

# Optimizing Lung Cancer Screening with Low-Dose Computed Tomography

Asante Gregerson, RN, BSN, DNP AGNP Student

## Background and Significance

Lung cancer (CA) is the leading cause of cancer-related death worldwide

- ~ 60% initial diagnoses occur after lung CA has metastasized
- Five-year survival rate:
  - ~6% for metastatic lung CA
  - ~59% for localized lung CA

Lung cancer screening (LCS) with low-dose computed tomography (LDCT) can:

- Promote early detection and diagnosis of lung CA
- Increase treatment options
- Decrease overall mortality
- USPSTF recommends annual LCS with LDCT
- Despite evidence LDCT utilization remains low

## Purpose

Evaluate LCS practices at a primary care clinic

- Assess provider knowledge of USPSTF LCS recommendations
- Determine barriers to LCS
- Make evidence-based recommendations to improve LCS at clinic

Goals:

- Optimize provider recognition of patients eligible for LDCT LCS
- Increase LDCT referrals for eligible patients

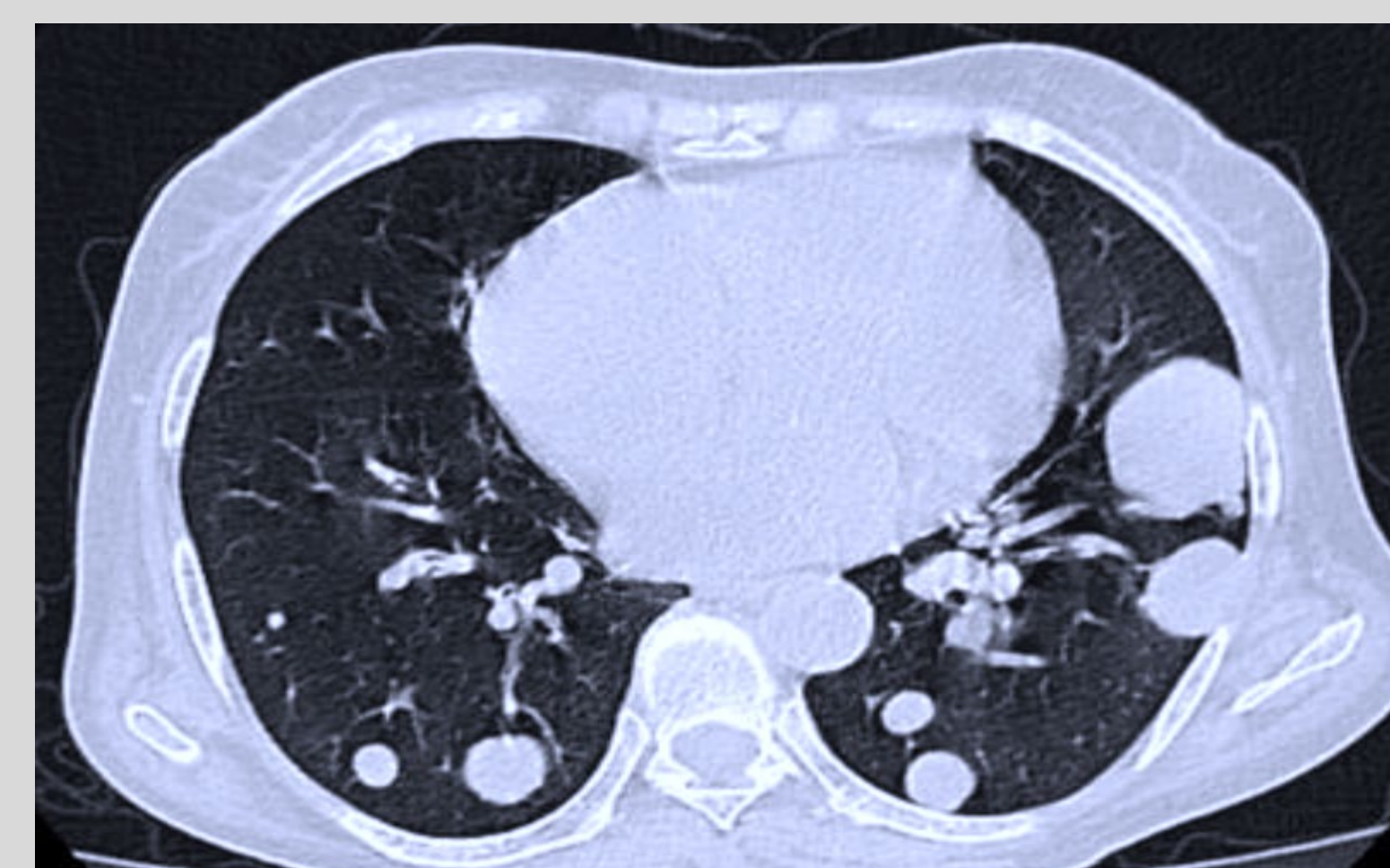
## Method

**Design:** Program evaluation with Plan-Do-Study-Act (PDSA) model

**Setting:** 4-provider primary care clinic in Central NC

**Data Collection:** Individual virtual provider interviews

**Analysis:** Qualitative data analyzed from interview transcripts



Alamy Stock Photo

## Results

- LCS practices were not evidence-based
- Provider knowledge of LCS recommendations and patient eligibility was low
- Provider-related barriers to LCS
  - Lack of knowledge
  - Difficulty ordering LDCT
  - Fear of losing patients to a different practice
  - Time constraints
- Patient-related barrier to LCS
  - Patient resistance
  - Financial concerns
  - Transportation
  - Fear of a cancer diagnosis

## Conclusions

**Evidence-Based Recommendations:**

- On-going provider education on LCS guidelines
- Cheat sheet with LCS eligibility criteria
- Use of a nurse navigator to facilitate LCS with LDCT

**Limitations:**

- Low provider response rate (50%)

**Future Research Opportunities:**

- Examine smoking history collection practices and accuracy at the clinic
- Compare number of eligible patients to number of LDCT LCS referrals to measure utilization at the clinic
- Determine patient-reported barriers to LCS
- Investigate the impact of vaping on eligibility for LCS



Image: Freepik.com



# References

1. Centers for Disease Control and Prevention. (2021, June 8). Lung cancer statistics. <https://www.cdc.gov/cancer/lung/statistics/>
2. Jonas, D. E., Reuland, D. S., Reddy, S. M., Nagle, M., Clark, S. D., Weber, R. P., Enyioha, C., Malo, T. L., Brenner, A. T., Armstrong, C., Coker-Schwimmer, M., Middleton, J. C., Voisin, C., & Harris, R. P. (2021). Screening for lung cancer with low-dose computed tomography: Updated evidence report and systematic review for the US Preventive Services Task Force. *JAMA*, 325(10), 9719-9727. doi:10.1001/jama.2021.0377
3. Siegel, R. L., Miller, K. D., Fuchs, H. E., & Jemal, A. (2021). Cancer statistics, 2021. *CA: A Cancer Journal for Clinicians*, 71(1), 7-33. <https://doi.org/10.3322/caac.21654>
4. US Preventive Services Task Force. (2021). Screening for lung cancer: US Preventive Services Task Force recommendation statement. *JAMA*, 325(10), 962-970. doi:10.1001/jama.2021.1117
5. World Health Organization. (2022, February 3). Cancer. <https://www.who.int/news-room/fact-sheets/detail/cancer>