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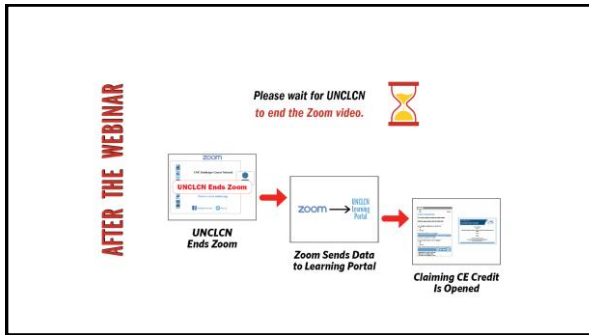
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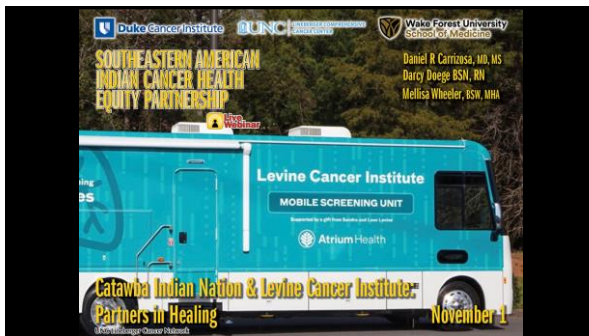
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**OUR PRESENTER**



**Daniel Carrizosa, MD, MS**

Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers. He originally moved to North Carolina in 1991, where he attended Duke University and received a bachelor's in the science of engineering and a master's in science in biomedical engineering. He then attended medical school, residency and fellowship at the University of North Carolina at Chapel Hill. He then moved to Charlotte, NC where he was initially in private practice until the Levine Cancer Institute was formed. He has worked with both the office of disparities and outreach as medical director and with the Hematology/Oncology fellowship as associate program director since the cancer institute was formed. He is now assistant director for community outreach and engagement at the integrated Wake Forest Baptist Comprehensive Cancer Center based at the Charlotte campus. He currently serves as the co-chair for the care and treatment division of the NC advisory council for cancer coordination and control (NCACCCC) and is on the board of the NC Oncology Association (NCOA). He is active in advocacy through the NCACCCC, through the NCOA and through ASCO advocacy. He has been happily married for over 16 years and currently lives on a hobby farm with his beautiful wife and multiple four-legged children!

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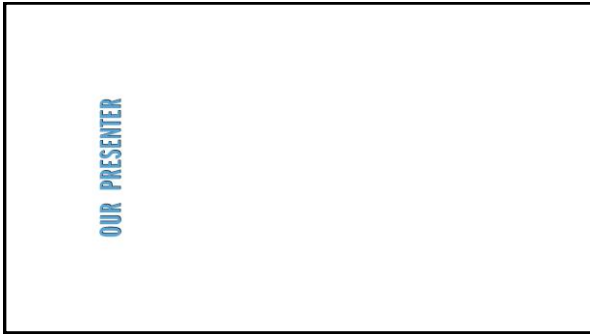
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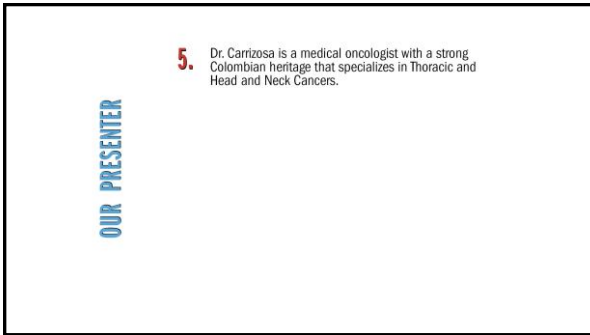
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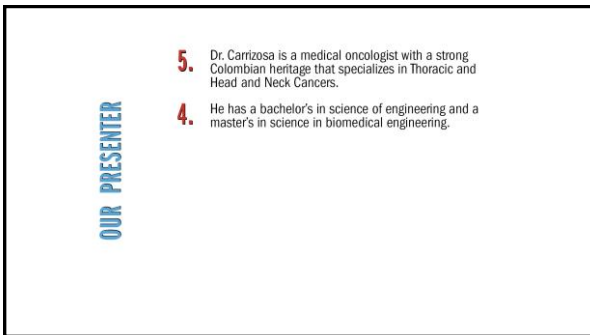
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**OUR PRESENTER**

5. Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers.
4. He has a bachelor's in science of engineering and a master's in science in biomedical engineering.
3. He attended medical school, residency, and fellowship at the University of North Carolina at Chapel Hill.

