

Vast majority of heavy smokers not screened for lung cancer despite USPSTF recommendations

May 17 2018

An analysis of 1,800 lung cancer screening sites nationwide found that only 1.9% of more than 7 million current and former heavy smokers were screened for lung cancer in 2016, despite United States Preventive Services Task Force (USPSTF) and ASCO screening recommendations. This study, the first assessment of lung cancer screening rates since those recommendations were issued in 2013, will be presented at the upcoming 2018 ASCO Annual Meeting in Chicago.

"Lung cancer [screening](#) rates are much lower than screening rates for breast and colorectal cancers, which is unfortunate," said lead study author Danh Pham, MD, a medical oncologist at the James Graham Brown Cancer Center, University of Louisville, Kentucky. "It is unclear if the screening deficit is due to low provider referral or perhaps patient psychological barriers from fear of diagnosis. Lung cancer is unique in that there may be stigma associated with screening, as some [smokers](#) think that if cancer is detected, it would confirm they've made a bad lifestyle choice."

About Lung Cancer and Screening

Lung cancer is by far the leading cause of death from cancer, with an estimated 154,040 deaths projected to occur in 2018 in the United States.¹ The USPSTF recommends that people ages 55 to 80 years who are current or former heavy smokers (have smoked at least 30 cigarette

pack-years) be screened for [lung cancer](#) using low-dose computed tomography (LDCT). Cigarette pack years are calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person smoked. In 2012, ASCO and the American College of Chest Physicians issued a joint guideline with these same recommendations.

About the Study

The study's researchers gathered data from the 2016 American College of Radiology's Lung Cancer Screening Registry on people who received LDCT at nearly 1,800 accredited screening sites. They compared that data to 2015 National Health Interview Survey estimates of eligible smokers who could be screened based on the USPSTF recommendations. The analysis of the data was based on four U.S. census regions in the country: Northeast, South, Midwest, and West. The screening rate was calculated by dividing the number of LDCT scans by the number of smokers eligible for screening per USPSTF recommendations.

Key Findings

The authors found that the South had the most accredited screening sites (663) and the highest numbers of smokers who were eligible for screening (3,072,095). Nonetheless, the screening rate in the South was only 1.6%, the second lowest in the country, whereas the West had the lowest rate at 1.0% and the lowest number of accredited screening sites (232). The highest screening rate was in the Northeast (3.5%), and the Midwest had the second-highest rate of 1.9%.

Nationwide, a total of 1,796 accredited screening centers could have screened 7,612,965 eligible current and former heavy smokers, but only

141,260 people received LDCT screenings (the nationwide screening rate was 1.9%). By comparison, about 65% of women age 40 or older had a mammogram in 2015.

Approximately 85% of the screened current smokers were offered smoking cessation resources, which was documented by providers prior to screening referral. The percentage of current and former heavy smokers offered cessation programs did not vary significantly by census region.

Next Steps

The authors have already started looking at 2017 [lung cancer](#) screening rates, and, preliminarily, there is a small overall uptick in screening rates in 2017 across all regions.

More information:

abstracts.asco.org/214/AbstView_214_221571.html

Provided by American Society of Clinical Oncology

Citation: Vast majority of heavy smokers not screened for lung cancer despite USPSTF recommendations (2018, May 17) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-05-vast-majority-heavy-smokers-screened.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.