



# NATIONAL LUNG CANCER ROUNDTABLE

**LUNG CANCER IS JUST DIFFERENT:  
UNDERSTANDING THE POPULATION IS THE  
FIRST STEP TOWARDS REDUCING DISPARITIES**

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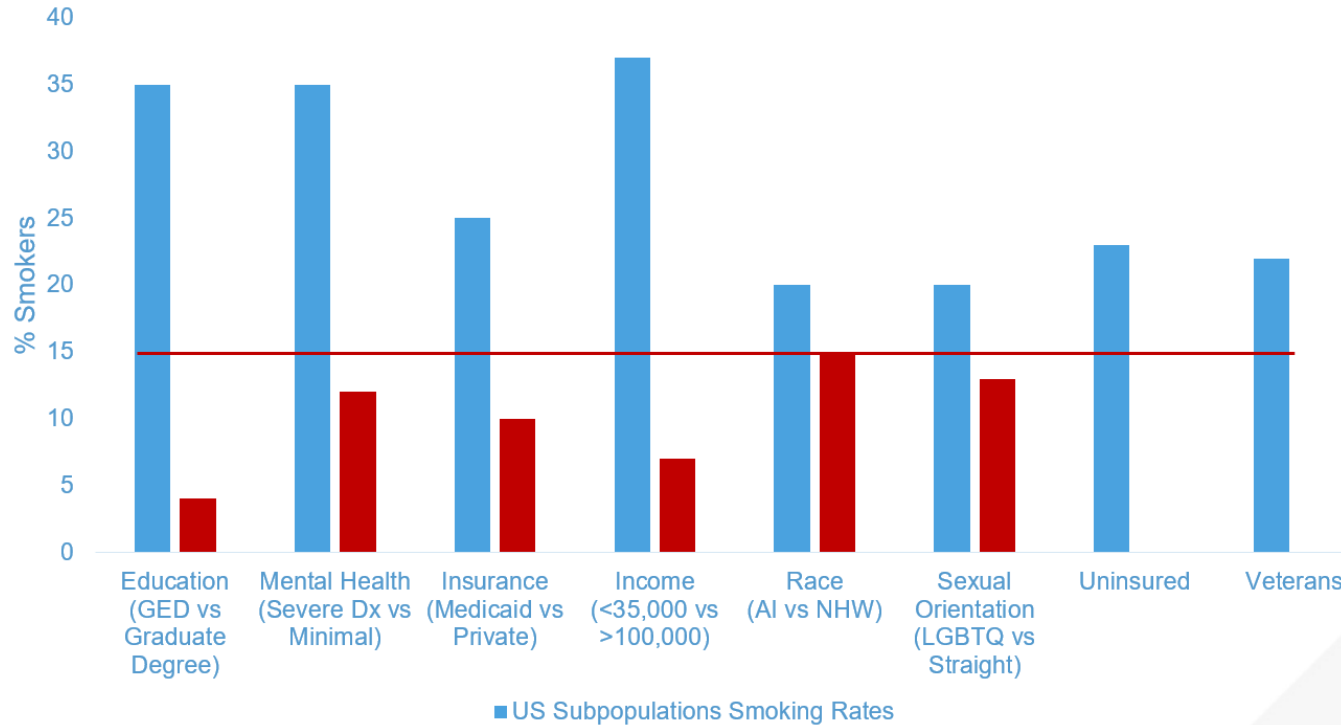
# Disclosures

