

## INTRODUCTION

GO2 for Lung Cancer's criteria for Centers of Excellence (COE) Designation in Screening reflect evidence-based, best practice guidelines. Since 2023, GO2 has included stage shift monitoring as a *recommended* criterion for receipt of Screening COE Designation.

While monitoring for stage shift did not achieve consensus as a National Lung Cancer Roundtable-proposed quality metric in 2021,<sup>1</sup> an IASLC Delphi 2025 process study on screening program quality indicators categorized stage distribution of lung cancers diagnosed as an *essential* quality improvement metric.<sup>2</sup>

**Question:** To what extent are screening programs in GO2's network of COEs across the United States monitoring stage shift as a program outcome and quality improvement metric?

## METHODS

GO2 for Lung Cancer launched a Benchmarking and Practice Variation Survey among Screening COEs on November 12, 2024, to collect calendar year 2023 program insights and outcomes.

A digital survey platform was used for data collection; invitations were sent via email marketing automation to the COE primary point of contact.

Individualized phone and email outreach to non-respondents ensured survey delivery and platform access.

- Data was extracted June 4, 2025.
- 127 (30%) COE programs responded.
- 36 states plus DC represented.
- Program settings:
  - Community non-teaching hospitals (29%).
  - Community teaching/AMC-affiliated hospitals (29%).
  - Academic Medical Centers (26%).
  - Remainder: VA Medical Centers, independent clinics, "other" facility types.

## DISCUSSION AND CONCLUSION

- While more than two-thirds (68%) of COE-designated screening programs reported tracking lung cancer diagnosis rates, over 50% do not track stage breakdown.
- Even among those who *are* routinely tracking stage for their screen-detected lung cancers, one-third (34%) of the diagnoses they reported were stage unknown.
- This suggests gaps in medical record documentation or lack of data sharing across departments/members of the multidisciplinary team.

### Key Takeaways:

- The capability to track stage shift warrants prioritization for high-quality comprehensive screening programs.
- Collaboration and information-sharing across clinical departments should be explored to address program data gaps and facilitate quality improvement planning and evaluation.

## REFERENCES & ACKNOWLEDGEMENTS

- 1) Mazzone PJ, White CS, Kazerooni EA, Smith RA, Thomson CC. Proposed Quality Metrics for Lung Cancer Screening Programs: A National Lung Cancer Roundtable Project. *Chest*. 2021 Jul;160(1):368-378. doi: 10.1016/j.chest.2021.01.063. Epub 2021 Feb 1. PMID: 33539838.
- 2) Tammemägi MC, Borondy-Kitts A, Field JK, Henschke CI, Mohan A, et.al. Lung Cancer Screening Program Quality Indicators-Review and Recommendations: An International Association for the Study of Lung Cancer Delphi Process Study. *J Thorac Oncol*. 2025 Jul;20(7):871-883. doi: 10.1016/j.jtho.2025.01.019. Epub 2025 Jan 24. PMID: 39864549.

GO2 thanks the COEs for their dedication and their contribution to this important work.

