

Low-dose CT Lung Cancer Screening Practices and Attitudes Among Primary Care Providers at an Academic Medical Center

**J. Lewis, W. J. Petty, J.A. Tooze, D. P. Miller,
C. Chiles, A. A. Miller, K. E. Weaver**

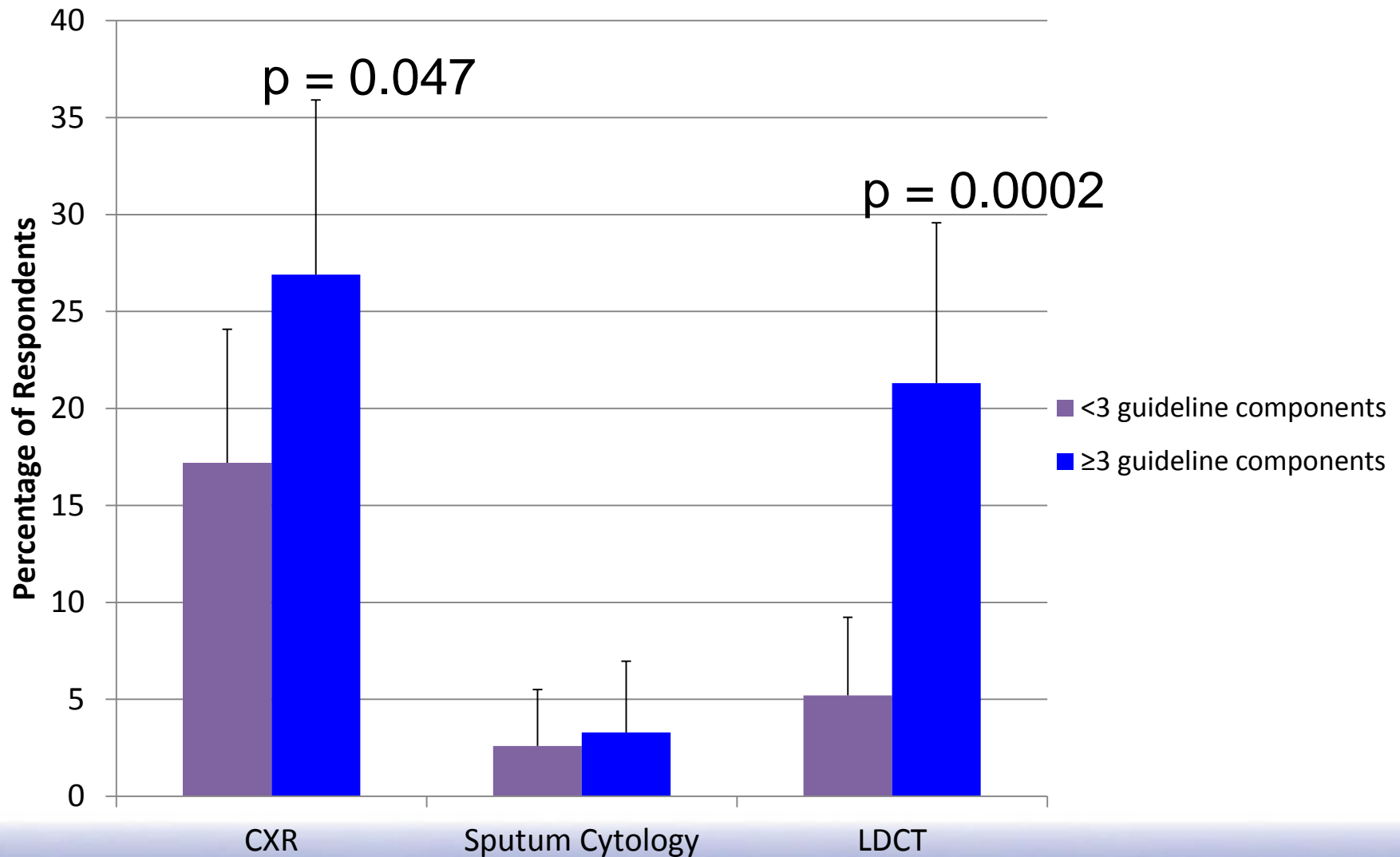
**Wake Forest Baptist Health, Winston-Salem, North
Carolina**

