ACS Cancer Programs
American College of Surgeons

Facilitating Access to Surgical Treatment for Lung Cancer (FAST-LUNG)

2027 Cancer Programs National QI Project Informational Webinar

October 26, 2026

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Housekeeping:

- Please mute yourself
- Slides and recording will be posted to the project website
  - FAQ will be created and posted to the project website

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Agenda

- The science behind improving time to surgery
- Project Overview
- Q&A

Today's Presenter and National Project Lead



Jeffrey B. Velotta, MD, FACS

- Thoracic Surgeon, Kaiser Permanente Oakland Medical Center
- Clinical Professor, Department of Clinical Science, Kaiser Permanente Bernard J. Tyson School of Medicine
- Clinical Assistant Professor, Department of Surgery, UCSF School of Medicine

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The science behind improving time to surgery

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Thoracic Surgeon, Kaiser Permanente Oakland Medical Center

Clinical Professor, Department of Clinical Science, Kaiser Permanente Bernard J. Tyson School of Medicine

Clinical Assistant Professor, Department of Surgery, UCSF School of Medicine

Background

- Lung cancer remains the leading cause of cancer-related death in the US.
- Increasing complexity of multidisciplinary care has contributed to delays between diagnosis and definitive surgery for patients with NSCLC.

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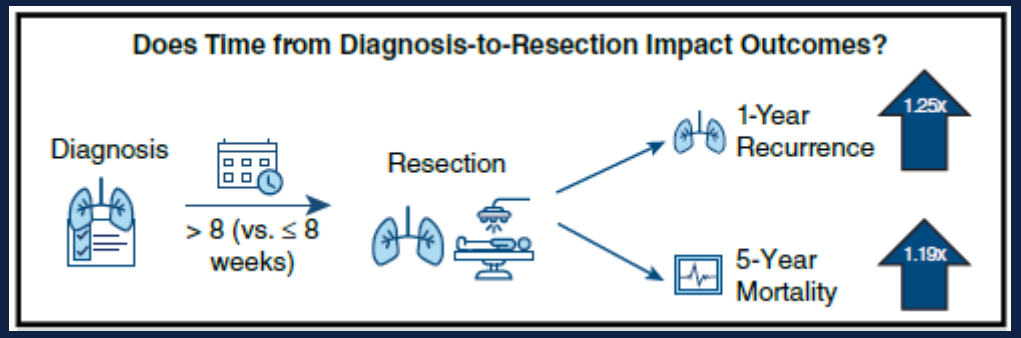
Background

- Prolonged time-to-surgery is associated with poorer clinical outcomes, including decreased recurrence-free and overall survival in patients with early-stage NSCLC.
- A standardized approach to measuring time-to-surgery is lacking, particularly regarding identification and documentation of the diagnostic chest CT scan date.

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Why 12 Weeks?

- Evidence supports timely surgical intervention.
  - Multiple retrospective studies have associated delays in pulmonary resection with increased recurrence and worse overall survival in patients with early-stage NSCLC
- 12-week threshold
  - Surgery performed beyond 8-12 weeks after radiographic diagnosis was associated with increased recurrence and worse overall survival.
  - 12-week threshold provides participating programs with a more attainable initial target while allowing flexibility to identify barriers and implement sustainable improvements.



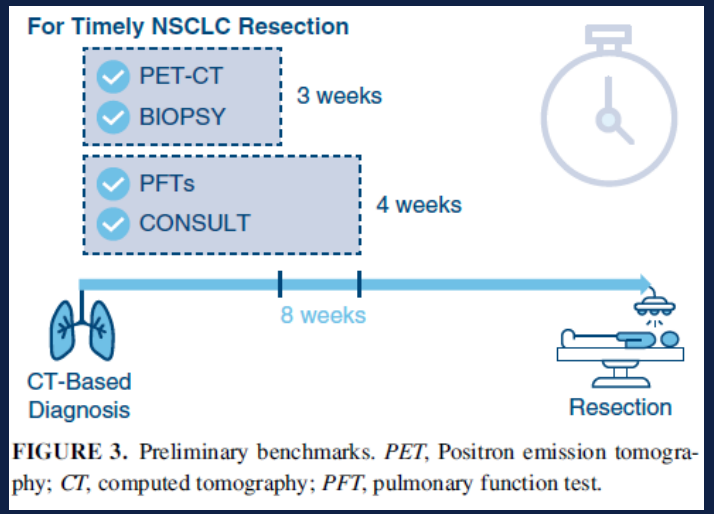


FIGURE 3. Preliminary benchmarks. *PET*, Positron emission tomography; *CT*, computed tomography; *PFT*, pulmonary function test.

