

Downstream invasive procedures occur for 7.4 percent after lung cancer screen

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(HealthDay)—The rates of invasive procedures after low-dose computed

tomography (LDCT) lung cancer screening (LCS) are considerable and are associated with modest out-of-pocket (OOP) costs, according to a study published online Sept. 30 in the *Journal of the American College of Radiology*.

Tina D. Tailor, M.D., from the Duke University Medical Center in Durham, North Carolina, and colleagues examined downstream [invasive procedures](#) after LCS and the total and OOP costs of these procedures for patients ages 55 to 79 years receiving LCS between 2015 and 2017. Treating the LCS exam and downstream procedures as a single episode, the costs per episode (total and OOP) were examined.

The researchers found that 7.4 percent of the 6,268 patients who received at least one LDCT underwent at least one procedure within 12 months following screening (needle biopsy, cytology, bronchoscopy, and surgery for 69.0, 23.6, 18.6, and 23.8 percent, respectively). The likelihood of receiving a downstream procedure was increased for women and patients aged 65 years and older. Overall, 20.1 percent of patients were diagnosed with [lung cancer](#) following LCS. For management of the population who underwent LCS and downstream procedures, the total cost was \$5,060,511.04; the average per-episode total cost was \$740.06. For this same population, the aggregate OOP costs were \$427,069.74, with an average cost per episode of \$62.46.

"The OOP costs related to downstream procedures prompted by positive or abnormal LCS examinations are not nominal," the authors write.

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