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**OUR PRESENTER**

5. Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers.
4. He has a bachelor's in science of engineering and a master's in science in biomedical engineering.
3. He attended medical school, residency, and fellowship at the University of North Carolina at Chapel Hill.
2. He is now assistant director for community outreach and engagement at the integrated Wake Forest Baptist Comprehensive Cancer Center based at the Charlotte campus.

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**OUR PRESENTER**

5. Dr. Carrizosa is a medical oncologist with a strong Colombian heritage that specializes in Thoracic and Head and Neck Cancers.
4. He has a bachelor's in science of engineering and a master's in science in biomedical engineering.
3. He attended medical school, residency, and fellowship at the University of North Carolina at Chapel Hill.
2. He is now assistant director for community outreach and engagement at the integrated Wake Forest Baptist Comprehensive Cancer Center based at the Charlotte campus.
1. He currently serves as the co-chair for the care and treatment division of the NC advisory council for cancer coordination and control (NCACCCC) and is on the board of the NC Oncology Association (NCOA)

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**OUR PRESENTER**



**Darcy Doege,**  
BSN, RN

Darcy Doege is the RN Clinical Supervisor for the Lung B.A.S.E.S 4 Life Program, the nation's first ever Mobile Lung Cancer Screening Program, geared towards Bringing Awareness, Screening and Education to improve Survival for lung cancer. She received her BSN from Washburn University and has over 20 years of nursing experience including Medical/Surgical, ICU, Interventional Radiology, Patient Navigation, Palliative Medicine, and for the last 15 years, Oncology.

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**OUR PRESENTER**

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**OUR PRESENTER**

**3.** Darcy Doege, BSN, RN, was the first Colorectal Cancer Navigator for the Levine Cancer Institute in 2011.

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**OUR PRESENTER**

3. Darcy Doege, BSN, RN, was the first Colorectal Cancer Navigator for the Levine Cancer Institute in 2011.
2. She started the first two Oncology Palliative Care Clinics for the Levine Cancer Institute.

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**OUR PRESENTER**

3. Darcy Doege, BSN, RN, was the first Colorectal Cancer Navigator for the Levine Cancer Institute in 2011.
2. She started the first two Oncology Palliative Care Clinics for the Levine Cancer Institute.
1. Due to the hard work of our team and the trust that they have built with Community Partners and our patients, we have a 60% follow up rate for Lung Cancer Screening.

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**OUR PRESENTER**



**Melissa Wheeler, BSW, MHA**

Melissa Wheeler graduated summa cum laude from the University of South Florida with a Bachelor in Social Work degree and has a Master of Health Administration degree from Ohio University. She has 30 years of experience in health care with a concentration in oncology and health equity. Melissa is the Administrative Director of the Disparities & Outreach Team at Levine Cancer Institute, a department dedicated to eradicating the burden of cancer in communities lacking adequate access to vital resources. The team provides cancer prevention education, screening, and navigation for early detection of the disease and most importantly, focuses on delivering whole human care. In 2016, Melissa co-authored a grant proposal that resulted in funding for the nation's first mobile lung cancer screening bus as part of the Lung 6.A.S.E.S., 4 Life program. In 2017, the initiative was recognized with the Association for Community Cancer Centers Innovation award. In 2018, The LCI Disparities & Outreach team received the Innovation in Health Equity award from the National Business Group on Health and in 2019 Melissa received Atrium Health's Principle Award for her contributions to the System and the communities served.

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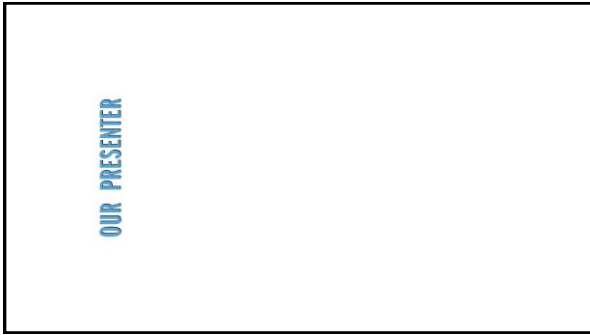
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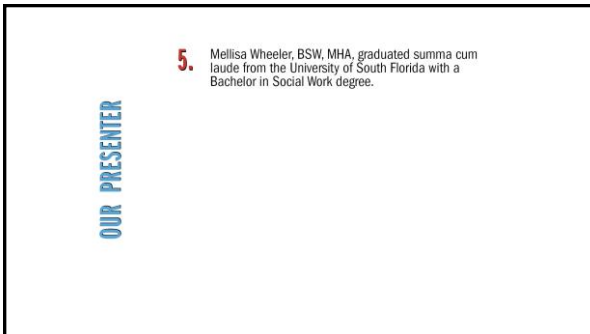
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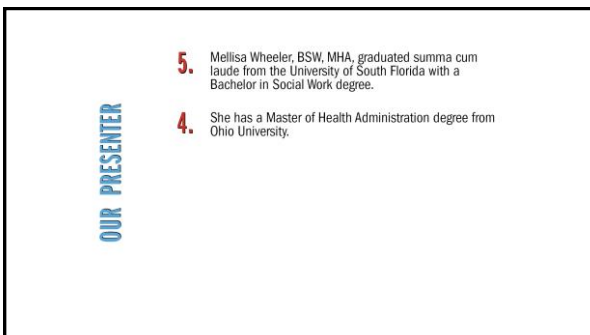
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**OUR PRESENTER**

