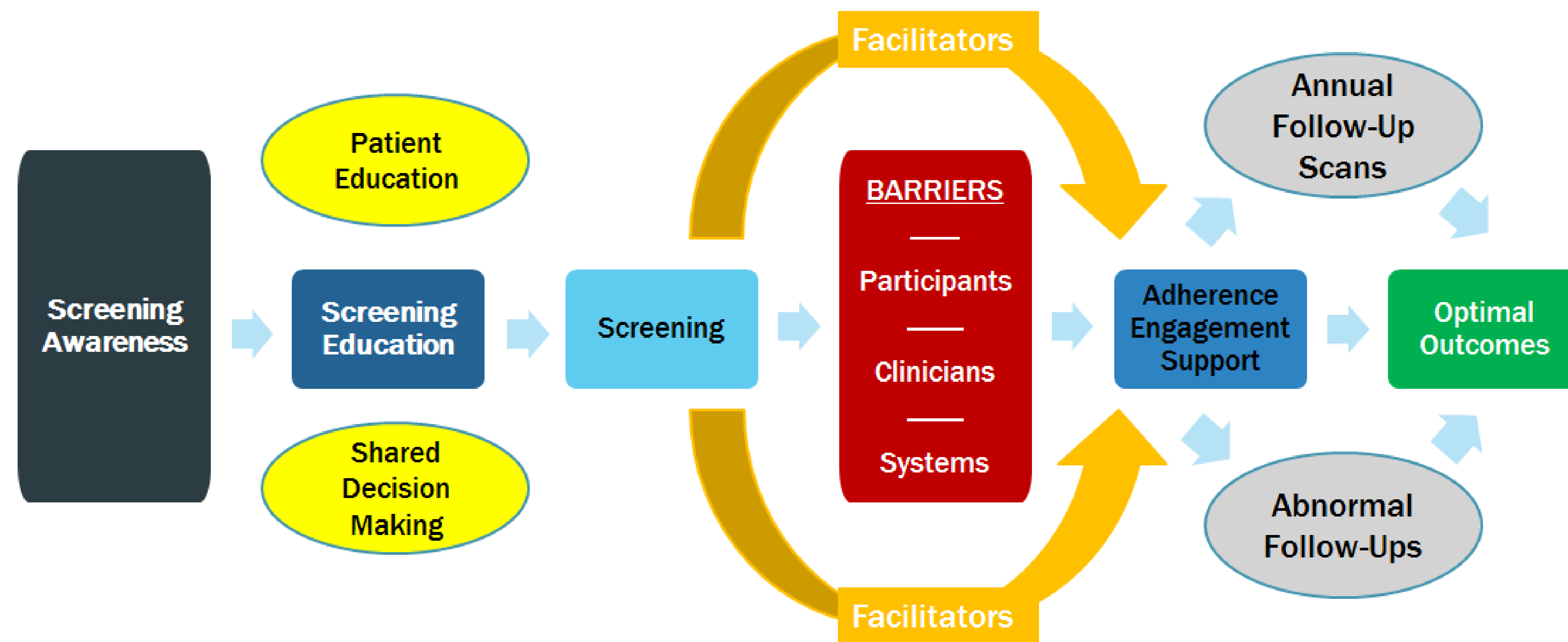
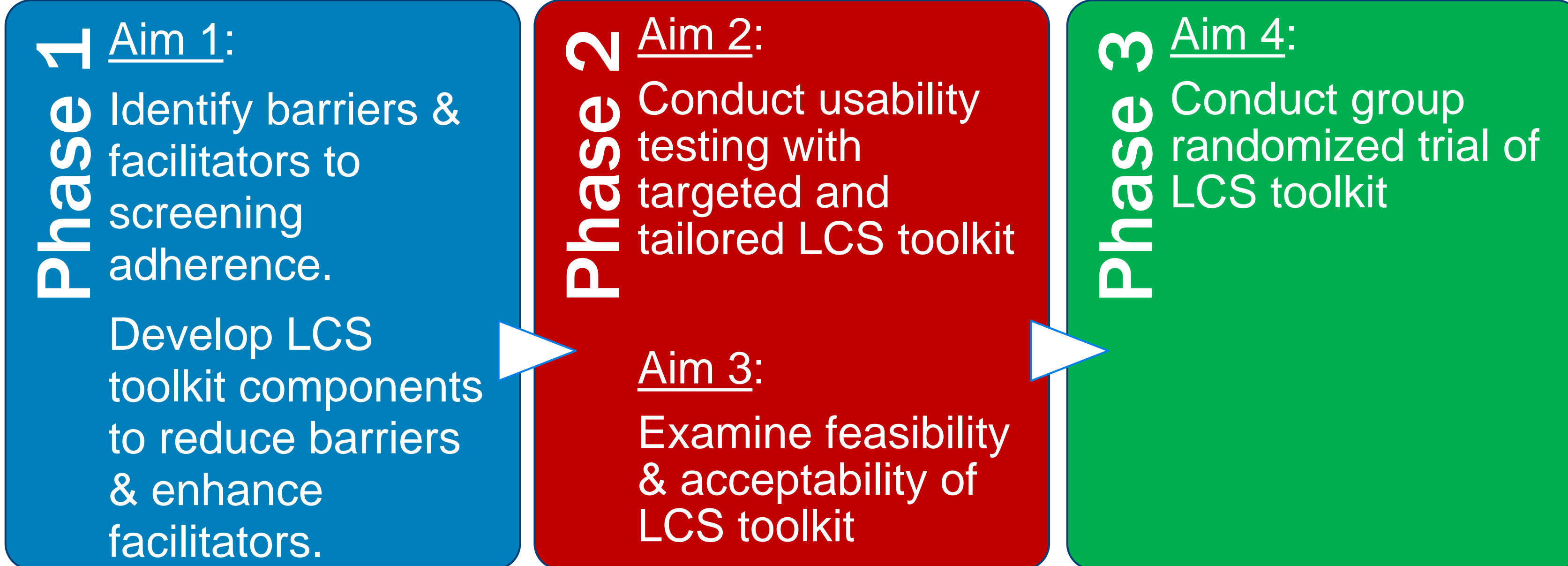


