HEALTH SYSTEM PROGRAM GUIDE

A Genentech lung cancer screening initiative
WHY FOCUS ON LUNG CANCER SCREENING?

Lung cancer is the number one cause of death from cancer in the United States. In 2018, an estimated 234,030 new cases of lung cancer were diagnosed, with an estimated 154,050 deaths. Because lung cancer symptoms usually do not present until the cancer is advanced, lung cancer screening with low-dose spiral computed tomography (LDCT) is critical for an early intervention. Screening can identify cancer early in its disease course and increase the chance for survival. In 2011, the National Lung Screening Trial (NLST) demonstrated that LDCT screening reduced lung cancer mortality in high-risk patients by approximately 20% versus standard chest X-ray. Adding further evidence, in 2018, the Dutch NELSON trial demonstrated a 26% overall reduction in the risk of lung cancer-related mortality at 10 years for high-risk male patients who received LDCT screening versus those who did not. When discussing the risks associated with LDCT, it is important to broach the possibility of false positives—a review of data from the NLST showed that 13% of patients received false positive results. It is also important to discuss the potential harm that may result from overdiagnosis, radiation exposure, and unnecessary invasive investigations.

WHAT IS AN LDCT SCAN?

LDCT is a way of obtaining a 3D image of a patient's lungs that uses 79% less radiation than a traditional CT scan and shows more detail than a standard chest X-ray. An LDCT is the only method recommended for lung cancer screening in high-risk individuals. It is covered by Medicare for high-risk patients 55 to 77 years old and by most commercial insurance plans for patients 55 to 80 years old.

*In a population of current or former smokers (who quit within 15 years) aged 55 to 74, with at least a 30-year pack history.
Despite the clear benefits, lung cancer screening remains relatively rare, with just 2% of eligible patients being screened in 2016 across the United States.\textsuperscript{12} An additional barrier to screening is the stigma associated with smoking, the primary cause of lung cancer.\textsuperscript{13,14}

Health systems are in a unique position to help reduce lung cancer mortality through increased screening. As trusted partners in maintaining the health of the community, providers and health systems should work together to remove barriers and engage, motivate, and ultimately encourage high-risk patients to utilize LDCT screening.

The \textit{Think.Screen.Know.} program offers educational resources to help health systems streamline screening processes and encourage patients to get screened. As each health system is unique, please use this program guide as a catalogue of best practices, workflow, and resources to optimize your own LDCT screening program.
CONTENTS

Think.Screen.Know. Screening Program Overview ........................................ 5
Lung Cancer Screening Program Overview .............................................. 7
Best Practices for Lung Cancer Screening .............................................. 8
Process Workflow .................................................................................. 15
Program Resources ............................................................................... 17

Patient Resources
Patient Posters .................................................................................. 18
Patient Screening Guide ....................................................................... 19
Patient Animated Video: Think.Screen.Know. .......................................... 20
Patient Screening Letter ....................................................................... 20
Patient Screening Overview Card ......................................................... 21
Patient Emails ...................................................................................... 21
Patient Reminder Cards ....................................................................... 22
Digital Banners .................................................................................... 22

Provider Resources
Think.Screen.Know. Posters ................................................................. 23
Healthcare Provider Emails ................................................................. 24
Screening Trials Flashcard .................................................................... 24
Getting Started ..................................................................................... 25
References ........................................................................................... 26
Think.Screen.Know. is a campaign designed to boost awareness of the importance of lung cancer screening and to encourage appropriate candidates to get screened. This program:

- Encourages at-risk patients to think of lung cancer screening in the same way they do other routine cancer screenings (e.g., colonoscopies, mammograms)
- Raises awareness of the benefits of lung cancer screening
- Decreases perceived barriers to lung cancer screenings
- Drives patients to action (i.e., scheduling an LDCT screening)

HOW CAN YOU USE THIS PROGRAM IN YOUR HEALTH SYSTEM?

This guide is designed to help you maximize your lung cancer screening efforts through a dual approach, including program resources and a process workflow.

