

Primary, pulmonary providers endorse lung CA screening

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(HealthDay)—Primary care clinicians and pulmonologists endorse lung

cancer screening (LCS), but there are limitations in their knowledge of screening components, according to a study published online Sept. 21 in the *Annals of the American Thoracic Society*.

Matthew Triplette, M.D., M.P.H., from the University of Washington in Seattle, and colleagues conducted an electronic survey of primary care and pulmonary providers to examine knowledge, beliefs, attitudes, barriers, and facilitators related to LCS. There were 196 participants; 80 percent of them were primary care clinicians, 19 percent were pulmonologists, and 1 percent were others.

The researchers found that 74 percent of participants endorsed the effectiveness of LCS; performance was suboptimal on knowledge-based assessments of [screening](#) eligibility, documentation, and nodule management. Key barriers included inadequate time and staffing (both 36 percent), and not addressing screening because patients had too many other illnesses (38 percent). Decision aids, used at the point-of-referral, were important clinical facilitators of LCS (51 percent) and facilitators of provider knowledge (59 percent). Several differences were seen by provider specialty, including primary care clinicians more often reporting time constraints and their patients having too many other illnesses to address screening.

"Providers endorsed the benefits of LCS, but there are limitations in provider knowledge of key screening components," the authors write.

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