

Report describes VHA clinical demonstration project for lung cancer screening

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Implementing a comprehensive lung cancer screening program was challenging and complex according to a new article published online by *JAMA Internal Medicine* that describes a lung cancer demonstration project conducted at eight academic Veterans Health Administration hospitals.

The U.S. Preventive Services Task Force recommends annual [lung cancer](#) screening with low-dose computed tomography for current and heavy smokers who are ages 55 to 80. The Veterans Health Administration (VHA) provides care for older veterans, many of whom are current or former smokers. The VHA implemented a three-year lung cancer demonstration project in eight geographically diverse hospitals to understand the feasibility and implications for patients and clinical staff of a [lung cancer screening](#) program.

Linda S. Kinsinger, M.D., M.P.H., who is now retired from the VHA National Center for Health Promotion and Disease Prevention, Durham, N.C., and coauthors describe that initial experience.

More than 93,000 primary care patients were assessed on screening criteria and 4,246 met the criteria. Ultimately, 2,106 patients had lung cancer screening between July 2013 and June 2015. Of those, 1,257 patients (59.7 percent) had nodules; 1,184 (56.2 percent) required tracking; 42 (2.0 percent) required more evaluation but the findings were not cancer; and 31 (1.5 percent) had lung cancer, according to the report.

"The VHA LCSDP [[lung cancer screening demonstration project](#)] found implementing a comprehensive LCS [[lung cancer screening](#)] program that followed recommendations to be challenging and complex, requiring new tools and patient care processes for staff as well as

dedicated patient coordination," the authors note.

For example, the VHA has a highly regarded electronic medical record but creating electronic tools to capture the necessary clinical data in real time to meet the needs of lung cancer screening coordinators was difficult, according to the report. Accurately identifying patients and discussing the benefits and harms of lung [cancer screening](#) will take significant effort by primary care teams. In addition, performing screening low-dose computed tomography may stress the capacity of radiology services, the article explains.

The authors note limitations of their findings, including that they may not be generalized to non-VHA health care systems.

"The VHA LCSDP found that a comprehensive LCS program is a complex endeavor for both patients and staff. These results will help the VHA plan for broader implementation of such a program across its health care system and may help other groups considering such screening programs to better understand the multiple components involved and the initial clinical effect on [patients](#)," the article concludes.

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