- **Program resources**: Resources that convey facts about lung cancer screening, address common concerns, and encourage candidates to get screened. These resources leverage distinct branding and use a consistent set of messages designed to optimize engagement with screening candidates, and to overcome possible objections to screening
- **Process workflow**: Step-by-step workflow that educates health systems and providers about the roles of key stakeholders across the screening process
While these approaches can be used independently, it is optimal for health systems and provider offices to work together for a coordinated lung cancer screening effort. It is also important to consider other key stakeholder groups, such as employers or payers, who may also play a key role.

As every health system is different, you may want to tailor the program to fit the needs of your patients.

On the following page, you will find the Lung Cancer Screening Overview, which provides a high-level view of the program’s key attributes, including:

• Candidate identification and procedure workflow
• USPSTF guidelines for lung cancer testing
• Program resources
• Success metrics

NOTE: The Think.Screen.Know. program offers many additional resources that you may find useful. Please go to www.thinkscreenknow.org for additional information and to download these resources for free.

USPSTF=United States Preventative Services Task Force.
**LUNG CANCER SCREENING PROGRAM OVERVIEW**

### Eligible Population Examples and Screening Procedures

<table>
<thead>
<tr>
<th>Eligible population&lt;sup&gt;15&lt;/sup&gt;</th>
<th>Screening procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Men and women 55 to 80 years old</td>
<td>• Annual screening for eligible patients</td>
</tr>
<tr>
<td>• Asymptomatic for lung cancer</td>
<td></td>
</tr>
<tr>
<td>• Current or former smoker (quit ≤15 years ago)</td>
<td></td>
</tr>
<tr>
<td>• Smoking history of ≥30 pack-years</td>
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</tbody>
</table>

### Procedure Guidelines

<table>
<thead>
<tr>
<th>Program</th>
<th>Patient Screening Letter</th>
<th>Patient Screening Guide</th>
<th>Patient Emails</th>
<th>Patient/Core Campaign Posters</th>
<th>Patient Reminder Cards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guide</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
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### Program Resources

**CENTRAL OFFICE**

- Identify screening candidates
- Conduct candidate outreach
- Create order for LDCT

**Office Coordinator/Program Navigator**

- Make initial call to screen candidate
- Discuss screening with candidate
- Schedule appointment for LDCT scan
- Send appointment reminder*  
- Follow up on missed appointments

**CLINIC/PROVIDER OFFICE**

- Conduct candidate outreach and engagement*  

**Physician Role**

- Discuss screening with candidate

**Physician Extender Role**

- Identify care gaps
- Schedule appointment for LDCT scan
- Send appointment reminder*  
- Follow up on missed appointments
- Create order for LDCT scan
- Reimbursement and billing

**LDCT SCAN**

- Schedule appointment for LDCT scan
- Send appointment reminder*  
- Follow up on missed appointments

- Perform LDCT scan
- Code and capture completion
- Follow up with patient results

**Primary**

- Screening rate

**Secondary**

- Patient/provider satisfaction
- Late-stage lung cancer rates
- Lung cancer detection rates

PCP=primary care physician.

*Patient portraits can be used to send appointment reminders when possible/appropriate.
This section offers guidelines, suggestions, and tips as a starting point for further discussion with your internal stakeholders and patients.

1. **ESTABLISH MEASURABLE GOALS FOR PATIENT SUCCESS**

   Nothing helps a screening program’s potential for success more than setting measurable goals. Start by deciding what you want to improve, measure your baseline, set a goal for improvement, and then measure progress toward your goal. Here are a few options to consider:

   - Lung cancer screening rate
   - Patient and provider engagement and satisfaction
   - Improvements in patient outcomes (e.g., stage at diagnosis)
   - Smoking cessation rate

2. **ALIGN WITH KEY STAKEHOLDERS TO ENSURE PATIENT ENGAGEMENT**

   The success of an LDCT screening program requires coordination between many key stakeholders.

