

Evaluating Awareness of Low-Dose Computerized Tomography for Lung Cancer Screening

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Introduction

- ❑ In the U.S., excluding melanoma, lung cancer is the leading cause of cancer-related deaths.¹
- ❑ Cigarette smoking is the number one risk factor and is linked to 80-90% of lung cancer deaths.²
- ❑ Low-Dose Computerized Tomography has been shown to reduce lung cancer deaths by 20% in randomized control trials and observational studies.⁴
- ❑ The U.S. Preventative Task Force recommends annual screening for lung cancer with low-dose computerized tomography (LDCT) in adults ages 55-80 years of age who
 - ✓ Have a 30 pack-year smoking history and
 - ✓ Currently smoke or
 - ✓ Have quit within the past 15 years.³

Objective & Hypothesis

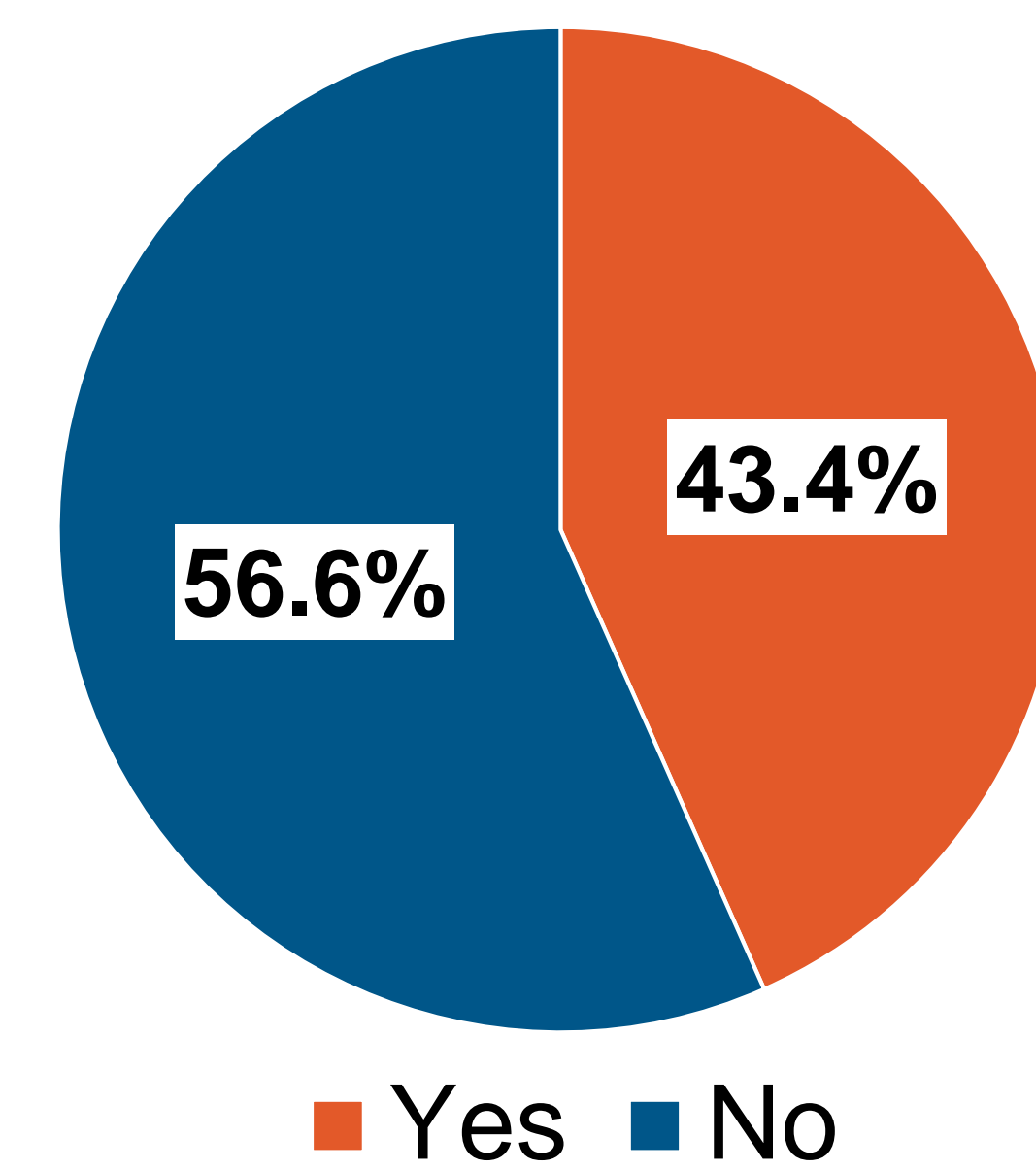
- ❑ Evaluate general awareness of LDCT screening in asymptomatic patients aged 55-77 years who have received care at St. Petersburg General Hospital or Family Care Clinic.
- ❑ Our hypothesis is that overall awareness of LDCT screening is less than 50%.

