

Abstract

Despite expanded guidelines and wider implementation of low-dose computed tomography (LDCT) for lung cancer screening in the United States, screening rates remain significantly lower than those for colon and breast cancer, in part because the decision-making processes of eligible individuals are not well understood. To explore how current and former smokers decide whether to undergo LDCT and to identify barriers that hinder access, we conducted standardized phone interviews with ten participants aged 50–60 who met U.S. Preventive Services Task Force eligibility criteria. Interview transcripts were analyzed using qualitative and quantitative methods. Only four participants (40%) were aware of their screening eligibility; among those unaware, five of six (83.3%) reported they would be more likely to be screened if their physician recommended it, consistent with prior findings that strong patient–provider communication is a key facilitator of screening uptake. Reported barriers included lack of time or resources, fear of a negative result, and a perceived low personal risk of developing lung cancer—barriers widely described in the literature. These findings suggest that improving education for both patients and providers, strengthening physician recommendations, addressing misconceptions, and enhancing accessibility and affordability of LDCT screening are critical to increasing screening uptake among eligible individuals.