Tupper HI, Sarovar V, Banks KC, Schmittdiel JA, Hsu DS, Ashiku SK, Patel AR, Sakoda LC, Velotta JB. Time to surgery in early-stage non-small cell lung cancer: Defining the optimal diagnosis-to-resection interval to reduce mortality. J Thorac Cardiovasc Surg. 2025 Jun;169(6):1563-1572.e5. doi: 10.1016/j.jtcvs.2024.11.040. Epub 2024 Dec 16. PMID: 39674315.

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Time to surgery in early-stage non–small cell lung cancer: Defining the optimal diagnosis-to-resection interval to reduce mortality

Haley I. Tupper, MD, MS, MPH,[a] Varada Sarovar, PhD,[b] Kian C. Banks, MD,[c] Julie A. Schmittdiel, PhD, MA,[b] Diana S. Hsu, MD,[c] Simon K. Ashiku, MD,[d] Ashish R. Patel, MD,[d] Lori C. Sakoda, PhD, MPH,[b,e] and Jeffrey B. Velotta, MD[d,f,g]

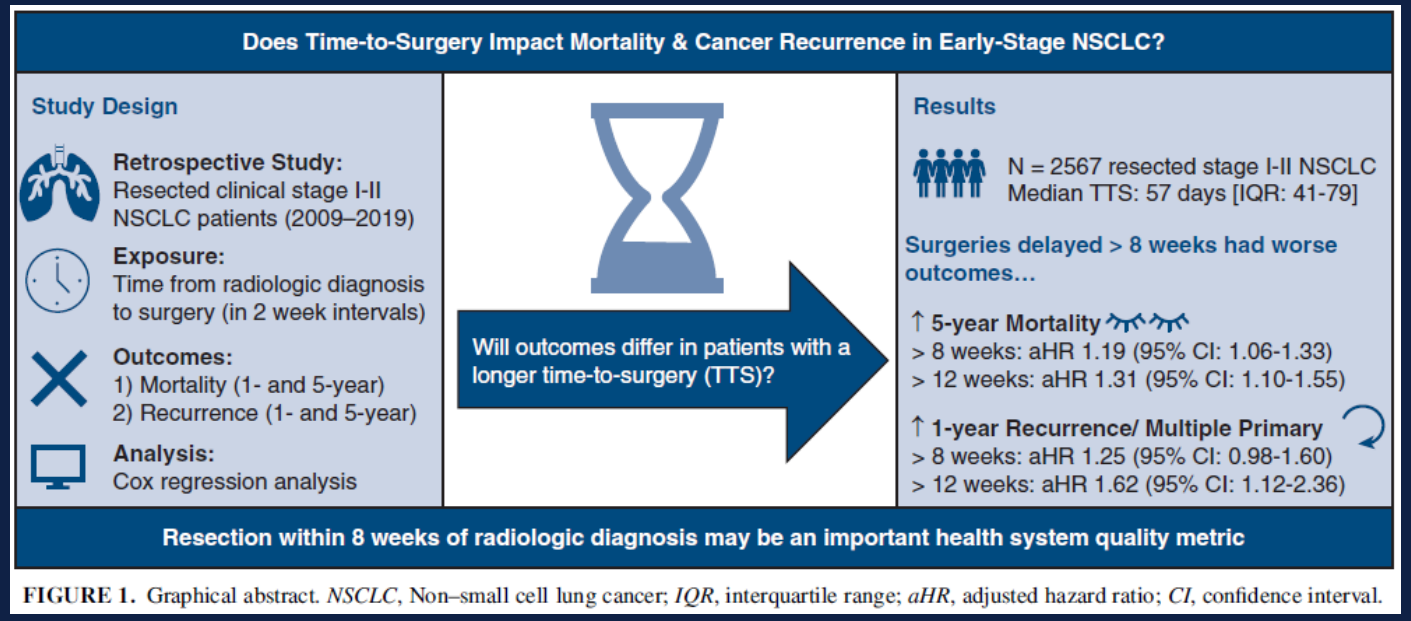


FIGURE 1. Graphical abstract. *NSCLC*, Non–small cell lung cancer; *IQR*, interquartile range; *aHR*, adjusted hazard ratio; *CI*, confidence interval.

