

Title: Lung Cancer Screening Practices Among Primary Care Providers in Newark, NJ

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Background: Low dose computer tomography (LDCT) annual lung cancer (LC) screening decreases mortality by 20%. Despite USPSTF recommendations for adults 55-80, screening rates are 4.4% nationwide and 3.3% in NJ.

Objective: To assess primary care physicians' usage of screening guidelines and describe current practices to determine patients meeting criteria for lung cancer screening.

Methods:

From a list provided by the Greater Newark Healthcare Coalition, 459 PCPs were identified. Email/mailling addresses were obtained by calling providers' offices and searching Google. A 35-question voluntary mail and web-based survey was administered, addressing 5 domains: 1. Screening recommendations 2. Practice procedure and characteristics 3. Barriers 4. Patient characteristics 5. Provider's demographics. Three paper mailings and 4 email reminders with a link to the survey were sent over nine weeks November 2020-January 2021. A Compliance Index was developed to score adherence to 6 USPSTF guideline recommendations. Analysis of responses was done using JMP.

Results: The survey response rate was 14.5% (N=45), with many not answering all questions. Forty percent indicated they did not follow any lung cancer screening guidelines. Most, 14/22 (64%) reported following "Most of the recommendations, most of the time." Use of USPSTF guidelines to determine eligibility for LC screening did not differ comparing academic and non-academic providers. No significant differences by PCP age, gender, or practice setting (academic vs non-academic) were identified using the Compliance Index, although non-Hispanic PCPs scored higher on the Index than Hispanic PCPs (Wilcoxon Rank Sum $p=0.04$). 33% of providers used chest x-ray for screening but most were also ordering LDCT. Only 30% of patients ask providers LCS screening.

Conclusion:

Most providers are aware of USPSTF recommendations but do not adhere to them fully. Few patients ask about screening indicating the patient awareness needs to be addressed at the individual and community level.