None

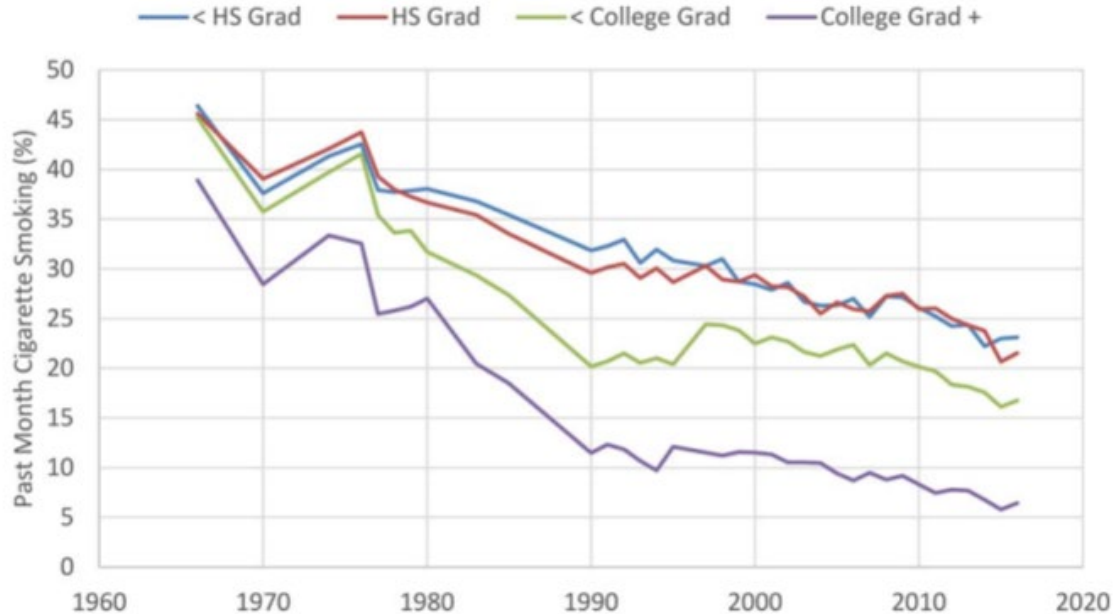
**If you were going to create a disadvantaged population it would start with the fact that we are targeting a population that....**



# Smoking Rates in US Subpopulations 2019



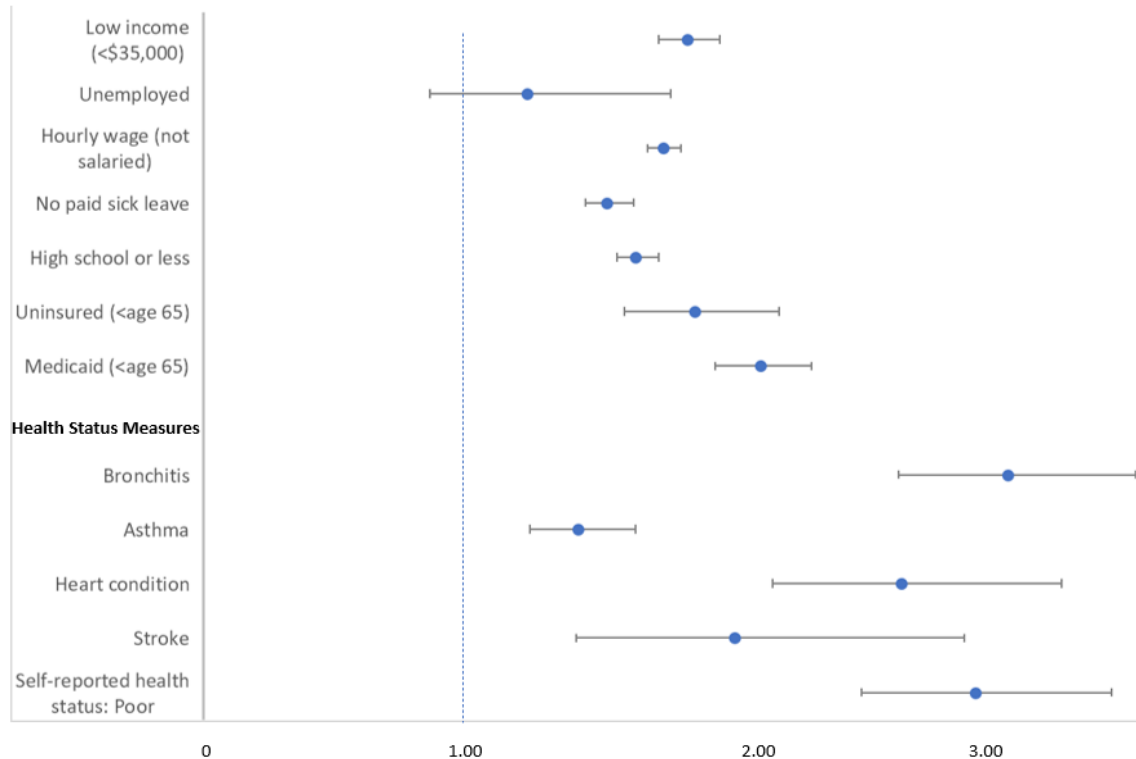
# Difference in Decline of Smoking by Education