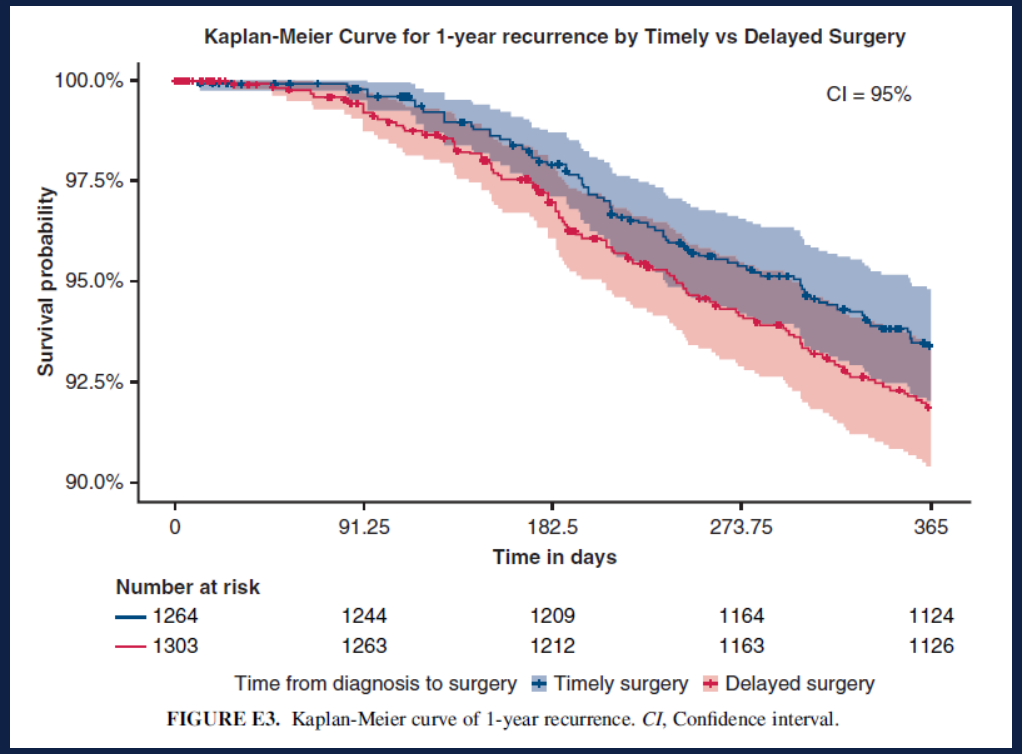
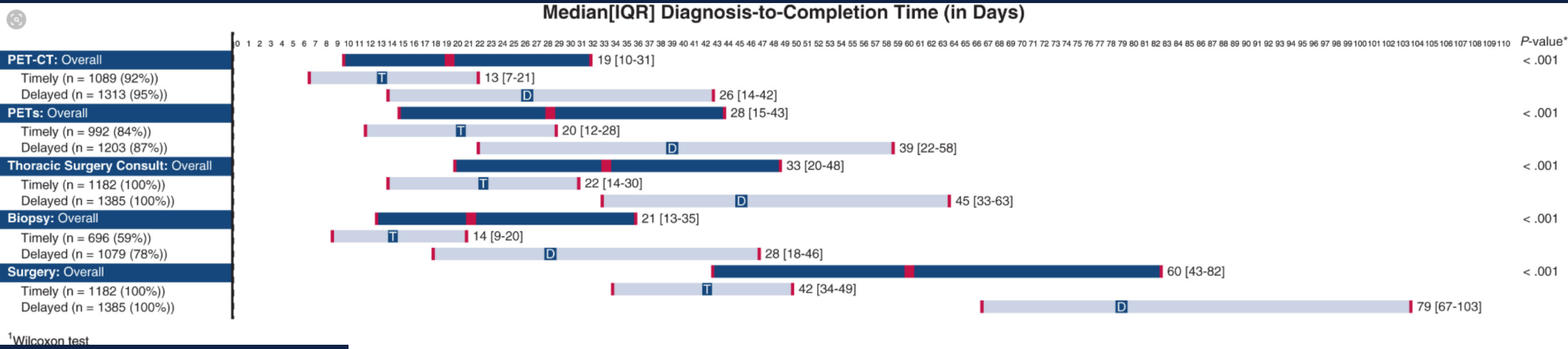


