes but is not limited to tracking and evaluating screen-detected pulmonary nodules and treating screen-detected cancers. Adherence to annual LCS and guideline-concordant evaluation of screen-detected pulmonary nodules is critical to achieve the mortality benefit of LCS. Attention to implementation to ensure appropriate structures and processes to support LCS from initial LDCT through evaluation of screen-detected findings and eventual referral to lung cancer treatment is essential. NCLCS develops and maintains comprehensive resources to support VA medical facilities in implementing high-quality LCS, including nodule tracking and population management tools in the LCSP.

b. LCS follow-up care, including documentation of LCS CT results, hand-off of incidental findings, ensuring recommended follow-up imaging is ordered for the appropriate interval, following up with Veterans who miss or cancel follow-up imaging appointments, and results communication; is integral to the LCS Program. The LCSP facilitates and supports this work by identifying eligible LCS Veterans, tracking them between LCS CT images, and alerting VA medical facility LCS staff if a patient is overdue for an LCS CT scan based on previously specified follow-up interval.

c. **Lung Cancer Screening Eligibility Criteria.** LCS eligibility criteria follow 2021 USPSTF recommendations, available at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening#:~:text=Recommendation%20Summary&text=The%20USPSTF%20recommends%20annual%20screening,within%20the%20past%2015%20years. Based on USPSTF's criteria, VHA defines LCS eligibility as Veterans who meet the following criteria, denoting a broad group at increased risk of lung cancer: age 50-80 years, cigarette smoking within the past 15 years and at least 20 pack-years total of cigarette smoking. ***NOTE:*** *This page will continue to update to reflect NCP's recommendations which may evolve over time.*

d. A high-quality LCS Program must provide:

(1) Standardized, evidence-based LCS eligibility criteria for frequency of and duration of LCS.

(2) Processes to facilitate equitable identification of Veterans who meet LCS eligibility criteria and offering LCS to all eligible Veterans.

(3) Shared decision-making regarding participation in a LCS Program and patient education materials for Veterans desiring more information. ***NOTE:*** *NCLCS Patient education materials are available on the NCLCS SharePoint at: https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FPatient%20Ed%20Materials&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5.* ***NOTE:*** *This is an internal VA website that is not available to the public.*

(4) VA medical facility LCS Coordinator(s) to coordinate the care and management of Veterans in the LCS Program. ***NOTE:*** *Most LCS Programs utilize registered nurses or advanced practice providers in this role. This can be a collateral duty, but the VA medical facility LCS Coordinator's primary responsibility should be the LCS Program to ensure Veteran safety is maintained (e.g., ensuring that Veterans undergoing LCS do not experience delays in evaluation or treatment of screen-detected cancers).*

(5) Access to an effective, evidence-based smoking and tobacco use cessation program.

(6) A VA medical facility LCS Program Oversight Board responsible for the oversight of the conduct and management of the LCS Program. At a minimum, the VA medical facility LCS Program Oversight Board must include the VA medical facility LCS Director, LCS Coordinator(s), and representation from Pulmonary Medicine Service, Radiology Service, and Primary Care Service, with consideration to add other relevant services (for example, medical, surgical, cardio-thoracic surgery, and radiation oncology, and Veteran Engagement Specialists). It can operate through a hub and spoke model for VA medical facilities without all necessary specialties onsite.

(7) Access to a multidisciplinary LCS Lung Nodule Management Board with clinical expertise in lung nodule management and diagnostic pathways (for example, performance of nonsurgical biopsies, minimally invasive surgical biopsies, bronchoscopy). The LCS Lung Nodule Management Board should meet on a regular basis. Frequency and duration are determined by the LCS Lung Nodule Management Board and is based on caseload and availability of board members at the VA medical facility. It can operate through a hub and spoke model for VA medical facilities without all necessary specialties onsite. At a minimum, the board must include the VA medical facility LCS Coordinator(s) and representation from Radiology Service and Pulmonary Medicine Service.