5. Mellisa Wheeler, BSW, MHA, graduated summa cum laude from the University of South Florida with a Bachelor in Social Work degree.
4. She has a Master of Health Administration degree from Ohio University.
3. She has 30 years experience in health care with a concentration in oncology and health equity.

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**OUR PRESENTER**

5. Mellisa Wheeler, BSW, MHA, graduated summa cum laude from the University of South Florida with a Bachelor in Social Work degree.
4. She has a Master of Health Administration degree from Ohio University.
3. She has 30 years experience in health care with a concentration in oncology and health equity.
2. Mellisa is the Administrative Director of the Disparities & Outreach Team at Levine Cancer Institute.

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**OUR PRESENTER**

5. Mellisa Wheeler, BSW, MHA, graduated summa cum laude from the University of South Florida with a Bachelor in Social Work degree.
4. She has a Master of Health Administration degree from Ohio University.
3. She has 30 years experience in health care with a concentration in oncology and health equity.
2. Mellisa is the Administrative Director of the Disparities & Outreach Team at Levine Cancer Institute.
1. In 2016, Mellisa co-authored a grant proposal that resulted in funding for the nation's first mobile lung cancer screening bus!

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Join by Web: [Polls.com/uncn](https://polls.com/uncn) Join by Text: Send a text to 22333

Lung B.A.S.E.S. 4 Life, is the nation's first mobile lung cancer screening program, brings free screenings, education and support to underserved communities.

(A) True 0%

(B) False 0%

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**ACCME DISCLOSURE**

This activity has been planned and implemented under the sole supervision of the Course Director, William A. Wood, MD, MPH, in association with the UNC Office of Continuing Professional Development (CPD). The course director and CPD staff have no relevant financial relationships with ineligible companies as defined by the ACCME.

A potential conflict of interest occurs when an individual has an opportunity to affect educational content about health-care products or services of a commercial interest with which he/she has a financial relationship. The speakers and planners of this learning activity have not disclosed any relevant financial relationships with any commercial interests pertaining to this activity.

Dr. Carrizosa receives speaking fees from MJH Life Sciences and PER Health, consulting fees from Coherus Biosciences, Curio Sciences, Sanofi/Regeneron, and Targeted Oncology, and research support from AstraZeneca, Bayer, Elevation Oncology, GlaxoSmithKline, Ignyta, Merck, and Takeda. The other speakers have no relevant financial relationships with ineligible companies as defined by the ACCME.

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**ANCC DISCLOSURE**

**NCPD Activity #: L23020**  
**1.0 Contact Hours Provided**

**Relevant Financial Relationship:**  
 Dr. Carrizosa receives speaking fees from MJH Life Sciences and PER Health, consulting fees from Coherus Biosciences, Curio Sciences, Sanofi/Regeneron, and Targeted Oncology, and research support from AstraZeneca, Bayer, Elevation Oncology, GlaxoSmithKline, Ignyta, Merck, and Takeda. This relationship has been mitigated.

**Criteria for Activity Completion:**  
 Criteria for successful completion requires attendance at the NCPD activity and submission of an evaluation within 30 days.