Over time this disadvantaged population has been enriched because the slope of the decline in smoking differs by subgroup

# 8 Million Lung Cancer Screen Eligible vs. General Population

## Socioeconomic Measures



Eligible v US Population Prevalence Ratios (PR) and 95%CI

# **This Population Engages the Medical Community Differently**



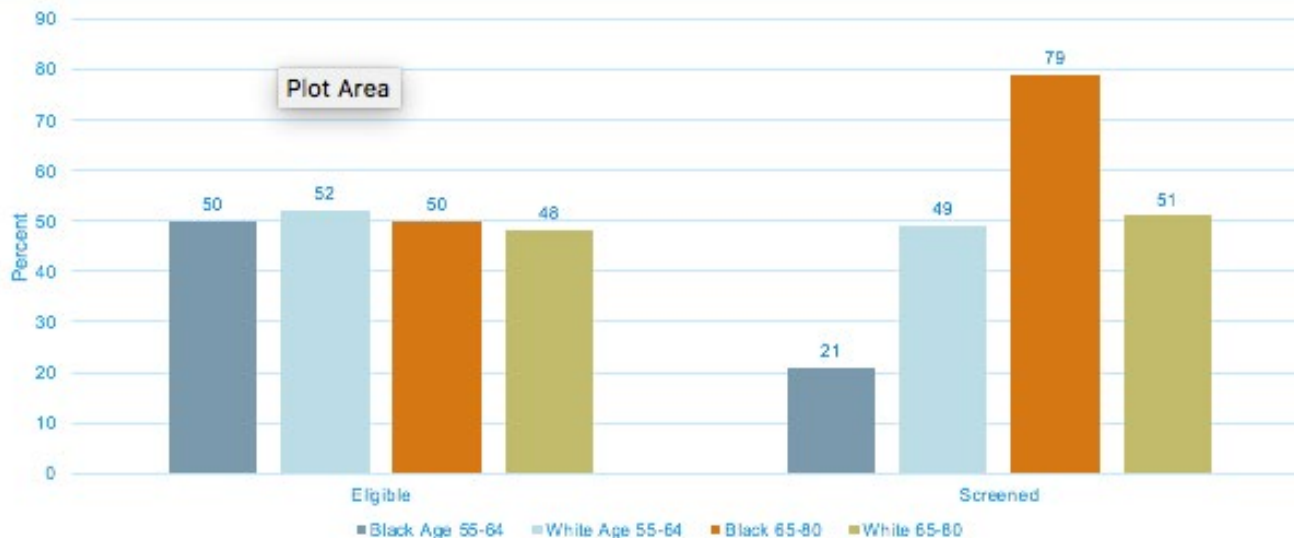
**NLCRT**  
NATIONAL LUNG CANCER ROUNDTABLE



## Lung Cancer Screening Eligibility and Screening Patterns Among Black and White Adults in the United States

Jessica W. Lozier, MD; Stacey A. Fedewa, PhD; Robert A. Smith, PhD; Gerard A. Silvestri, MD, MS

### Eligible and Screened Population by Age and Race/Ethnicity





# Attitudes Towards Screening Among Individuals who Smoke

First time a screening program is targeting a subset of the population with a preventable disease caused by a specific health behavior

Positive Predictors	Negative Predictors
Caucasian	Hispanic/African American
Higher Education	Less Than High School Education
Family History of Cancer	Poor Health Status
Middle/High Socioeconomic Status	Unable to ID source of Healthcare
Individuals who do not smoke	Male