## BACKGROUND

The National Lung Screening Trial (NLST) and the NELSON trial have established that low-dose computed tomography (LDCT) is beneficial for early detection of lung cancer among high-risk individuals. In 2014, the USPSTF began recommending LDCT scans for people at high risk for developing lung cancer. Part of the recommendation includes annual screening as well as follow-up for abnormal scans per Lung-RADS recommendations. However, rates of adherence to annual screening have been less than desirable with some screening programs anecdotally reporting rates as low as 20% and 50%. Concerns have also been raised regarding adherence to recommended interval scans following suspicious LDCT results. Project ACTS – a collaboration between University of Kentucky, Moffitt Cancer Center, and LUNgevity Foundation – aims to create a toolkit to facilitate lung cancer screening (LCS) adherence rates by addressing barriers and enhancing facilitators to participating in LCS. ***In the first phase of the research program, semi-structured interviews were conducted with lung cancer screening program staff and participants to elicit their experience with program adherence and identify strategies to support participant engagement.***



## APPROACH



### Participants

- 15 screening center staff (directors and clinic coordinators) and 8 patients interviewed and surveyed

### Semi-Structured Interviews

- Domains of questioning focused on:
  - Strengths and weaknesses of overall screening program
  - Perception and elements of program success (and experience)
  - Opportunities for improvement (including training)
  - Examples of facilitator and barriers

## MAJOR FINDINGS

- Importance of personalized delivery of scanning results.
- Multiple participants mentioned positive interactions with CT techs when asked what was good about their experience with LDCT.
- Several screening program staff emphasized the importance of a consistent program contact person to facilitate communication.
- Multiple participants stated that increased screening accessibility with more locations and weekend and/or later hours would make them feel more engaged.
- Many participants mentioned the option to choose the communication method and use of back-up methods if needed.
- LCS program staff indicated interest in training in shared decision-making and patient engagement strategies to facilitate adherence to program recommendations.

## FACILITATORS & BARRIERS

### Facilitators

- Personalized delivery of screening results
- Multiple methods of communication
- Flexibility in scan timings

### Barriers

- Passive scheduling reminder system
- Poor facility signage
- Too few locations to have scans performed

## SOCIO-ECOLOGICAL MODEL of LCS