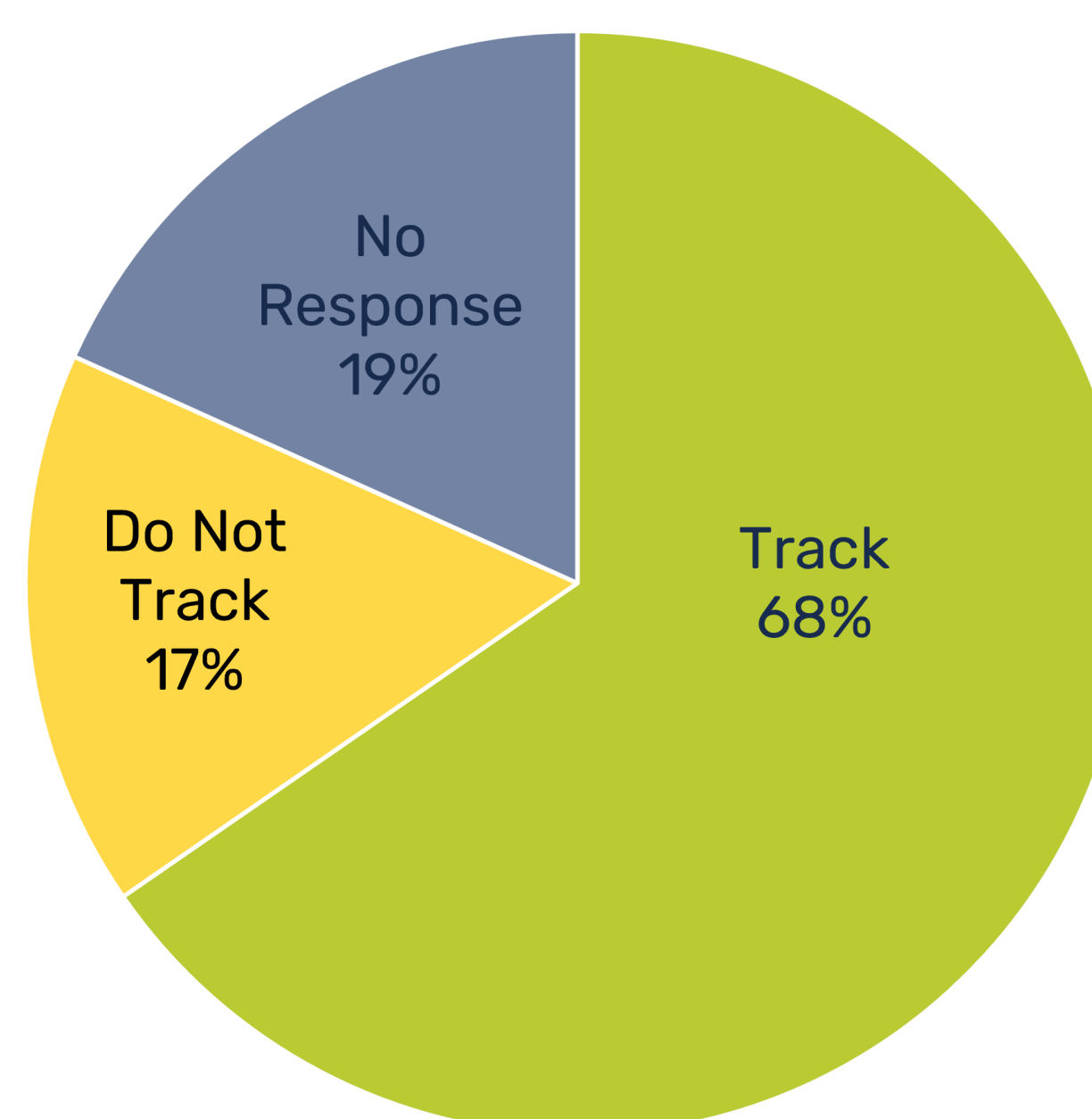
Scan here or visit [hcp.go2.org](http://hcp.go2.org) to learn more about GO2 for Lung Cancer's COE Program



## RESULTS

### 2024 COE Benchmarking and Practice Variation Survey

#### Screening Programs Tracking Lung Cancer Diagnosis Rates



| Total Patients Screened | Lung Cancers Detected | Detection Rate |
|-------------------------|-----------------------|----------------|
| 167,259                 | 2,002                 | 1.2%           |

Programs Tracking and Reporting Stage Breakdown 62 (49%)

DATA GAP Programs Not Tracking or Reporting Stage Breakdown 65 (51%)

| Total Patients Screened | Lung Cancers Detected |
|-------------------------|-----------------------|
| 107,824                 | 1,459                 |



Mind the Gap

Lung Cancers Stage Breakdown Known 966 (66%)

DATA GAP Stage Unknown Despite Program Tracking and Reporting 493 (34%)

### Reported Stage Shift Impact