Silvestri et al. Thorax 2007  
Limmer et al. J Adv Pract Oncol.  
2014

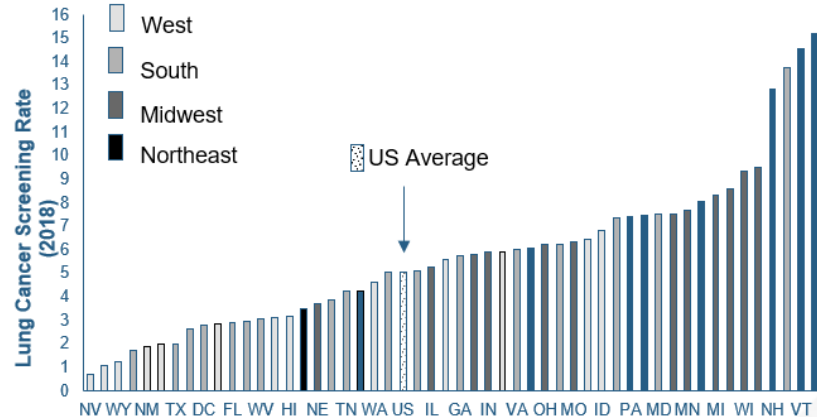
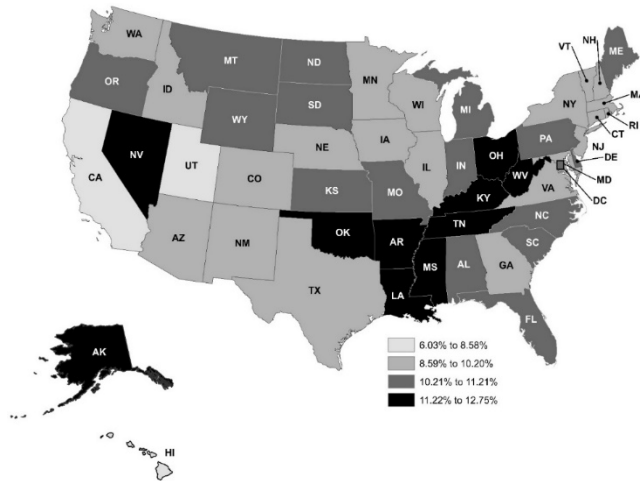
# Odds Ratios of Receipt of an Annual Screening Exam (N = 690K)

## Adherence = 22%

- Blacks: .79 (95%CI .76-.82)
- Hispanics: .69 (95%CI .60-.70)
- < high school degree: .88 (95%CI .82-.95)
- Self pay/uninsured: .45 (95% CI .40-.50)
- Individuals who Smoke: .82 (95%CI .81-.83)
- Residency in the South: .72 (95% CI .72-.74)