Methods

- ❑ Patients aged 55-77 years at St. Petersburg General Hospital and St. Pete Family Care were recruited to complete a survey assessing LDCT awareness.
- ❑ We excluded patients who could not provide consent, such as those with dementia.
- ❑ Survey was voluntary and all participants consented.

Results

Awareness of LDCT screening (N=115)



Awareness of Insurance Coverage of LDCT screening (N=115)

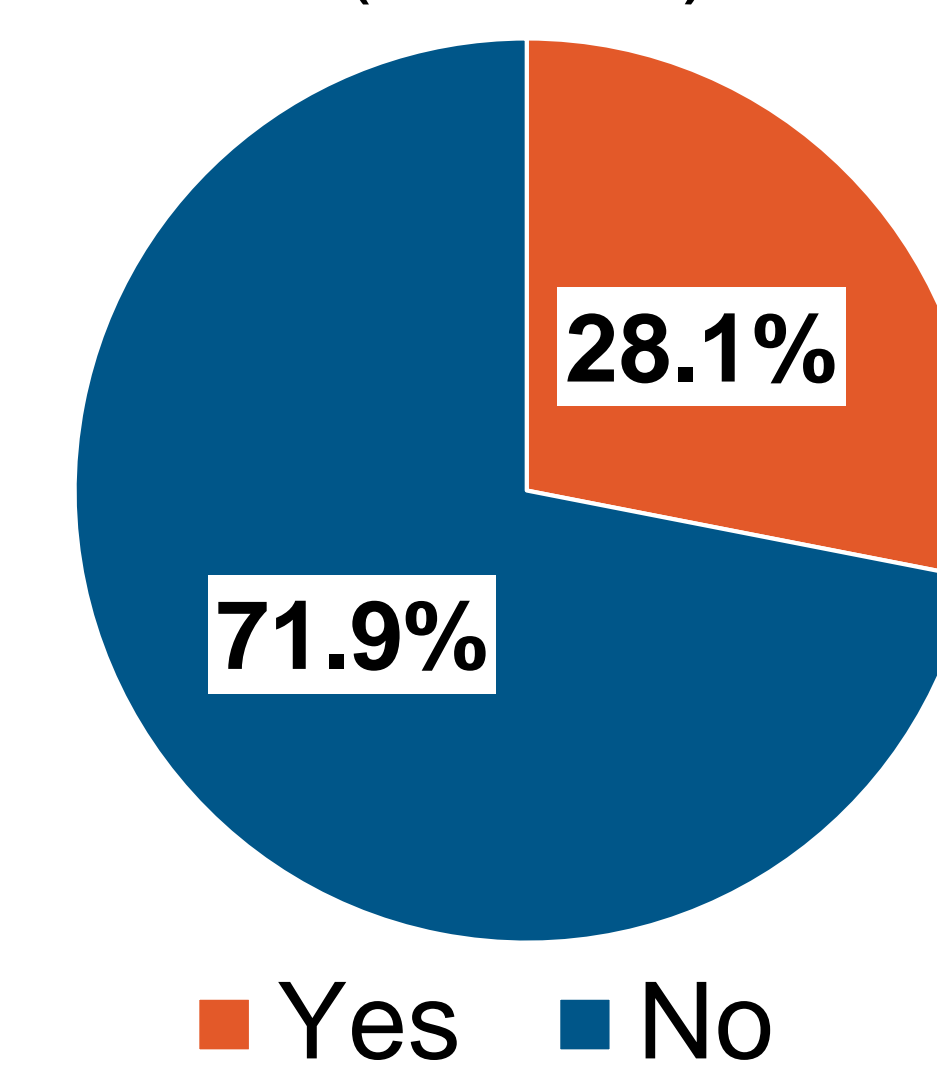


Table 1. LDCT Screening Awareness by Smoking Status

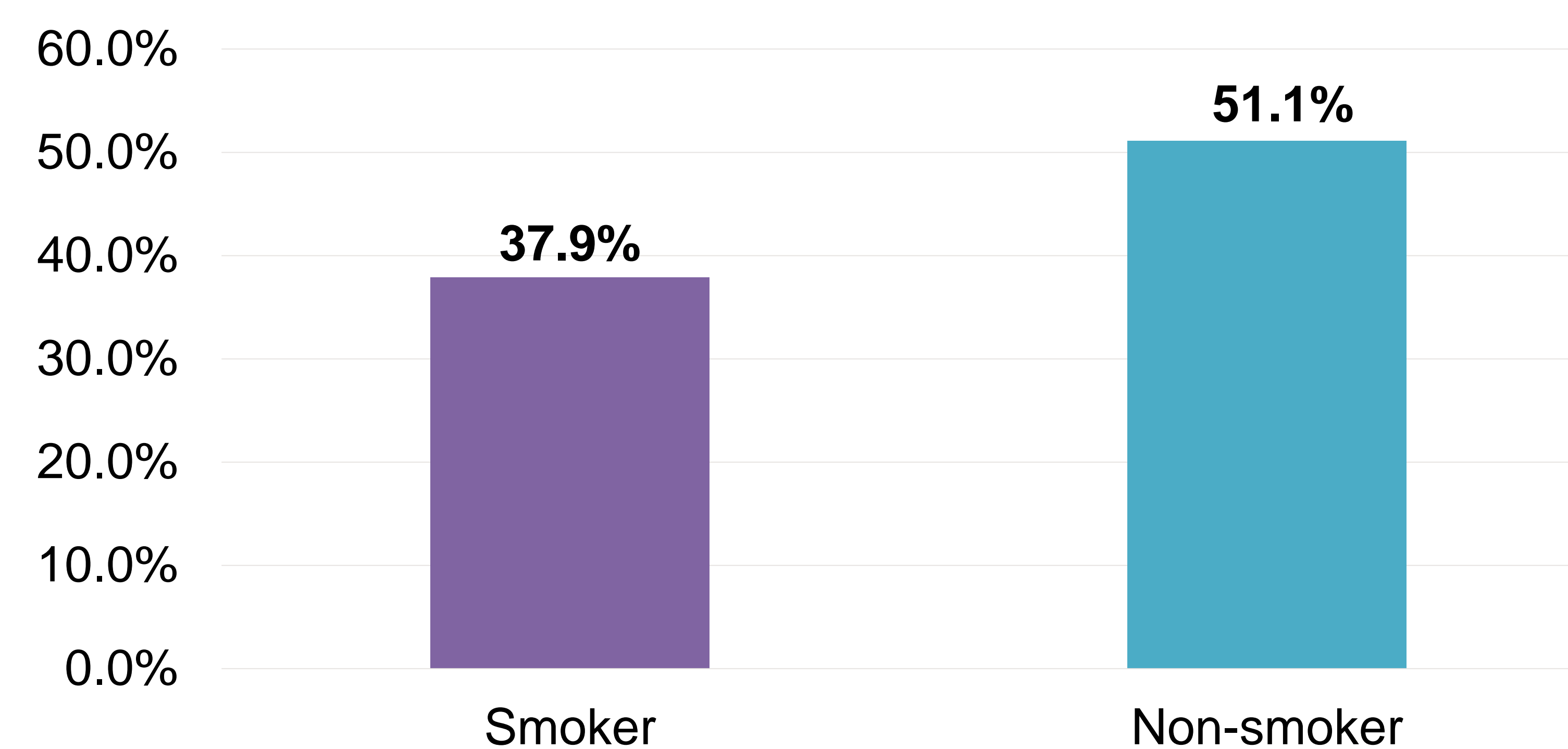
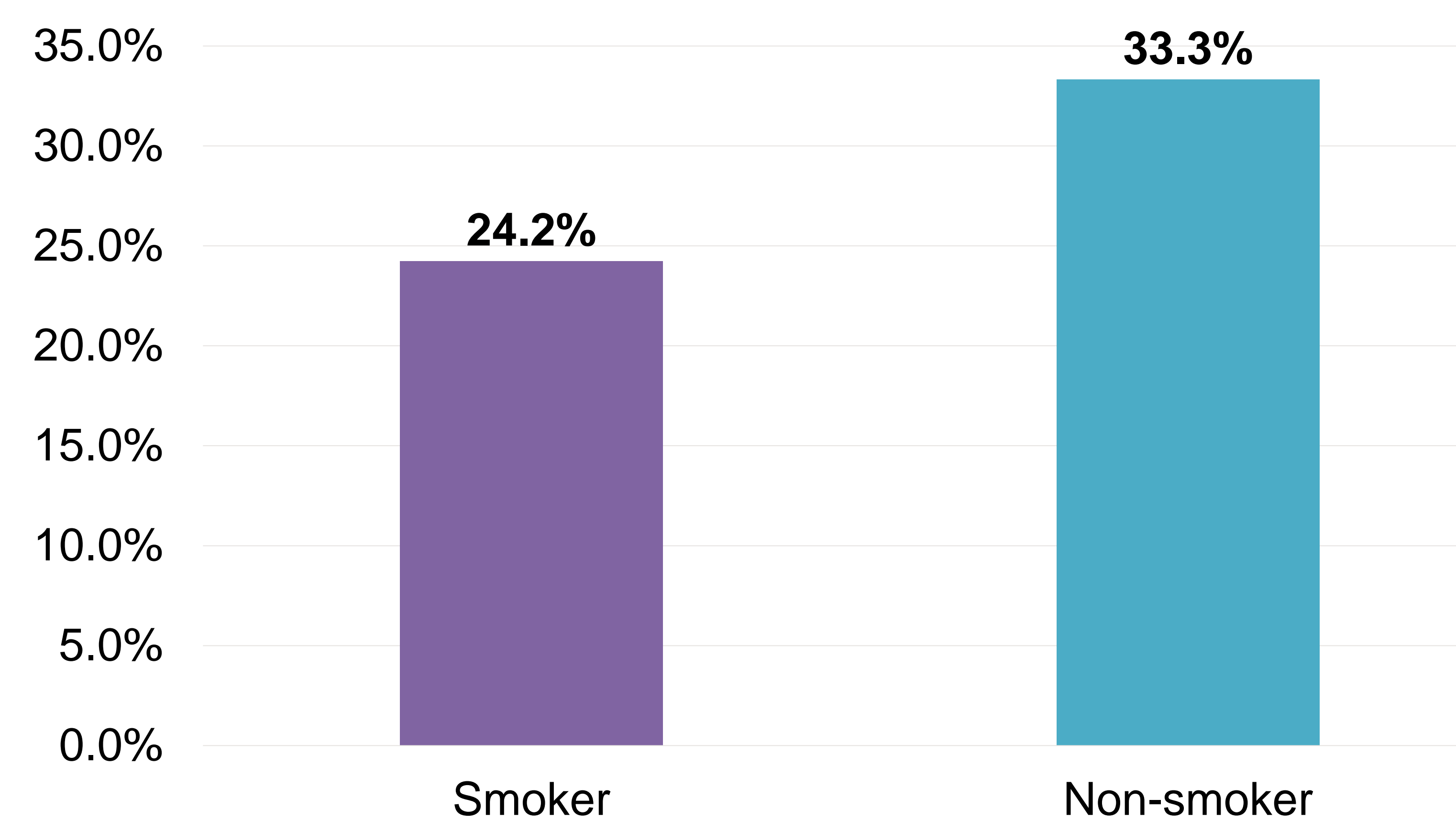


Table 2. Insurance coverage of LDCT Screening Awareness by Smoking Status



p > 0.05

Discussion

- ❑ Overall awareness of LDCT screening is below 50% as hypothesized.
- ❑ Smokers were less likely to be aware of LDCT screening than non-smokers, but the difference was not statistically significant, (p > 0.05).
- ❑ Ideally, the smoking population should have a heightened awareness of lung cancer screening.
- ❑ Awareness that LDCT is 100% covered by Medicare, Medicaid, and most private insurers: 28.1%
- ❑ Smokers were less likely to be aware of insurance coverage for LDCT screening, but the difference was not statistically significant, (p > 0.05).
- ❑ If patients are not aware that LDCT is covered by most insurances, they are less likely to be compliant with screening.
- ❑ The main limitation of our study was the small sample size and that it is not representative of the source population.

Conclusion

- ❑ There seems to be a need for clinicians to educate current and former smokers about LDCT screening and insurance coverage for screening.
- ❑ Additional studies are needed to further assess awareness of LDCT screening among smokers as literature is scarce in this area.
- ❑ Future studies should also examine physician recommendations for LDCT screening among former and current smokers.

References

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