**Approved Provider Statement:**  
 UNC Health is approved as a provider of nursing continuing professional development by the North Carolina Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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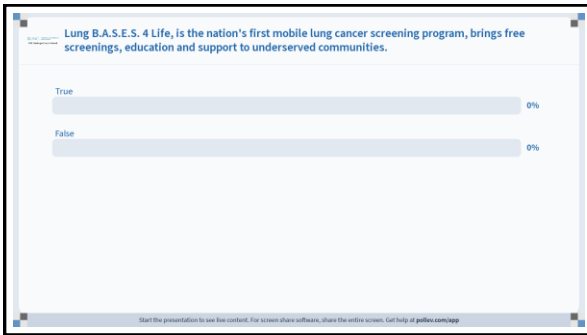
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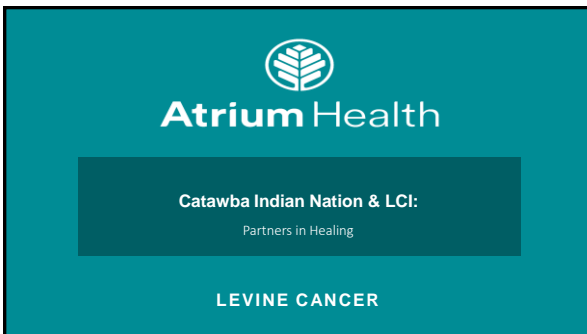
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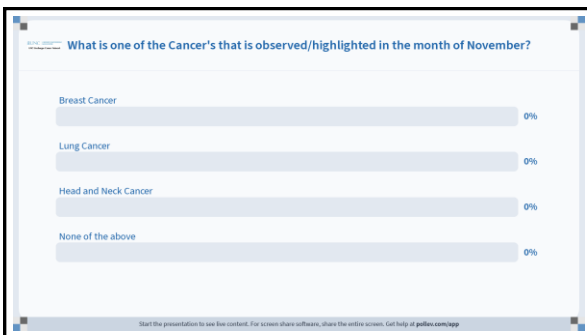
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  Comprehensive Cancer Center

**Objectives**

- Describe the relationship between the Levine Cancer Institute and the Catawba Indian Nation
- Explain the varieties of programs being offered to the Catawba Indian Nation via the Catawba Service Unit
- Discuss Lung Cancer Screening and use of Mobile Units in reaching underserved populations.
- Describe the early observations found specifically at the Catawba Service Unit when mobile screening was implemented

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  Comprehensive Cancer Center

**Outline**

- Introduce LCI Disparities and Outreach Program and our combined Community Outreach and Engagement Program with Atrium Health Wake Forest Baptist Comprehensive Cancer Center
- Discuss Lung Cancer and Lung Cancer Screening
- Discuss Innovative Approaches to Lung Cancer Screening
- Introduce Relationship with Catawba Nation
- Discuss Programs in Partnership with Catawba Nation beyond Lung Cancer Screening
- Touch on Commitment to American Indians
- Questions

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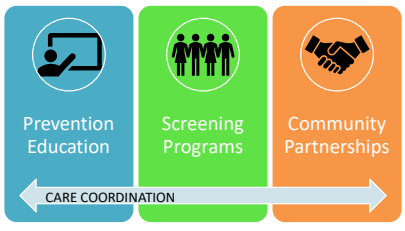
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  Comprehensive Cancer Center

**Cancer Health Disparities**



Prevention Education    Screening Programs    Community Partnerships

CARE COORDINATION

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**Disparities and Outreach**

- The Disparities and Outreach team at the Levine Cancer Institute touch roughly 70,000 individuals every year
- Over 150 Community Partners
- Currently screening in 23 counties in North and South Carolina, referrals received from 25 counties
- Other cancer screening programs



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**Catchment Area**

30 counties

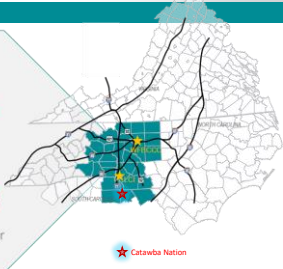
4.8M total residents

91% new patients

43% rural

26,353 annual cancer cases

8,962 annual cancer deaths



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**Catchment Area Cancer Burden**

INCIDENCE RATES (per 100k)      MORTALITY RATES (per 100k)

Legend: AHLC (dark grey), US (light grey)

Category	AHLC Rate (per 100k)	US Rate (per 100k)	% Change
ALL CANCERS (Incidence)	~450	~420	+6%
Lung (Incidence)	~100	~85	+16%
Breast (Incidence)	~150	~135	+8%
Oral (Incidence)	~20	~15	+6%
ALL CANCERS (Mortality)	~140	~135	+3%
Lung (Mortality)	~45	~38	+19%
Liver (Mortality)	~15	~12	+5%
Breast (Mortality)	~25	~22	+4%

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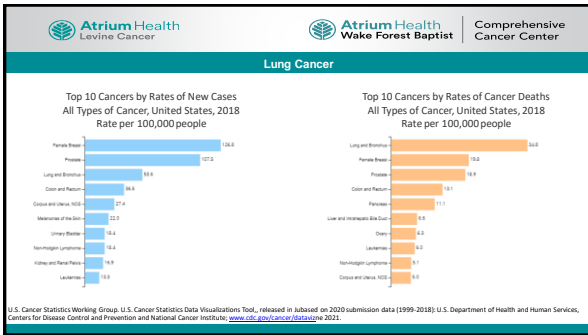
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**Which of the following characteristics would, per the USPSTF, qualify you for lung cancer screening?**