Results: Guideline knowledge is limited

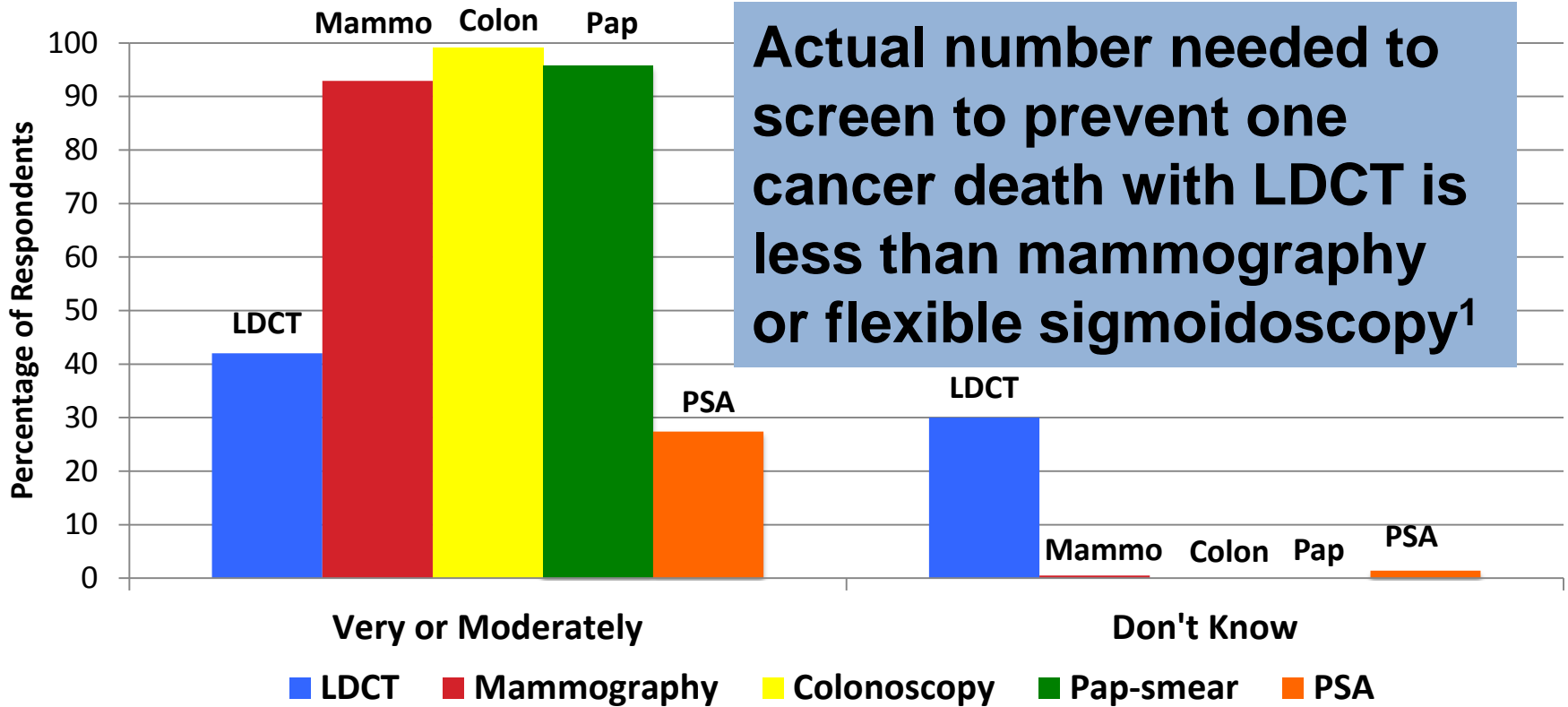
Guideline Component	% Responses consistent with any guidelines*
Screening is recommended for current and former smokers	67
Screening is not recommended for second-hand smokers	43
Eligible age to initiate screening is 50 or 55 years	35
Eligible age to stop screening is 75 or 80 years	29
Minimum smoking history is 20 or 30 pack years	36
1-year screening interval is recommended	25
% respondents who identified ≥ 3 components	47
% respondents who identified 0 components	24

