Medical Xpress

Adherence to annual lung cancer screening needs improvement

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A study from the Thoracic Oncology Research Group (TORG), Division of Pulmonary Critical Care, Medical University of South Carolina aimed to examine the adherence to annual low-dose computed tomography (LDCT) screening after baselines LDCT within the Veteran Health Administration Lung Cancer Screening Demonstration Project (LCDSDP). The study will be presented at the CHEST Annual Meeting 2018 in San Antonio and a discussion highlighting the latest updates made the CHEST Lung Cancer Screening Guidelines will take place.

The original project was conducted from July 1, 2013 through June 30, 2015 at eight geographically diverse Veterans Affairs hospitals. Screening was performed in current and former smokers (quit within the past 15 years) ages 55-80 with at least a 30-pack year smoking history. Researchers utilized data generated from the LCSDP and 18 months following its completion stored in the BHA CorporateData Warehouse. Adherence to screening was defined as it was in the National Lung Screening Trial as having undergone a follow-up LDCT within 15 months from baseline scan.

A total of 2,106 Veterans underwent a baseline LDCT across all sites; 60% had scans negative for nodules greater than or equal to 4mm in size and repeat annual LDCT was recommended. In this group with a negative baseline scan, 149 were considered no longer eligible for screening because they had been diagnosed with lung cancer, were undergoing evaluation for cancer, no longer met the target age or years of cessation, were considered to have other life-limiting disease or were

no longer interested in participating. Of the 1120 remaining eligible for repeat annual LDCT, 880 went on to undergo the follow-up scan yielding a 77.6% adherence rate from annual screening in those with a normal baseline scan.

"Our study demonstrates that even within the context of a well-designed, implemented and guideline adherent LDCT screening program, adherence is not optimal and does not reach the reported 95% of the NLST when the baseline scan is negative," says lead researcher Dr. Paul B. Brasher. "Both mortality benefit and cost-efficacy are likely to suffer without better adherence."

Further results from these two studies will be shared at CHEST Annual Meeting 2018 in San Antonio on Tuesday, October 9, 8:45 AM -9:00 AM at the Henry B. Gonzalez Convention Center, Room207A. The study abstracts can be viewed on the journal *CHEST* website.

More information: PAUL BRASHER et al, ADHERENCE TO ANNUAL LUNG CANCER SCREENING WITHIN THE VETERANS HEALTH ADMINISTRATION LUNG CANCER SCREENING DEMONSTRATION PROJECT, *Chest* (2018). DOI: 10.1016/j.chest.2018.08.576

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