- A) Smoked at least 1 pack of cigarettes a day for 30 years  0%
- B) Are 75 years old  0%
- C) Discussed with your doctor the benefits and risks of lung cancer screening  0%
- D) A + C  0%
- E) All of the above  0%

Start the presentation to see live content. For screen share software, share the entire screen. Get help at [poller.com/app](http://poller.com/app)

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**Lung Cancer Screening**

Prior to 2011, No standard way of screening for lung cancer

- Many MDs did Chest Xray with little data of efficacy

2011: National Lung Screening Trial - N Engl J Med 2011;365(5):395-409

- Study Methods
  - 2002-2004
  - 53,454 persons at "high-risk" for lung cancer at 33 US medical Centers
  - Randomized: annual screening with Low-Dose CT (26,722) versus Single-view Chest Xray (26,732)
- Results:
  - Rate of positive Screening: 24.2% vs 6.9% [96.4% vs 94.5% False Positive]

**Relative Reduction in Mortality from Lung Cancer: 20.0%** [95% CI, 6.8 – 26.7; P=0.004]  
**Rate of Death from any cause reduction of 6.7%** [95% CI, 1.2 – 13.6; P=0.02]

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  Comprehensive Cancer Center

**Lung Cancer Screening**

United States Preventative Services Task Force  
12/2013 – Grade B Recommendation  
*Required insurers to cover lung cancer screening under Affordable Care Act*

Centers for Medicare and Medicaid Services - Approved in 2/2015

Original Screening Guideline

1. Age ~~55-80~~ (77 for Medicare) Updated to 50
2. ~~30~~ Pack-Year History Updated to 20
3. Active Smoker or Quit within 15 years
4. Must have shared-decision making visit with health care professional

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  Comprehensive Cancer Center

**LCI Mobile Lung Cancer**

- Randomized clinical trials have proven that low dose computerized tomography (LDCT) screening of heavy smokers improves survival in lung cancer.
- But Uninsured, under-insured and some Medicaid patients lack access to LDCT
- And <5% of patients in National Lung Screening Trial were minorities  
(Tanner et al, Am J. Respir. Crit. Care Med., 2015, 192:200-208)

**All good  
but not good enough?**

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  Comprehensive Cancer Center

**LCI Mobile Lung Cancer**

Unanswered Questions:

1. How can we increase screening in underserved populations?
2. If we can find a way to increase screening:
  - a) Will people come?
  - b) Will they come back?
3. Will research be accepted?

Idea of Mobile Lung Screening Developed by Mellisa Wheeler and Dr. Derek Raghavan

1. 10/2015 – Approached Bristol Myers Squibb Foundation for Grant
  - a) Approved 3/2016

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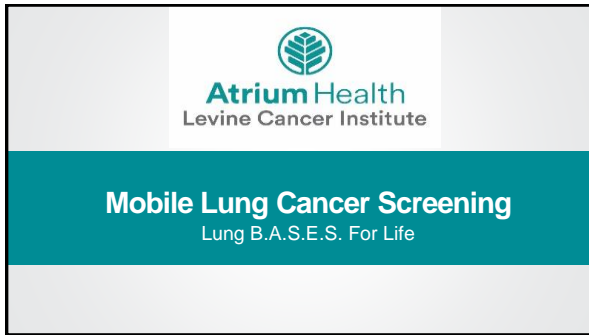
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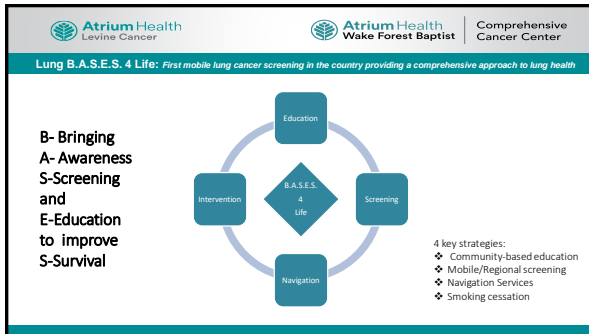
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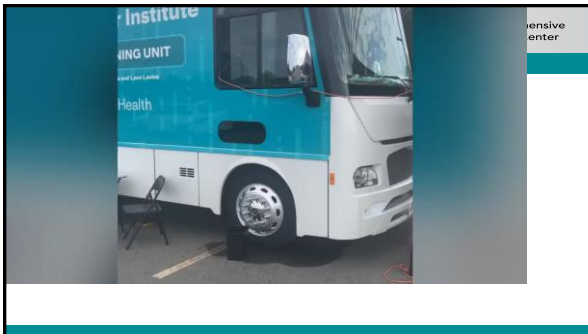
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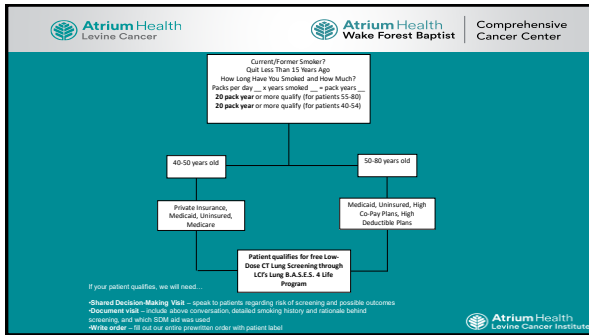
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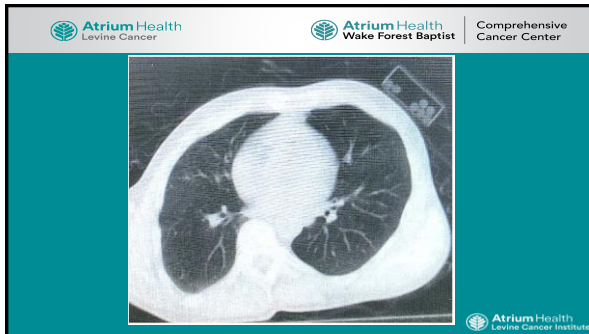
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- More than just a CT...
- Free Screening and monitor of follow up
  - Tobacco Cessation
    - Free Nicotine Replacement
    - Follow up
  - Navigation assessment and connection into local resources
    - Food insecurity
    - Transportation
    - Safe Housing
    - Other cancer screenings
    - Other barriers to care
  - Follow up and navigation for all positive patients
    - Nodule Conference
    - Connection and coordination into care close to home
    - Results will be sent directly to the provider
    - How to reach us