(8) Access to a Tumor Board with expertise in lung cancer treatment. This can operate through a hub and spoke model for VA medical facilities without all necessary specialties onsite. In addition to mandatory membership of the VA medical facility LCS Coordinator(s) and representation from Radiology Services and Pulmonary Medicine Service, a Tumor Board may typically also include representation from Radiology (interventional), Pathology, Thoracic Surgery, Medical Oncology, Radiation Oncology, and Palliative Care. Information on the VA medical facility Tumor Board Coordinator and VHA Oncology Program Guidance is available in VHA Directive 1415, VHA Oncology Program, dated April 9, 2020. ***NOTE:*** *At the discretion of the VA medical facility LCS Director, the LCS Lung Nodule Management Board and Tumor Board could be separate or combined.*

(9) Utilization of LCSP including clinical reminders, health factors, note templates, and the LCSP patient management tool to identify LCS-eligible Veterans and rigorously track and manage Veterans to ensure high levels of adherence to LCS management guidelines. For more information on the National Center for Lung Cancer Screening's LCSP patient management tool, see https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FNCLCS%5FLung%5FCancer%5FScreening%5FPlatform%202023%2011%2002%2Epdf&parent=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools. ***NOTE:*** *This is an internal VA website that is not available to the public.*

4. TRAINING

There are no formal training requirements associated with this directive.

5. RECORDS MANAGEMENT

All records regardless of format (for example, paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management can be addressed to the appropriate Records Officer.

6. BACKGROUND

a. Originally published in 2017 and updated in 2022, the Assistant Under Secretary for Health for Clinical Services/CMO published VHA Memorandum 2022-07-08, Guidelines for Lung Cancer Screening in VHA (VIEWS 6762531), dated July 8, 2022, which provided guidelines for existing LCS Programs in VHA. It also provided recommendations for VA medical facilities interested in implementing a LCS Program and VA medical facilities with no LCS Programs.

b. Lung cancer is the leading cause of cancer death among Veterans in the United States and among persons globally. LCS with annual LDCT can detect lung cancer at a treatable stage, often by identifying small pulmonary nodules that represent early-stage cancers. By intervening to treat screen-detected cancers at an earlier stage, clinicians can substantially reduce lung cancer mortality in high-risk Veterans.

c. The most important risk factors for developing lung cancer include a history of cigarette smoking and older age. The 2021 USPSTF guideline recommends offering annual LCS to individuals aged 50-80 years with at least 20 pack-years of cigarette smoking, who either continue to smoke or have quit within the past 15 years. Randomized trials and modeling studies suggest that annual LCS can reduce lung cancer mortality by approximately 20% in this population. USPSTF recommendations, are available at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening#:~:text=Recommendation%20Summary&text=The%20USPSTF%20recommends%20annual%20screening,within%20the%20past%2015%20years.

d. Individuals with limited life expectancy (for example, less than 5 years) due to older age or comorbidities are expected to derive little benefit from LCS. The USPSTF guidelines recommend that LCS should not be offered (or should be discontinued) for individuals with limited life expectancy or serious comorbidities that would limit ability to tolerate surgical resection, ultimately limiting the anticipated benefit of LCS.

e. VHA's LCS program is supported by the LCSP. The LCSP is an informatics platform that supports identification of the population meeting age and smoking eligibility criteria for screening, diagnostic evaluation after an abnormal screening test, surveillance follow-up, and repeat screening. It is a suite of tools including clinical reminders, health factors, note templates, and a patient management tool that is embedded within EHR and utilizes structured data elements to track LCS Veterans. Use of the LCSP provides Veterans a safety net by helping VA health care providers identify Veterans who are due or overdue for LCS action. The NCLCS maintains the LCSP and helps train VA medical facilities in its use.

7. DEFINITIONS

a. **Electronic Health Record.** EHR is the digital collection of patient health information resulting from clinical patient care, medical testing and other care-related activities. Authorized VA health care providers may access EHR to facilitate and

document medical care. EHR comprises existing and forthcoming VA software including Computerized Patient Record System (CPRS), Veterans Information Systems and Technology Architecture (VistA) and Cerner platforms. ***NOTE:*** *The purpose of this definition is to adopt a short, general term (EHR) to use in VHA national policy in place of software-specific terms while VA transitions platforms.*

b. **Evaluation of Screen-Detected Findings.** Evaluation of screen-detected findings is a process used to determine if findings on LDCT indicate lung cancer. Evaluation of screen-detected pulmonary nodules should follow guideline recommendations from the American College of Radiology (ACR). The Lung-RADS system also includes recommendations for evaluation of screen-detected findings.

c. **Hub and Spoke Models.** Hub and spoke models are a method of providing LCS resources throughout VISNs. VA medical facilities smaller LCS Programs ("spokes") can utilize resources from VA medical facilities with larger LCS Programs ("hubs").

d. **Low Radiation Dose Computed Tomography.** LDCT is a type of CT scan with a significantly lower radiation dose, which decreases the risk associated with annual or more frequent examinations. For additional information on the technical parameters of a LDCT, see SOP 1417 – 01: Lung Cancer Screening – Imaging Technical Parameters.

e. **Lung Cancer Screening.** LCS is a longitudinal program that includes the initial LDCT screening; annual repeat screening; and nodule tracking, evaluation, and management.