*ACS, NCCN, ASCO, ACCP, AATS, ALA

Results: Familiarity with guidelines is associated with greater use of LDCT

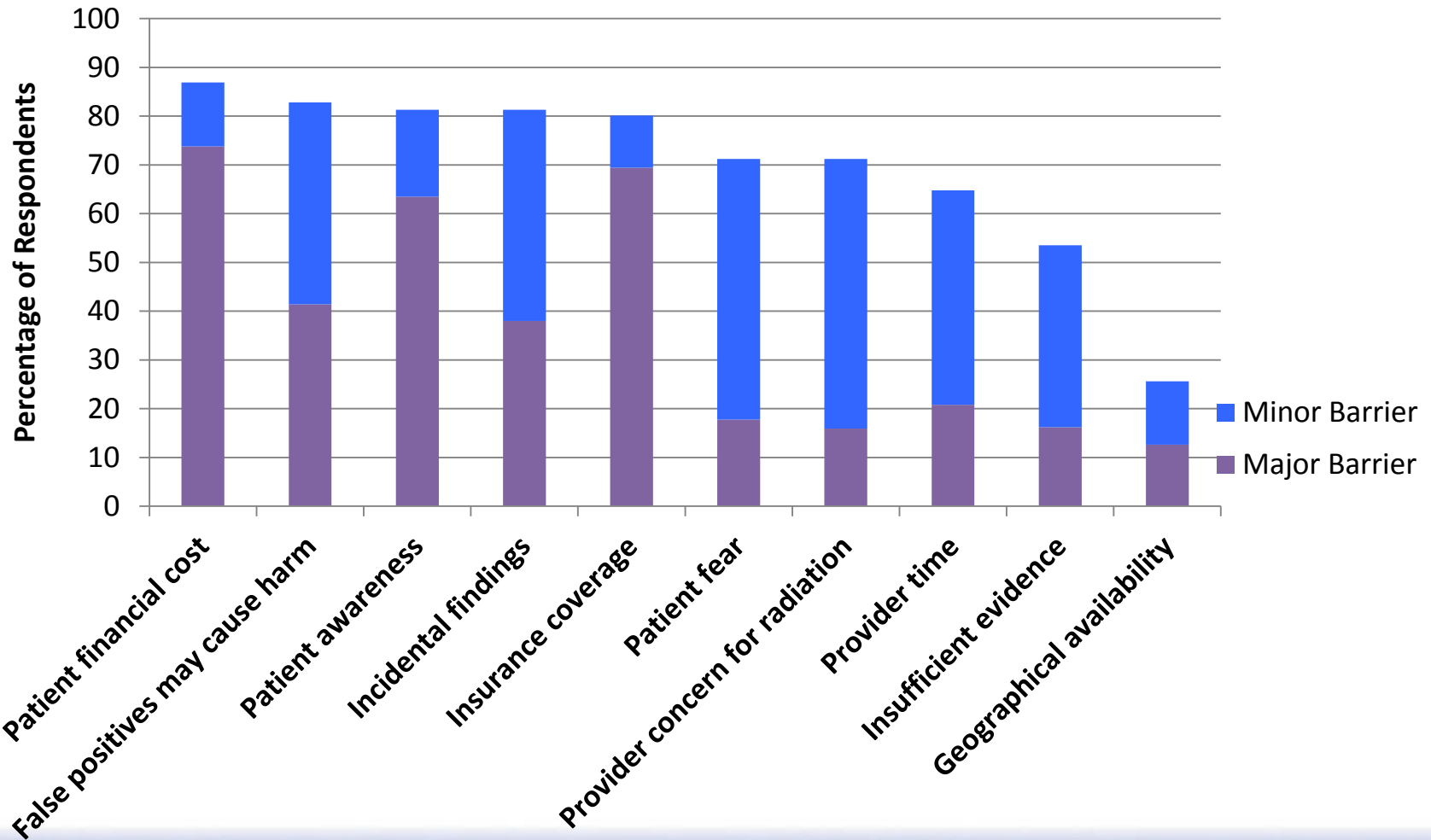


Results: Perceived effectiveness of LDCT in reducing mortality is comparatively low



1. Humphrey LL, Deffebach M, Pappas M, Baumann C, Artis K, Mitchell JP, et al. Screening for lung cancer with low-dose computed tomography: a systematic review to update the U.S. Preventive Services Task Force recommendation. *Annals of Internal Medicine*. 2013;159:411-420.

Results: Many perceived barriers to LDCT screening exist



Conclusions

- More providers order CXR rather than LDCT for lung cancer screening
- Most providers do not know current guidelines for lung cancer screening
- <50% of providers perceive LDCT as effective in reducing cancer-specific mortality
- Major perceived barriers are related to cost, harm and patient awareness of screening