FIGURE E3. Kaplan-Meier curve of 1-year recurrence. *CI*, Confidence interval.

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Barriers & Delays

- Time to PET/CT
- Time to PFTs
- Time to consultation
- Time to preop biopsy
- Time to nodal staging
- Sociodemographic factors



[1]Wilcoxon test

Achieving timely treatment for early-stage non–small cell lung cancer: Factors associated with delayed surgical resection and proposed quality benchmarks

Haley I. Tupper MD, MS, MPH [a], Joyita Bhattacharjee MPH [b], Varada Sarovar PhD [b], Dominic Amara MD, MS [a], Julie A. Schmittdiel PhD, MA [b], Charles P. Quesenberry PhD [b], Amy L. Cummings MD, PhD [c], Jeffrey B. Velotta MD [d e f], Lori C. Sakoda PhD, MPH [b g]

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How should programs identify the diagnostic chest CT scan date?

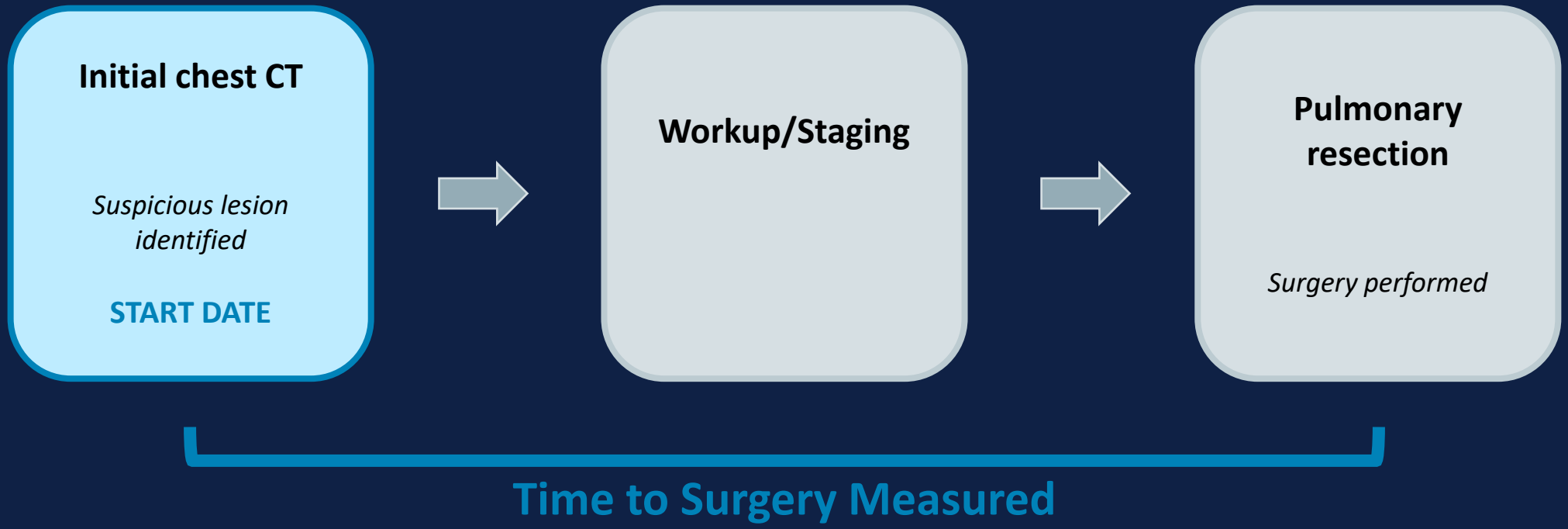
This project defines the diagnostic chest CT scan as the scan that first identified any suspicious lung lesion or nodule and initiated the diagnostic workup.