f. **Radiologic Interpretive Criteria.** Lung-RADS is a classification proposed by ACR to aid with findings in LDCT screening exams for lung cancer. The goal of the classification system is to standardize follow-up and management decisions. The system is similar to the Fleischner Society criteria but designed for the subset of patients intended for LDCT screening studies.

g. **Pack-Years.** Pack-years is the number of years a person has smoked multiplied by the average number of packs of cigarettes smoked per day during those years of smoking.

h. **Pulmonary Nodule.** A pulmonary nodule is an abnormal growth that forms in a lung. Pulmonary nodules are a common finding on LCS and should be evaluated as described in paragraph 7.b.

i. **Screening.** Screening is an examination or testing of a person with no symptoms of the target condition to detect disease at an early stage when treatment may be more effective, or to detect risk factors for disease or injury.

8. REFERENCES

a. VHA Directive 0320(1), VHA Comprehensive Emergency Management Program, dated July 6, 2020.

b. VHA Directive 1050.01(1), VHA Quality and Patient Safety Programs, dated March 24, 2023.

c. VHA Directive 1056, National Smoking and Tobacco Use Cessation Program, dated September 5, 2019

d. VHA Directive 1088, Communicating Test Results to Providers and Patients, dated July 11, 2023.

e. VHA Directive 1415, VHA Oncology Program, dated April 9, 2020.

f. VHA Directive 1232(5), Consult Processes and Procedures, dated August 24, 2016.

g. VHA Directive 1234, Radiology Outpatient Scheduling and Orders Management, dated July 25, 2023.

h. VHA Directive 1415, VHA Oncology Program, dated April 9, 2020.

i. American College of Radiology. https://www.acr.org/-/media/ACR/Files/Lung-Cancer-Screening-Resources/LCS-Incidental-Findings-Quick-Guide.pdf.

j. NCLCS. Annual Screening for Lung Cancer: Is it right for me? https://dvagov.sharepoint.com/:b:/r/sites/NCLCS/Resources%20Samples%20and%20Tools/Patient%20Ed%20Materials/LCS%20Decision%20Guide%20final%20508.pdf?csf=1&web=1&e=Q6BB3d.*This is an internal VA website that is not available to the public.*

k. NCLCS. LCS Installation Guidelines. https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FInstallation%20Guides&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5. *This is an internal VA website that is not available to the public.*

l. NCLCS. LCS Metrics Dashboard. *https://app.powerbigov.us/groups/me/apps/4fd56f32-e97b-424b-a480-e83a8c00655a/reports/ac8e5d29-02ee-44a9-8f78-efb655ba0b8b/ReportSectioncfa73475a44bedc26f20?ctid=e95f1b23-abaf-45ee-821d-b7ab251ab3bf*. ***NOTE:*** *This is an internal VA website that is not available to the public.*

m. NCLCS. LCS Coordinator Courses. https://apps.gov.powerapps.us/play/481eb84f-90e7-4f3e-b4dd-cfb68b172af5?tenantId=e95f1b23-abaf-45ee-821d-b7ab251ab3bf. ***NOTE:*** *This is an internal VA website that is not available to the public.*

n. NCLCS. LCS SOPs. https://dvagov.sharepoint.com/sites/VHADiagnosticservices/LCS/SitePages/DocumentLibrary.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

o. NCLCS. Patient Education Materials. https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FPatient%20Ed%20Materials&viewid=9e8e81cf%2D0a52%2D4bde%2Db0f7%2D647811518ae5. ***NOTE:*** *This is an internal VA website that is not available to the public.*

p. NCLCS. LCSP Patient Management Tool. https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx?id=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools%2FNCLCS%5FLung%5FCancer%5FScreening%5FPlatform%202023%2011%2002%2Epdf&parent=%2Fsites%2FNCLCS%2FResources%20Samples%20and%20Tools. ***NOTE:*** *This is an internal VA website that is not available to the public.*

q. NCLCS. Resources, Samples and Tools. https://dvagov.sharepoint.com/sites/NCLCS/Resources%20Samples%20and%20Tools/Forms/AllItems.aspx. ***NOTE:*** *This is an internal VA website that is not available to the public.*

r. VA. NCP Screening for Lung Cancer. https://www.prevention.va.gov/preventing_diseases/screening_for_lung_cancer.asp.

s. USPSTF. Screening for Lung Cancer: US Preventive Services Task Force Recommendation Statement. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening#:~:text=Recommendation%20Summary&text=The%20USPSTF%20recommends%20annual%20screening,within%20the%20past%2015%20years.

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