   It is helpful to gain alignment early to define organizational objectives, identify challenges, define solutions, and optimize workflows. Primary care physicians are critical stakeholders. Other key stakeholders include:

   - Radiation oncologists
   - Patient navigators
   - Physician advocates
   - Quality directors
   - Medical directors
   - Oncology (or lung cancer) service line directors
   - Preventive programs coordinators
   - Marketing directors
   - Electronic health record (EHR)/information technology leads
   - Employer groups
   - Health plans
   - Call centers
   - LDCT screening centers
3. EVALUATE AND REMOVE OPERATIONAL BARRIERS TO SCREENING

Consider the following suggestions as ways to streamline your screening efforts:

- **Preauthorize LDCT screening**: Ensure that LDCT centers have insurance authorization to conduct screenings ahead of patient appointments.

- **Centralize identification of screening candidates**: Generate a process to identify screening candidates for all associated provider offices, and ensure that referrals for screening across networks get appropriately routed to centralized tracking.

- **Utilize support staff**: Consider assigning nonconsultative tasks such as generating referrals or processing reimbursement to nonclinical staff.

4. ANALYZE CURRENT LUNG CANCER SCREENING WORKFLOWS AND ESTABLISH FORMAL PROCESSES

Alignment is critical to ensure success of the screening program. It may be helpful to identify any unique challenges that exist in your health system and formalize processes to ensure consistency. Items for consideration may include:

- Data capture in the EHR system
- Authorizations for LDCT screenings
- Patient communication
- Timing of patient follow-ups after each touchpoint
- LDCT center referrals and scheduling
- Reimbursement and billing
5. USE YOUR EHR SYSTEM

An EHR strategy is an essential component of coordinating your screening efforts. Here are some considerations for leveraging your EHR system to its highest potential:

- Evaluate how your EHR system can be used to identify appropriate screening candidates and track screenings across a system
- Determine how orders for screening can be implemented into healthcare professionals’ workflows in a way that is sustainable and standardizes reporting
- Ensure that all completed screenings are documented within structured EHR data fields

6. USE A PATIENT NAVIGATOR

Various challenges can delay or prevent patients from completing an LDCT screening. A centralized patient coordinator/navigator can help streamline efforts and alleviate confusion. Centralized tasks that may improve patient engagement may include:

- Identifying and documenting screening candidates
- Initiating contact after identification through direct outreach
- Tracking office visits and other touchpoints by monitoring centralized and shared EHR records
- Reminding patients of upcoming appointments
- Following up with patients when provider visits are missed
- Running reports on outstanding referrals to screening centers
7. **ENCOURAGE SMOKING CESSION**

Lung cancer screening is a powerful “teachable moment” for current smokers, with more favorable smoking-cessation and relapse rates among patients enrolled in an LDCT program than in the general population.\(^1\)\(^6\) Ways of taking advantage of this teachable moment include:

- Integrating smoking-cessation counseling into your practice
- Referring current smokers to local support groups, as well as quit lines and other telephone counseling resources
- Providing print, web, and app-based smoking-cessation resources to current smokers

8. **USE STRUCTURED REPORTING (LUNG-RADS\(^{\text{TM}}\))**

The American College of Radiology (ACR) recently adopted a new standard for LDCT screenings and reports called Lung-RADS\(^{\text{TM}}\) (Lung Imaging and Reporting Data System). Using a quality assurance tool like Lung-RADS\(^{\text{TM}}\) will result in\(^1\)\(^7\):

- Standardized LDCT reporting and management recommendations
- Reduced ambiguity in LDCT interpretations
- A reduction in the number of false positives

To learn more about Lung-RADS\(^{\text{TM}}\), please visit [www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads](http://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads).

NOTE: All scans must be submitted to the ACR registry as required by Medicare for reimbursement.
9. PROMOTE SHARED DECISION-MAKING (SDM)

The discussion between physician and patient about the benefits and risks of lung cancer screening is a vital way of ensuring that patients are making decisions that align with their personal values. The discussion should be balanced to include the benefits of screening as well as the potential harms. When discussing the risks associated with LDCT, it is important to broach the possibility of false positives, and the potential harms that may result from unnecessary invasive investigations, overdiagnosis, and radiation exposure.

