Disparities and Challenges to Access from the Perspective of Lung Cancer Screening Implementation.

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Lung Cancer and Race

• The incidence rates and mortality rates of lung cancer are highest in Black men

• Over the past 40 years there has been a decrease in lung cancer incidence and mortality in all races

• Black men are still more likely to have lung cancer when smoking habits are adjusted for
Cancer Care Equity Program

- Focused effort to provide Lung cancer screening to underserved patient population in 2014
- Supported by a grant by CVS
- Implemented before CMS coverage of lung cancer screening
- Embedded in a federally qualified health center
- Challenges
<table>
<thead>
<tr>
<th>Clinical Characteristics (N=225)</th>
<th>N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reasons for Referral</strong></td>
<td></td>
</tr>
<tr>
<td>Hematological consult</td>
<td>49(22)</td>
</tr>
<tr>
<td>Evaluate for cancer</td>
<td>46(20)</td>
</tr>
<tr>
<td>Genetic counseling and testing</td>
<td>46(20)</td>
</tr>
<tr>
<td>Lung cancer screening/smoking cessation counseling</td>
<td>42(19)</td>
</tr>
<tr>
<td>Follow up care for cancer</td>
<td>34(15)</td>
</tr>
<tr>
<td>Cancer treatment</td>
<td>3(1)</td>
</tr>
<tr>
<td>Multiple reasons</td>
<td>5(2)</td>
</tr>
<tr>
<td><strong>Cancer Diagnosis</strong></td>
<td></td>
</tr>
<tr>
<td>No cancer diagnosis</td>
<td>171(76)</td>
</tr>
<tr>
<td>Cancer diagnosis</td>
<td>54(24)</td>
</tr>
<tr>
<td><strong>Comorbidities</strong></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>93(41)</td>
</tr>
<tr>
<td>Psychological disorder</td>
<td>81(36)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>45(20)</td>
</tr>
<tr>
<td>Chronic obstructive airway disease</td>
<td>43(19)</td>
</tr>
<tr>
<td>Gastrointestinal tract disease</td>
<td>43(19)</td>
</tr>
<tr>
<td>Liver disease</td>
<td>22(10)</td>
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<tr>
<td>Cardiovascular disease</td>
<td>18(8)</td>
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<tr>
<td>Chronic kidney disease</td>
<td>9(4)</td>
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<tr>
<td>Others</td>
<td>26(12)</td>
</tr>
<tr>
<td>No comorbidity</td>
<td>39(17)</td>
</tr>
</tbody>
</table>
Challenges to Screening

Communication
- Low priority within the health center
- Referral process; e.g., communication between teams
- Lack of support from Health Center
- Workflow issues

Provider Knowledge
- Providers unaware of screening recommendations
- Difficulty identifying patient population
- Providers unaware of program
- PCP resistance to lung cancer screening

Lack of Referrals to LCSP
- Fear / resistance
- Cost
- Unaware
- Socio-cultural, economic issues

Administrative

Patients
Clinic Utilization and Smoking Cessation Practices among Ethnic Minority Patients Referred for Paired Lung Cancer Screening and Tobacco Treatment Services at a Community Cancer Program

- 70 patients
- 26% total clinic no show rate

Despite expressing a willingness to participate, the no show rate of study participants for smoking cessation counseling (65%) was significantly higher than the no show rate for the LDCT screenings (8%)
Summary of patients referred for lung cancer screening and smoking cessation counseling

Referral by primary care provider N=70

- No show at clinic 24% (18/70)

Consented for research 90% (47/52)

- Not recommended for LDCT 13% (7/47)
  - Former Smokers (2), Current Smokers (5)

Recommended for LDCT 85% (40/47)

- No show for LDCT 8% (3/40)
  - Former Smokers (2), Current Smokers (1)

Received LDCT 92% (37/40)

- Former Smokers (3), Current Smokers (34)

Current smokers referred for smoking cessation counseling N=42

- Declined enrollment 5% (2/42)

Willingness to enroll in smoking cessation counseling 95% (40/42)

- No show for smoking cessation counseling 60% (24/40)

Attended smoking cessation counseling 35% (14/40)
• Targeting underserved patient populations with lung cancer screening is of utmost importance

  - Levine Cancer Center Efforts
  - Sanja Percac-Lima MGH cancer prevention

• Note that lung cancer screening must have an effective smoking cessation program, and many current smokers are not able to quit the first time.

• If we are unable to broaden access to the most vulnerable then the screening program can exacerbate disparities.