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Atrium Health Levine Cancer | Atrium Health Wake Forest Baptist | Comprehensive Cancer Center

**Lung Bus – Screening CT**

As of November 2022,

- 1786 patients
- Average pack year 50
- 18% African American
- 2.6% Hispanic
- 75% rural
- 66% Uninsured
- 34% Medicaid patients (34%)
- Male-to-female ratio of 1.1:1
- Median age 62 years (range, 55–64)

**• Found**

- **43 lung cancers** at initial screen
  - **27 were early stage** I–III (63% of total lung cancers early stage)
  - 10 non-lung cancers
  - 163 Lung-RADS 4 (highly suspicious) lesions that are being followed closely.
- **Earlier identification could have economic impact:**
  - potential savings of \$1.6M per patient with early treatment versus management of metastatic lung cancer.

The Oncologist 2023;25:e777–e781 www.TheOncologist.com

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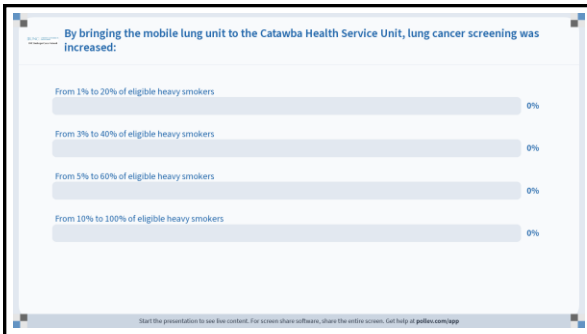
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Atrium Health Levine Cancer | Atrium Health Wake Forest Baptist | Comprehensive Cancer Center

**Under 55 Clinical Trial**

Seeking patients 40-54 with a 20-pack-year history or more  
 Can have any or no insurance  
 Must be able to read and understand English or Spanish and comply with study procedures  
 entire length of study

**Exclusions:**

- Known diagnosis of lung cancer in last 5 years
- Any known contradictions to having a LDCT scan
- Any possibility of pregnancy

**Study Procedures**

At the first appointment, the patient will be formally consented and deemed eligible before receiving their first scan and put on-study  
 Minimum of 3 scans over 2 years  
 Their scans will determine when they need to come back and how many scans they will need while on-study

**Important for providers to discuss with their referral patients:**

1. If they are in this age bracket, they must be a part of this clinical trial to receive these scans (due to age)
2. It is essential for them to come back for their additional scans as needed

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Comprehensive Cancer Center



### Catawba Indian Nation

- Centered in Upper Piedmont of South Carolina
- Only Federally Recognized Tribe in South Carolina

	Total	On Reservation
Total Population	3,805	875
Tribal Members Under 18 Years	1,113	250
Tribal Members 18+ Years	314	358
Members of Tribal Household	N/A	1,330 (35% of total)

Approximately 1300+ Tribal members live on or within 2 hours of the Reservation.  
Information obtained from provided by Catawba County, Carolina Native Tribal Leadership Institute. Data is as of October 2022.

