

Assessing compliance of recommended lung cancer screening over a 5-year span among veterans in the New Jersey VA Medical Care System

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Background: Lung cancer has a high prevalence, high morbidity and mortality, and better survival rates when diagnosed at an earlier stage. In 2013, the USPSTF recommended annual lung cancer screening using low-dose computed tomography (LDCT) in adults aged 55 to 80 years with a 30 pack-year smoking history who currently smoke or have quit within the past 15 years. In a recent 2020 JAMA systemic review and meta-analysis, the lung cancer screening adherence rate was 55%. Current smokers, patients of races other than white, those younger than 65 years, and those with less than a college education had lower adherence to screening, meaning these findings suggest that adherence to lung cancer screening is much lower than reported in large randomized clinical trials and is lower for current smokers and smokers from minority populations. Our project aims to assess 5-year compliance to follow-up LDCT scans among those who received a first-time LDCT as identified by previous USPSTF criteria from years 2015-2020 among patients enrolled in the ambulatory care clinic at the East Orange VA Medical Center.

Methods: Using a retrospective chart review, we will assess patients who received a first-time LDCT scan at the East Orange VA Medical Center from 1/1/2015-12/31/2020 as identified by previous USPSTF screening criteria, as well as assess demographics of patients in relation to compliance with follow-up LDCT scans including patient gender, race, and current smoking status, and how the COVID-19 pandemic affected results in 2020.

Results and Conclusion: Pending data extraction and analysis of such data. Project is still ongoing without identifiable results