Key considerations:

- The diagnostic chest CT scan may occur before biopsy or confirmation of malignancy.
- Subsequent imaging or testing does not replace the original diagnostic chest CT date.
- The diagnostic chest CT may have been performed at an outside facility before referral to the participating program.

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Example patient pathway



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Project Details

Ana Przyborski
Quality Improvement Coordinator, Cancer Programs

Details

Who can participate?

- Any CoC-accredited program
- Must perform pulmonary resections in-house
  - Diagnostic chest CT scans can be from referrals/from an outside facility
- Must be willing to review and submit cases into REDCap
- Must have support from cancer committee
- Requires dedicated QI team *(at least 3 people)*
  - Includes physician champion/lead surgeon, clinical project leader, and oncology data specialist or similar.

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What will we be doing? What are our goals?

Participating programs will:

- Accurately identify the diagnostic chest CT scan dates for 90% of NSCLC surgical cases.
- Develop a standardized approach to measuring the interval from the diagnostic chest CT scan to pulmonary resections.
- Ensure 80% of pulmonary resections are performed within 12 weeks of the diagnostic chest CT scan.
- Identify and implement sustainable solutions.

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Why Participate?

- Improve timely surgical care for patients with early-stage NSCLC
- Learn how other programs address similar challenges and share successes, strategies, and best practices
- Receive benchmarking reports for a new time-to-surgery measure, allowing your program to compare its performance with other participating programs nationwide
- Strengthen multidisciplinary collaboration to identify and address barriers contributing to delays in pulmonary resections
- Earn credit for CoC Standard 7.3 for calendar year 2027

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Data Collection Timeline

	Eligible Patients	Data Due
Baseline	February 1-June 30, 2026	March 31, 2027
Collection 2	February 1-June 30, 2027	July 31, 2027
Collection 3	July 1-November 30, 2027	December 31, 2027

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What data will be collected?

- Diagnostic chest scan CT date
- Pulmonary resection date
- Patient info
- Staging, nodule involvement, tumor size
- Method of detection
- Diagnostic chest scan location
- Referral source
- Reason for delay in time to surgery

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Upcoming Key Dates

- DUE January 31, 2027
  - Application & team structure survey
  - Signed letter of support from cancer committee
- DUE March 31, 2027
  - Baseline data surveys

Kickoff webinar February 2027, finalized date TBD.

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FAQ

- What if we don't reach the compliance goals?
- Can we participate as a network?
- Do sites currently need a certain compliance rate to participate?
- Can programs that already track this measure participate?
- Is there a specific number of lung patients that are needed to participate?
- Will this be open to programs whose surgeons complete their resections at a sister hospital?
- Is this QI collaborative a requirement for CoC-accredited programs?
- What do I need to submit to let the CoC or IRB know we're participating?
- What happens if we decide to drop out before project completion?

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Questions?

Additional 2027 Cancer QI Project Options

- **Genetic Testing Quality Improvement Project (GeneQIP)**
  - Two-year quality collaborative designed to increase genetic testing rates for early onset breast and rectal cancer patients while promoting the provision of high-quality genetic care
  - Open to CoC, NAPBC, and NAPRC
  - Informational Webinar is November 9, 2026 at 1pm CST
  - Visit GeneQIP website for more information Genetic Testing Quality Improvement Project | ACS
- **Age-Friendly Geriatric Care in Oncology Surgery (AGE-Onc)**
  - Collaboration between GSV and CoC designed to integrate GVS standard into CoC cancer surgery care
  - Open to CoC-accredited programs
  - Informational Webinar October 30, 2026 10am CST AGE-Onc Webinar
  - Reach out to geriatricsurgery@facs.org for more information

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FAST-LUNG Links

Website: Facilitating Access to Surgical Treatment for Lung Cancer (FAST-LUNG) | ACS

Application: https://redcap.facs.org/surveys/?s=J8MF9C9YWKLE3WW8

LOS template: fast-lung-letter-of-support-template.pdf

Webinar feedback survey: https://www.surveymonkey.com/r/8YY22TW

Contact: cancerqi@facs.org

aprzyborski@facs.org

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