Smoking cessation should always be part of shared decision-making conversations with current smokers and presented as the most effective way of reducing lung cancer risk.

10. USE CONSISTENT MESSAGING

It is important that information be presented in a way that the majority of potential screening candidates can understand. The Think.Screen.Know. program provides a set of messages that were written to optimize engagement with the screening candidate and to overcome possible objections to screening. These messages are pulled through in the patient outreach material.

<table>
<thead>
<tr>
<th>Key messages</th>
<th>Potential message impact</th>
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<tbody>
<tr>
<td>Lung cancer screening is a regular preventive health check, like a mammogram or a colonoscopy.</td>
<td>• Empowers patients by encouraging them to take charge of their lung health, not by making them feel guilty for smoking</td>
</tr>
<tr>
<td>Supporting messages:</td>
<td>• Normalizes lung cancer screening by comparing it with other routine health checks</td>
</tr>
<tr>
<td>• It’s about your health</td>
<td>• Elevates the seriousness of lung cancer and the urgency behind screening</td>
</tr>
<tr>
<td>• Lung cancer is the leading cause of cancer death among both men and women¹</td>
<td>• Positions LDCT as a way of maintaining good health</td>
</tr>
<tr>
<td>• Lung cancer screening is meant to find lung cancer at an earlier stage, when survival rates are better³</td>
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## Key messages

**An LDCT scan is the only method recommended for lung cancer screening in high-risk individuals:**

- This picture shows more detail than a standard chest X-ray
- This type of scan uses 79% less radiation than a regular CT scan and does not require any needles
- A study of more than 53,000 patients, called the National Lung Screening Trial, showed the benefit of screening with LDCT

**Many patient groups and organizations, including the American Cancer Society, recommend lung cancer screening with LDCT for patients at high risk.**

- Yearly LDCT screening is recommended if you meet all of the following criteria: 55 to 80 years old, a current smoker or have quit within the past 15 years, a heavy smoker or used to be a heavy smoker (30 pack-years)
- Lung cancer screening is covered by Medicare for patients 55 to 77 years old, and by most commercial insurance plans for patients 55 to 80 years old
- Your insurance plan may require that you talk to your healthcare provider about quitting smoking

## Potential message impact

- Reinforces confidence in results of LDCT
- Alleviates fear of radiation exposure
- Reinforces that there is broad medical consensus behind LDCT screening
- Reinforces that there is solid medical support behind LDCT screening
- Helps patients identify themselves as high risk
- Opens the door for smoking-cessation conversations

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**Think. Screen. Know.**
**Key messages**

Just because your doctor recommends lung cancer screening, it doesn’t mean he or she thinks you have cancer.

Supporting messages:

- Most people screened do not have cancer
- Out of 100 smokers and former smokers screened with LDCT at baseline, 86% will have negative results, 13% will be false alarms, and 1% will have cancer (based on a review of data from the National Lung Screening Trial using Lung-RADS™ criteria)
- If you are diagnosed with lung cancer, you have more options than ever before

**Potential message impact**

- Alleviates patient anxiety about scan results
This process workflow offers a framework to help organize a lung cancer screening program within your organization. The workflow highlights steps for making patient communication efficient, removing patient barriers, and improving overall effectiveness. The workflow also provides a series of tasks that could help enhance operational efficiencies and help ensure that screening candidates are identified and followed.

Steps captured in this workflow include:

• Identification of candidates for screening
• Lung cancer screening discussion, typically with primary care physician
• Appointment scheduling for LDCT screening
• Preauthorization or referral of appropriate candidates to an LDCT screening center
• Screening candidate outreach
• Follow up with screening candidates
Patient presents to PCP

Patient and PCP engage in SDM

Identify screening candidates

Is the patient a screening candidate?

