

Exploring Patient's Decisions to Not Screen for Lung Cancer

Charles Johnson, MS2; Andrew MacLennan, MD
University of Colorado, Kaiser Permanente

Introduction

Even though the screening guidelines and programs with low dose computed tomography (LDCT) for lung cancer have been expanded and more widely implemented throughout the United States, lung cancer screening rates remain far lower than comparable colon cancer and breast cancer screening rates. Additionally, although there are many hypotheses as for why this is the case, there is very limited objective data regarding it, and therefore the decision-making process of screening eligible people remains poorly understood.

Objective

To analyze the decision-making process into how screening eligible former and current smokers decide or decide against screening and what barriers may be present that are preventing these people from accessing screening.

Methods and Materials

An interview guide was constructed and utilized to conduct phone interviews with screening eligible people who had not yet been screened in order to assess their decision making and desire regarding getting low dose CT screening for lung cancer. The interviews were transcribed, and quantitative and qualitative data were collected utilizing their responses to each of the questions.

A sample of 10 participants were selected and interviewed from a pool of current or former tobacco smokers between the ages of 50 – 60 who were eligible for lung cancer screening based on the USPSTF guidelines and had an “Discuss LCS” open care gap in epic.

Results

Across the 10 participants interviewed the results demonstrated that there are several misconceptions and barriers to lung cancer screening for those who are eligible. Only 4/10 (40%) of the participants were previously aware that they were eligible for lung cancer screening based on their history. Of those who were not aware of their eligibility, 5/6 (83.33%) said that they would be more likely to get screened with a recommendation from their physician. Of those who were aware of their eligibility, 5/5 (100%) were made aware by their physician and 3/5 (60%) were also made aware through the Kaiser portal. Aside from physician recommendation, the reasonings and barriers most significant for people to not get screened (both aware and unaware of eligibility) included not having the time required to screen (3/10, 30%), the fear of finding out a result worrisome for cancer (2/10, 20%), the feeling of being at low overall risk of developing lung cancer (2/10, 20%), and the feeling of disease being inevitable (1/10, 10%).

Screening guidelines go only as far as patients and providers are willing to take them. This study demonstrated the significant importance of how a strong patient-physician relationship, communication with patients, as well as continuing to reduce physical and social barriers play in a patient's decision to undergo recommended lung cancer screening.

“I’m still attempting to find the opportunity and courage to get screened”

“I didn’t know I was eligible, if a doctor would have told me I probably would have been screened already”

Discussion

Overall, better education for both patients and providers regarding LDCT is necessary to continue to improve the screening rates for lung cancer amongst eligible patients. The presence of appropriate and strong recommendations from physicians was the most influential factor into patients getting screened and thus should continue to be emphasized going forward. Additionally, the correction of common misconceptions through patient specific education regarding and the more widespread availability of screening guidelines is of vast importance in order for rates to improve. Finally, continuing to improve the availability and cost of screening will allow more eligible patients to utilize it.

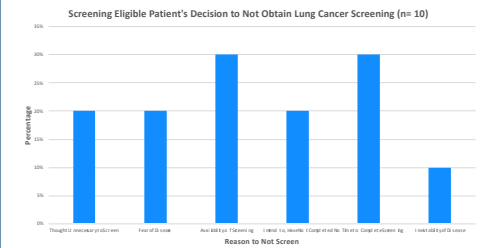


Table 1. Specific Data on Reasons to Not Screen

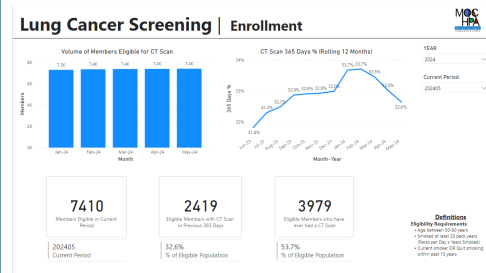


Figure 1. Current Screening Incidences

Lung Cancer Screening

Are you eligible?

Age?

You are **50-80*** years old

Smoke?

You currently smoke **OR** Have quit in the past 15 years

Calculate your PACK YEARS

Number of packs of cigarettes smoked per day

⊗

Number of years you smoked

20

You have a 20 PACK YEAR or greater history of smoking

* Patients should check with their insurers. Coverage may vary by age and pack years. Medicare covers patients age 50 to 77.

Figure 2. Current Lung Cancer Screening Guidelines.

Contact

Charles Johnson
CU School of Medicine
Charles.p.johnson@cuanschutz.edu
970-817-1528