Program/ Department	Services	Number Served	Number Staff
Catawba Service Unit	2 primary care providers, lab, pharmacy, dental, nutrition/diabetes	1957 patients	27

www.Catawba.com  
Pictures Courtesy of 2022 Catawba Nation Strategic Plan

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Comprehensive Cancer Center

### MOBILE LOW DOSE COMPUTERIZED TOMOGRAPHIC (LDCT) SCANNING PROGRAM IDENTIFIES PRE-MALIGNANT LUNG CANCER LESIONS IN THE CATAWBA NATIVE AMERICAN POPULATION

H. Reed, K. Dungan, D. Doag, M. Wheeler, D. Carrissa, D. Raghavan | Atrium Health Levine Cancer Institute, Charlotte, NC and Indian Health Service, Rock Hill, SC

BACKGROUND	RESULTS	CONCLUSIONS
<p><b>Background:</b> Lung cancer is the leading cause of cancer death in the United States. The incidence of lung cancer has increased significantly over the past few decades. Early detection through low-dose CT scanning can significantly reduce mortality. The Catawba Indian Nation is a Federally Recognized Tribe in South Carolina. The tribe has a high prevalence of lung cancer. The tribe is seeking to improve lung cancer outcomes through a mobile low-dose CT scanning program.</p> <p><b>Objective:</b> To evaluate the impact of a mobile low-dose CT scanning program on lung cancer outcomes in the Catawba Indian Nation population.</p> <p><b>Method:</b> A retrospective analysis of lung cancer cases identified through a mobile low-dose CT scanning program. The program was implemented in 2020. The study population included all Catawba Indian Nation members aged 55 and older who had a low-dose CT scan between 1/1/2020 and 12/31/2022.</p>	<p><b>Screening Data from May 2020 to February 2023:</b></p> <p><b>61</b> Screened (95% Female)   <b>91</b> Screened (95% Female)   <b>48</b> Screened (95% Female)</p> <p><b>Results:</b></p> <ul style="list-style-type: none"> <li>• 61% of screened patients were identified as high-risk for lung cancer.</li> <li>• 100% of screened patients were identified as high-risk for lung cancer.</li> <li>• 100% of screened patients were identified as high-risk for lung cancer.</li> <li>• 100% of screened patients were identified as high-risk for lung cancer.</li> </ul> <p><b>Conclusion:</b> The mobile low-dose CT scanning program successfully identified a high percentage of high-risk patients for lung cancer. This program should be expanded to other Native American populations.</p>	<p><b>Conclusion:</b> The mobile low-dose CT scanning program successfully identified a high percentage of high-risk patients for lung cancer. This program should be expanded to other Native American populations.</p>

#### METHOD

The study was a retrospective analysis of lung cancer cases identified through a mobile low-dose CT scanning program. The program was implemented in 2020. The study population included all Catawba Indian Nation members aged 55 and older who had a low-dose CT scan between 1/1/2020 and 12/31/2022.





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Atrium Health  
Levine Cancer Institute

## Project Pink and Project Pink Plus

### Breast Cancer Screening Program

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  Comprehensive Cancer Center

**PP and PPP**

**Project PINK (PP)** is Atrium Health Levine Cancer Institute's longest running breast cancer screening program established in 2011. The program uses a mobile breast screening unit to increase access to free, baseline screening mammography for uninsured and underinsured women. Currently, the program serves women residing in *Mecklenburg, Union, Anson, and Iredell* counties.

**Project PINK Plus (PPP)** was created to address the lack of resources for women (and men) of any age who presented with a breast lump/concern and did not qualify for Project PINK. This program provides patients with a free diagnostic mammogram and recommended follow-up care.

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**PP and PPP Services**

The programs offer the following services free of charge for eligible patients:

- TOMO Screening Mammography
- TOMO Diagnostic Mammography – Bilateral
- Ultrasound
- Biopsy
- Breast Cyst Aspiration

Catawba Indian Nation: 3 screenings 2022  
71% first mammogram  
Screenings continue in 2023

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**I CAN**  
Youth Cancer Ambassador Program

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**I CAN**

Youth program created to expand cancer prevention education  
 Underserved K-12 rural and urban counties (20)  
 Two curricula, six lesson course  
 What is Cancer?  
 Nutrition  
 Physical Activity  
 Mindfulness/Stress  
 Smoking/Vaping  
 HPV/Colon/Breast



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**I CAN : Ambassadors**

Train community members to teach I CAN classes  
 How to live healthy lifestyles  
 Motivate participants to teach friends and family  
 Extensive training from LCI  
 Supplies provided  
 Experience for resume