No

No action required

Yes

PCP refers patient to LDCT center

Send Patient Screening Letter, Brochure, or Email to remind patient to make a screening appointment

Center staff evaluate patient eligibility

Refer patient back to PCP

Send patients annual Reminder Cards

Enter scan results into a standardized database

Send patients annual Reminder Cards

Discuss scan results with patient

Credentialed radiologist interprets scan

Screen patient

Send patient Reminder Card

Contact patient to schedule screening

Obtain PCP order

Confirm patient insurance and copay

Is the patient a screening candidate?

Yes

Contact patient to schedule screening

Obtain PCP order

Confirm patient insurance and copay

Screen patient

Send patient Reminder Card

Discuss scan results with patient

Credentialed radiologist interprets scan

After 2 weeks, program navigator calls patient to make sure PCP has shared results

Enter scan results into a standardized database

Send patients annual Reminder Cards

Discuss scan results with patient

1. Patient Screening Letter
2. Patient Screening Guide
3. Patient Emails
4. Patient Reminder Cards

Available program resources

Think. Screen. Know.

Home
The Think.Screen.Know. program offers a variety of educational resources and marketing resources to communicate the value of lung cancer screening to potential candidates and other referring clinicians. The Think.Screen.Know. brand and utilization of consistent messages are designed for optimal patient understanding and engagement.

The following resources were developed to be used together at various points throughout the patient journey (see lung cancer screening overview and process workflow). Consider using these resources in conjunction with an existing screening program. On the following pages, you will find a description of each resource included in the Think.Screen.Know. health system program guide.

**Patient Materials**
- Patient Posters*  
- Patient Screening Guide*  
- Patient Animated Video: Think.Screen.Know.  
- Patient Screening Letter  
- Patient Screening Overview Card  
- Patient Emails  
- Patient Reminder Cards  
- Digital Banners

**Provider Materials**
- Think.Screen.Know. Posters*  
- Healthcare Provider Emails  
- Screening Trials Flashcard

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.

*Resources available in Spanish.*
PATIENT RESOURCES

Patient Posters

Three posters that can be printed on any printer and displayed in your practice to encourage people at high risk to consider annual lung cancer screenings. The posters all contain the same Think.Screen.Know. campaign headline (“You get these checked. Why not your lungs?”) but feature different people. These posters are also available in Spanish.

Considerations for use

- Print and display in your office and/or waiting room
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
PATIENT RESOURCES (CONT'D)

Patient Screening Guide

An 8-page brochure that can be printed on any printer and distributed to appropriate screening candidates. This brochure includes information about the importance of LDCT, who should get screened, what happens during a screening, how to understand the results, and what to discuss with a healthcare provider. Available for download with 2 different cover options. The version with the bikers is also available in Spanish.

Considerations for use

- Print and mail directly to eligible screening candidates or send via email as a PDF attachment, making sure to follow all privacy and HIPAA regulations
- Give hand-printed copies to patients after having the initial conversation about screening
- Provide a digital version to affiliated providers in your network to print and mail to patients
- Mail as a follow-up to reminder/recall notices for candidates who have not scheduled an appointment
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
**PATIENT RESOURCES (CONT’D)**

**Patient Animated Video: Think.Screen.Know.**

This is a short animated video about the importance of lung cancer screening with LDCT and who should get screened. Key messages include eligibility criteria, insurance coverage, and the preventive nature of LDCT screening.

**Considerations for use**

- Download for use on your practice's website
- Can be played on video monitors in your practice's waiting room
- Links to the video can be embedded in electronic patient communications

**Patient Screening Letter**

This editable letter, which can be printed on any printer, encourages patients to make an appointment to learn more about lung cancer screening. It contains a brief explanation of why screening is important and who should get screened, as well as insurance coverage information. Also available in a customizable version so you can add your practice logo and contact information.

**Considerations for use**

- Send directly to eligible screening candidates after having initial conversation about screening
- Provide a digital version to affiliated providers in your network to print and mail to patients
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
PATIENT RESOURCES (CONT’D)

Patient Screening Overview Card

Brief overview of key information about lung cancer screening that can be printed on any printer and given to patients to encourage them to learn more. Contains the Think.Screen.Know. campaign headline (“You get these checked regularly. What about your lungs?”) and high-level eligibility criteria.

