Lung Cancer Screening Practices Among Primary Care Providers in Newark, New Jersey Varsha Shah, MD, MPA, John Webb, MD, Emily Carey Perezdealejo, Julia Carter, Pauline Thomas, MD, Marian Passannante, PhD

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BACKGROUND

- Lung cancer is the leading cause of cancer deaths, accounts for 18.4% of all cancer-related deaths
- Low dose CT scan (LDCT) screening test for lung cancer in high-risk smokers, decreases mortality by 20%
- National Lung Cancer Screening Rate for eligible individual is 4.4% and NJ screening test is 3.3%
- USPSTF, ACS, CMS, ACP
- New USPSTF: 50-80 years, h/o of 20ppy and currently smoking or quit within 15 years

OBJECTIVES

To assess PCPs' usage of screening guidelines, current practices, referral practices

KUTGERS School of Public Health

METHODS

- •IRB approved, cross-sectional descriptive study, Voluntary
- •Using multi-modal survey methods (web-based, mail)
- Time: November 2020-January 2021
- Multiple methods used to obtain list of providers practicing in Newark, NJ
- •Obtain list of 2996 providers from Greater Newark Health Care Coalition (GNHCC), calling providers offices, Rutgers NJMS-IM, FQHC administrator, Internet searches
- •Excluded providers who did not have email or postal addresses, specialty groups such as podiatrists, surgeons, pediatricians (anyone who did not provided care to individual >50 years of age)
- Sample size=459 PCPs
- 3 paper survey sent to 224 providers and 4 email survey with link was sent to 236 PCPs over 6-9weeks
- •Used JMP15 and JMP Pro for statistical analysis

RESULTS

- Response rate=14.52%
- 17/43(40%) respondents did not follow lung cancer guidelines (2 were missing out of 45 respondents) 14/22 (64%) reported following guidelines "most of the recommendations, most of the time" (23 missing/45)
- PCPs on average respondent's score index, correct practice of USPSTF guidelines5/6 correct responses
- 54% respondents had reminder system in their practice

59% reported practice has implemented LCS guidelines

Limitations: 1. small sample size 2. did not include shared decision making 3. does not represent community-based providers since few responded to our survey Strength: our findings supported previous studies in shortcoming in identifying eligible patients for screening

Most respondents were only partially aware of USPSTF recommendations, and many did not follow known recommendations

- Provider education



Conclusion

Next Steps

• Community awareness program for lung cancer screening

• Increase Insurance Coverage

• Increase the LDCT testing sites, Tobacco Cessation sites