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**Our Commitment to American Indians:**

<p>North Carolina Tribes</p> 	<p><b>CANCER CONTROL</b></p> <p>CASE4Cancer: P30 supplement <b>Denlinger-Apte &amp; Carrizosa</b></p>  
<p><b>RESEARCH FACILITATION</b></p> <p>SOUTHEASTERN AMERICAN INDIAN CANCER HEALTH EQUITY PARTNERSHIP (SAICEP) A COLLABORATION BETWEEN  </p> <ul style="list-style-type: none"> <li>Working with Duke &amp; UNC, w/ expansion of NC tobacco research to include Catawba</li> </ul>	<p><b>PROMOTE POLICY</b></p> <p>Promote quality health care and healthy lifestyles within American Indian research, education &amp; advocacy</p> 

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**Meet our Team**

- Daniel Carrizosa, MD MS**  
Medical Director and Principal Investigator
- Kia Dungan, PAC**  
Outreach Services Provider
- Darcy Doege, BSN, RN**  
Clinical Supervisor
- Lauren (Chelko) Schultz, BSN, RN**  
Nurse Program Coordinator
- Caroline (Williams) Little, BSN, RN**  
Nurse Program Coordinator
- Jamie (Smith) Gortney**  
Scheduling Coordinator / Supervisor
- Kizzie Gaither**  
Scheduling Coordinator
- Glenn Hickman, MPH**  
Cancer Program Development Specialist
- Annie Armus, MPH**  
Cancer Program Development Specialist
- Melissa Wheeler, BSW, MHA**  
Administrative Director Disparities and Outreach



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**References**

U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, released in Jubilee on 2020 submission data (1999-2018): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; [www.cdc.gov/cancer/dataviz/](https://www.cdc.gov/cancer/dataviz/) 2021.

de Koning HJ, et al. Reduced Lung-Cancer Mortality with Volume CT Screening in a Randomized Trial. *N Engl J Med.* 2020 Feb 6;382(6):503-513. doi: 10.1056/NEJMoa1911793. Epub 2020 Jan 29. PMID: 31995683.

Tanner N J, Gebregziabher M, Hughes Halbert C, Payne E, Egede LE, Silvestri GA. Racial Differences in Outcomes within the National Lung Screening Trial: Implications for Widespread Implementation. *Am J Respir Crit Care Med.* 2015 Jul 15;192(2):300-8. doi: 10.1164/rccm.201502-0259OC. PMID: 25928649.

Raghavan D, Wheeler M, Doege D, Doty JD 2nd, Levy H, Dungan KA, Davis LM, Robinson JM, Kim ES, Mileham KF, Oliver J, Carrizosa D. Initial Results from Mobile Low-Dose Computerized Tomographic Lung Cancer Screening Unit: Improved Outcomes for Underserved Populations. *Oncologist.* 2020 May;25(5):e777-e781. doi: 10.1634/theoncologist.2019-0802. Epub 2019 Nov 26. PMID: 31771991; PMCID: PMC7216453.

H. Reed, K. Dungan, M. Wheeler, D. Carrizosa, D. Raghavan. Mobile Low Dose Computerized Tomographic Scanning Program Identifies Pre-Malignant Lung Cancer Lesions in the Catawba Native American Population. 16<sup>th</sup> AACR Conference on the Science of Cancer Health Disparities in Racial/Ethnic Minorities and Medically Underserved. Orlando, FL. 2023.

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**Questions/Discussion**



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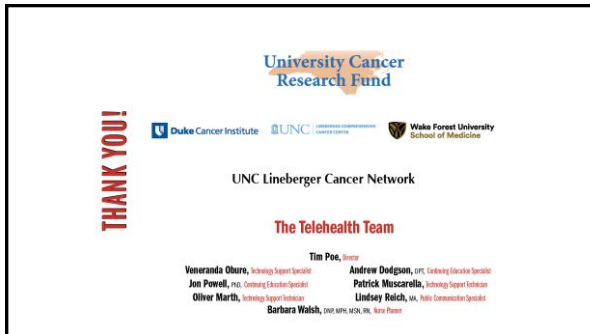
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**SELF-PACED, ONLINE COURSES**



**Partnership for Native American Cancer Prevention**  
**Francine C. Gachupin, PhD, MPH**

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**Closing the Chasm Between Native Community Priorities in Cancer Prevention and Healthcare Research Priorities**  
**Siohhan Wescott, MD, MPH**

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**American Indian Cancer Control and Health Equity**  
**Donald Warne, MD, MPH**

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**THANK YOU FOR PARTICIPATING!**

**UNC Lineberger Cancer Network**



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