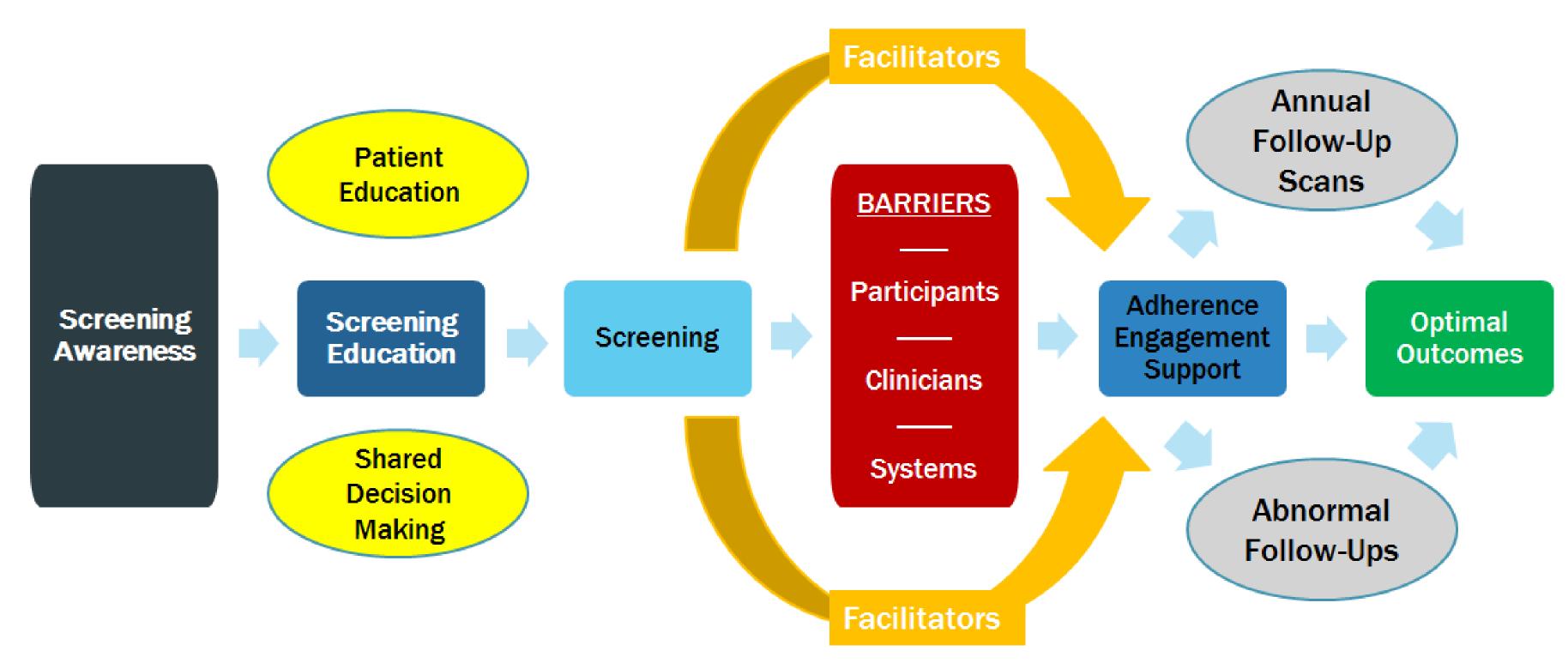


Project ACTS (Adherence to CT Screening): Development and Usability of Patient Engagement Tools to Support Lung Cancer Screening Adherence

Upal Basu Roy¹, Margaret Byrne², Jessica McCoy², Courtney Blair³, Jamie L. Studts³

¹LUNGevity Foundation, Bethesda, MD, USA, ²Moffitt Cancer Center, Tampa, FL, USA, ³ University of Kentucky College of Medicine, Lexington, KY, USA

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 Aim 2: <u>Aim 4</u>: Aim 1: Conduct usability Conduct group randomized trial of d Identify barriers & **in** testing with facilitators to **T** LCS toolkit targeted and screening tailored LCS toolkit adherence. Develop LCS <u>Aim 3</u>: toolkit components Examine feasibility to reduce barriers & acceptability of & enhance LCS toolkit facilitators.

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.

LUNGEVITY Find it. Treat it. Live.





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

