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## BACKGROUND

- Lung cancer is the leading cause of cancer death in the United States.
- Most lung cancers are diagnosed at an advanced stage, with 5-year survival rates of less than 15%.
- Lung cancer screening using low dose computed tomography (LDCT) reduces mortality by 20% among high-risk individuals compared to those screened with a chest x-ray.
- In 2017, only 3.4% of eligible persons were screened for lung cancer based on the United States Preventive Services Task Force (USPSTF) guidelines.

## OBJECTIVES

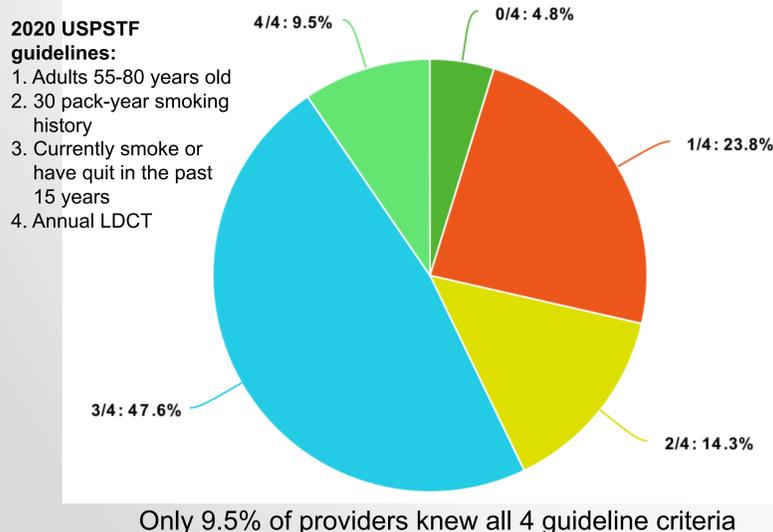
- Understand the knowledge of LDCT for lung cancer screening among primary care providers (PCPs)
- Identify obstacles that lead to poor screening rates

## METHODOLOGY

- Study design: Cross sectional qualitative study using semi-structured phone interviews
- Study period: 4/2019-3/2020
- Participants: PCPs in NJ (N=21). Convenience sample recruited from the New Jersey Primary Care Research Network, snowball methods, and internet searches.
- Study analysis: content analytic procedures

## RESULTS

**Figure 1. Provider's Knowledge of USPSTF Guidelines for Lung Cancer Screening with LDCT**

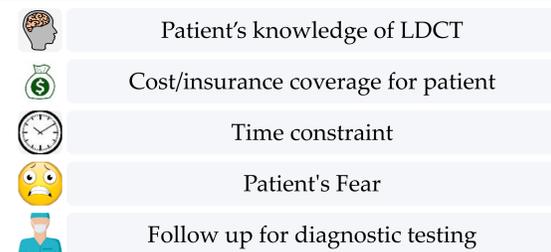


## RESULTS

**Table 1. Participating Provider Demographics (n=21)**

Variables	N (%)
<b>Age, years</b>	
24-44	4 (19%)
45-64	14 (67%)
65-74	3 (14%)
<b>Gender</b>	
Male	9 (43%)
Female	12 (57%)
<b>Race</b>	
Asian	4 (19%)
Black	1 (5%)
White	16 (76%)
<b>Ethnicity</b>	
Hispanic	2 (10%)
Non-Hispanic	19 (90%)
<b>Clinical Specialty</b>	
Family Medicine	15 (71%)
Internal Medicine	6 (29%)
<b>Years in Medical Practice</b>	
0-10	2 (10%)
11-20	3 (14%)
21-30	10 (48%)
31-40	5 (24%)
41-50	1 (5%)
<b>Practice Setting</b>	
Academic	9 (43%)
Employed physician group	2 (10%)
Group private practice	9 (43%)

**Figure 2. Provider Suggested Barriers to LDCT**



## SAMPLE QUOTES

"So even if the physicians know the guidelines, like me, myself, I don't know which insurances cover... so I think that that's a deterrent as well, because typically it's a lot of work for the staff to try to get things authorized and approved."

Female, group practice, 26 years in practice

Male, group private, 27 years in practice

"I would probably have to say the physicians are probably not recommending it, not recommending it strongly enough or, lastly, not taking the time... to fully explain it to the patient.... I think it's a time pressure. It's one more thing to cover in an office visit."

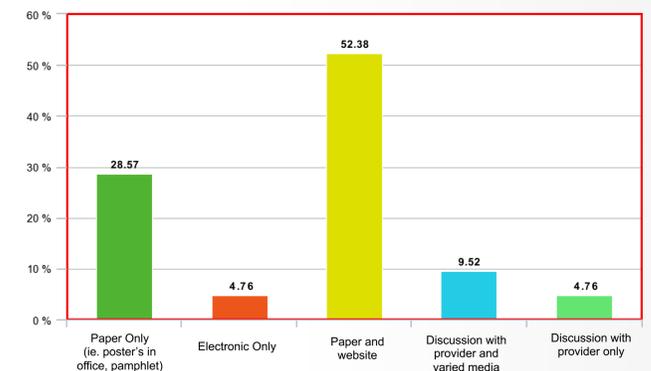
"I've had a couple patients say that they're kind of scared of it. I think it has to do a little bit with shame and feelings of guilt that they had about smoking, and they just don't want to – it just intimidates them to face it that it's a possibility."

Female, academic, 13 years in practice

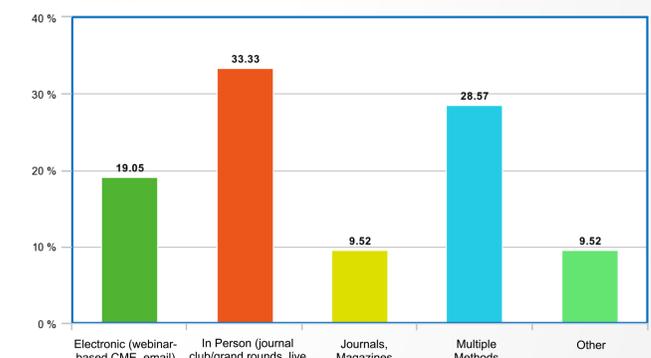
"I don't think people know about it and I think that a lot of doctors probably – are like me they don't see it affecting outcomes, and in their experience see false positives that require additional work ups with no benefit."

Male, group private practice, 27 years in practice

**Figure 3. Suggested Methods to Improve Patients' Knowledge**



**Figure 4. Suggested Methods to Improve Providers' Knowledge**



## CONCLUSION

- Education of patients and providers is needed to increase lung cancer screening with LDCT.
- Most PCPs named website with paper-based as best method to improve patient's knowledge while suggested in-person methods for improving provider's knowledge for lung cancer screening with LDCT.
- New USPSTF guidelines have broadened criteria for screening with LDCT which may enhance screening rates in the future, but universal insurance coverage is needed.

## ACKNOWLEDGEMENT

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