Considerations for use

- Give to affiliated providers in your network for placement on tables, counters, or kiosks in waiting areas, cafeterias, or other central areas where potential screening candidates congregate
- Place on tables at health fairs, community events, or other public events
- PDFs are customizable—add your own logo and contact information

Patient Emails

Two downloadable PDFs that can be inserted into emails or sent as attachments. The first (“Who should get screened?”) describes in patient-friendly language why screening is important and who should get screened. The second (“Benefits of screening”) describes the benefits and risks of yearly screening, what LDCT is, and who should get screened.

Considerations for use

- Send directly to eligible screening candidates
- Email to patients after having the initial conversation about screening
- Provide to affiliated providers in your network to email to patients
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
PATIENT RESOURCES (CONT’D)

Patient Reminder Cards

Cards to give patients the information they need about their screening appointment. Can be downloaded and printed on any printer.

Considerations for use

• Hand directly to patients to provide them with the necessary information about their upcoming screening appointment
• Provide to affiliated providers in your network to mail to patients
• PDFs are customizable—add your own logo and contact information

Digital Banners

Teasers suggesting that potentially eligible patients find out more about lung cancer screening can be linked to your practice’s website or placed on social media. Banners are available in different standard sizes, including sizes appropriate for Facebook, Instagram, and Twitter. One version contains the Think.Screen.Know. campaign image and headline (“You get these checked regularly. What about your lungs?”), along with eligibility criteria; the second version uses a lung icon and includes high-level eligibility criteria and a call to action (CTA) (“Ask your doctor about screening”).

Considerations for use

• Place on practice’s website or social media page

Visit www.thelungcancerproject.org/screening/resources/ to learn more and to download resources, all of which are available to use for free.
Three posters that can be downloaded, printed on any printer, and displayed in your office. Each poster contains unique messaging:

- **Poster #1 (“Who is at risk?”):** Summarizes the prevalence of lung cancer, who is most at risk, and who should get screened
- **Poster #2 (“Early detection matters”):** Emphasizes the increased chances of survival with early diagnosis of lung cancer and how LDCT can help with early detection
- **Poster #3 (“Recognize the value”):** Highlights the benefits and risks of LDCT, its endorsement by several federal agencies, and the survival benefit shown by the National Lung Screening Trial

All 3 posters are also available in Spanish.

**Considerations for use**

- Print and display in your exam room
- Print and send to affiliates in your network
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
PROGRAM RESOURCES

PROVIDER RESOURCES (CONT'D)

Healthcare Provider Emails

Two downloadable PDFs that can be inserted into emails or sent as attachments. The first ("Patient eligibility") focuses on criteria for people at high risk of lung cancer and the benefits of LDCT. The second ("Benefits of screening") identifies the benefits of LDCT, highlights outcomes of the National Lung Screening Trial, and stresses the importance of talking to patients about screening.

Considerations for use

- Download as PDFs and send to affiliates in your network
- PDFs are customizable—add your own logo and contact information

Screening Trials Flashcard

Presents an overview of the National Lung Screening Trial and subsequent reanalysis of false-positive rates using the American College of Radiology's Lung-RADS™ reporting system. May be downloaded and printed on any printer.

Considerations for use

- Download and use for your own reference
- PDFs are customizable—add your own logo and contact information

Visit [www.thelungcancerproject.org/screening/resources/](http://www.thelungcancerproject.org/screening/resources/) to learn more and to download resources, all of which are available to use for free.
Lung cancer screening rates remain low, in part due to low awareness and the stigma associated with smoking. These resources were created to provide health systems like yours with the necessary resources to increase awareness and motivate as many eligible patients as possible to get their lungs screened. We encourage you to use those aspects of the program that work best within the context of your unique health system, and to use this Program Guide as a catalogue of best practices, workflow, and program resources to help your health system streamline and optimize its LDCT screening program.
REFERENCES