Silvestri et al. 2021, under review

# State Variation in LDCT for Lung Cancer Screening in US



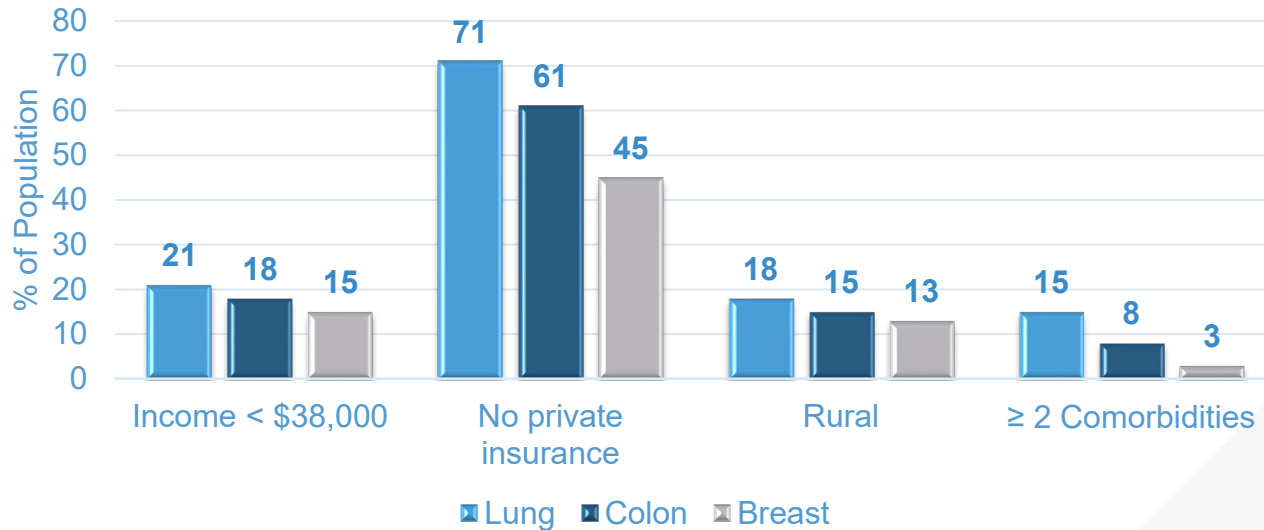
Fedewa, Silvestri, JNCI 2020

**50%** of smokers meeting criteria were uninsured or Medicaid insured

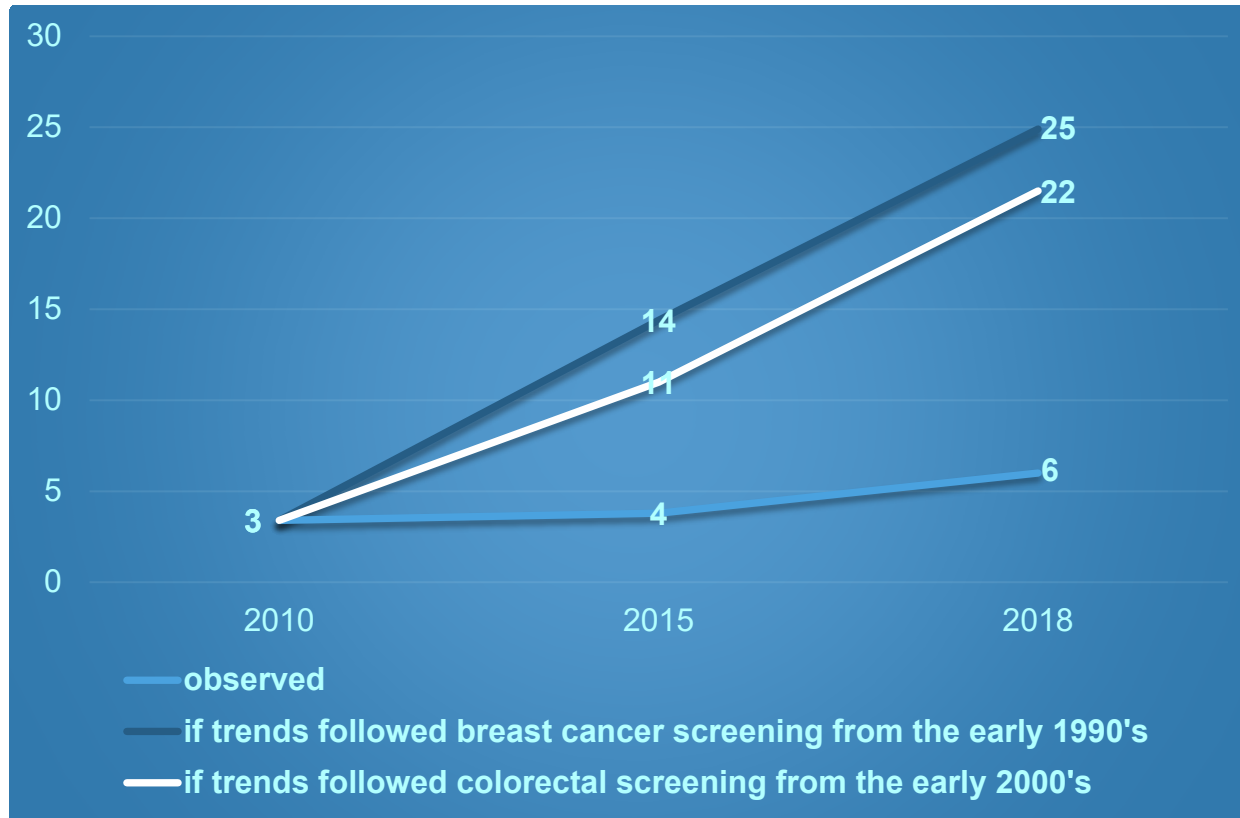
Jemal A et al. JAMA IM. 2018

# Comparing the Big 3 Cancers With Screening Programs

## Social Determinants of Health and Baseline Health Characteristics (n= >3 million cases in NCDB)



# Comparing National Screening Uptake of Lung to Colorectal and Breast Screening



Courtesy of Stacey Fedewa

# Summary

- Persons at risk for lung cancer are a disadvantaged population compared to:
  - the general U.S. population
  - other commonly screened-for cancers
- This affects uptake and adherence
- Recognition of the challenges in reaching this population is a necessary first step in reducing disparities in screening for lung cancer
- Developing and implementing strategies based on these and other data are needed to realize the potential of lung cancer screening



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