

P2.100: Know Your Data Sources for Lung Cancer Screening Rates: An Initiative by the American Cancer Society



IASLC 2026 World
Conference on Lung Cancer
SEPTEMBER 12 – 15, 2026
SEOUL, REPUBLIC OF KOREA

Presenting Author: Jeffrey B. Velotta MD FACS^{1,2,3}, Gianna M. Reyno, BS,⁷ Bridget Freeley^{4,5} Raquel Arias,^{4,5} Sara Ghandehari, MD,⁶ Haley Tupper, MD, MPH, MS,⁸ Shauntay Davis, MPH⁹ Lauren Rosenthal, MPH,⁵ Robert A. Smith, PhD,⁵ Carey C. Thomson, MD, MPH¹⁰ Ella Kazerooni, MD,¹¹
¹Kaiser Permanente Bernard J. Tyson School of Medicine, Pasadena, CA, ²Department of Thoracic Surgery, Kaiser Permanente Oakland Medical Center, Oakland, CA, ³Department of Surgery, University of California, San Francisco, San Francisco, CA, ⁴California Dialogue on Cancer, Sacramento, CA
⁵American Cancer Society, Kennesaw, GA, ⁶Cedars Sinai Medical Center, Los Angeles, CA, ⁷Division of Thoracic Surgery, Department of Surgery, Massachusetts General Hospital, Boston, MA, ⁸Department of Surgery, University of California, Los Angeles, Los Angeles, CA, ⁹California Department of Public Health, Los Angeles, CA, ¹⁰Mount Auburn Hospital/Beth Israel Lahey Health, Harvard Medical School, Boston, MA, ¹¹Department of Radiology, University of Michigan, Ann Arbor, MI
Correspondence: Jeffrey.B.Velotta@kp.org

INTRODUCTION

Lung cancer is the leading cause of cancer-related death in the U.S. and California. Although there is a quick and painless screening test that is covered by insurance, California’s lung cancer screening rates remain low. Estimates of exact lung cancer screening rates vary widely across data sources, making it difficult to measure progress, and guide improvements. **This study sought to provide a clear reference guide behind reported lung cancer screening rates and clarify available data sources and what they have to offer.**

METHODS

- A multidisciplinary expert panel was established by working members from the Early Detection Task Force of the American Cancer Society’s National Lung Cancer Roundtable and the California Dialogue on Cancer Lung Cancer Screening Workgroup.
- A formal systematic online search utilizing lung cancer screening nomenclature was utilized and provided our data sources most commonly used to estimate lung cancer screening rates.
- Multiple rounds of voting and document source verification by each committee member was done to ensure accuracy.
- A series of discussions about proper formatting were conducted. We wanted to avoid a lengthy report and create something that was easy to reference and concise but also comprehensive.

DISCUSSION AND CONCLUSION

Actionable Take Away Message

- Understanding lung cancer screening data sources is key to improvement. Each offers different estimates, and knowing the defining features, strengths and limitations ensures accurate insight.

Future Direction for Research

- California and the U.S. need stronger data collection for lung cancer screening, including centralized reporting, standardized entry of smoking history, real-time data collection tools, and consistent quality measures.

REFERENCES & ACKNOWLEDGEMENTS

This report was compiled by the **California Dialogue on Cancer (CDOC) Lung Cancer Screening Workgroup**. This group is part of California’s Comprehensive Cancer Control Coalition with leadership support from the American Cancer Society. We are a workgroup of diverse volunteer organizations aiming to advance lung cancer screening in California.

Data was utilized from the CDOC Lung Cancer Screening Workgroup’s data visualization tool, our California Lung Cancer Story Map created in partnership with the American Cancer Society Geospatial Solutions (GST) Team. Learn more: www.getscreenedca.org

This study would not have been possible without the work and research of the American Cancer Society National Lung Cancer Roundtable.

Microsoft co-pilot was used to assist with limited proofreading for grammatical errors and editorial assistance. All content was written, developed, and reviewed by authors.

RESULTS

A formal reference guide with easy-to-read tables was produced that represents sources of lung cancer screening data as well as seven relevant features as they pertain to lung cancer screening uptake rates. **Our goal was not to the rank data sources but to clearly present the crucial characteristics of each. Read the full report here: [FINAL LCS Rate Report](#)**

Reported lung cancer screening rates for California are low, but estimates vary widely across data sources, making it difficult to measure progress and guide improvements. This brief aims to summarize the main data sources and provide a clear reference guide for reported lung cancer screening rates in California.

Behavioral Risk Factor Surveillance System (BRFSS)

Annual health-related telephone surveys in all 50 states and select territories. Collects self-reported data on health behaviors, including lung cancer screening. Administered by CDC & state health departments (e.g., CA DPH).

ACR Lung Cancer Screening Registry (LCSSR)

Facility-reported national registry of LDCT lung cancer screenings. Provides feedback reports and benchmarks for quality improvement. Administered by the American College of Radiology.

ALA State of Lung Cancer Report

Comprehensive annual report includes lung cancer screening rate estimates by state. Pulls data on scans from ACR (pre-2024) and BRFSS (2024). Administered by the American Lung Association (ALA).

Insurance Claims Data

Administrative billing records submitted by providers to payors. Includes Medicare, Medi-Cal, and private insurance claims. Used to estimate lung cancer screening, uptake, and follow-up.

Electronic Health Records (EHRs)

Clinical records from health systems, clinics, and imaging centers. Include demographics, notes, orders, and LDCT reports/results. Support detailed, patient-level lung cancer screening analyses.

National Health Interview Survey (NHIS)

In-person household interview survey on various health topics. Lung cancer screening items may appear periodically. Conducted by U.S. Census Bureau for NHIS (part of CDC).

Feature	BRFSS (2024)	ACR	ALA (pre-2024)	ALA (post-2024)	Insurance Claims	EHR	NHIS (2024)
Large, Diverse Population	✓	✓	✓	✓	✓		✓
High-Quality Smoking History		✓	✓			✓	✓
Real-Time Data		✓	✓			✓	
Primary Data		✓	✓		✓	✓	
Publicly Available	✓	✓	✓	✓			✓
State-Level Data	✓	✓	✓	✓			
Not Dependent on Registry Participation	✓			✓	✓	✓	✓