

Patient-Provider Discussions About Lung Cancer Screening Remain Infrequent

Introduction

Lung cancer kills more people every year than any other type of cancer. One reason lung cancer is so often fatal is that it is frequently detected too late. By the time patients receive a lung cancer diagnosis, the cancer has often already spread to other parts of the body, making it much more challenging to treat. In part due to late diagnosis, the 5-year survival rate for lung cancer is only about 18 percent. This is because the 5-year survival rate for localized lung and bronchus cancer is 55.6 percent, but it drops to only about 4.5 percent once the cancer has metastasized.

Recent technological advances have made it possible to detect lung cancer at an earlier stage: the National Cancer Institute's National Lung Screening Trial showed that low-dose helical computed tomography, also known as a CT scan, can detect lung cancer more frequently and at an earlier stage than a standard chest X-ray and can therefore reduce mortality from lung cancer. Based on these findings, the U.S. Preventive Services Task Force (USPSTF) recommends an annual CT scan for individuals between the ages of 55 and 80 who either currently smoke or have quit within the past 15 years, and have at least a 30 pack-year smoking history (pack-years are calculated by multiplying the average number of packs of cigarettes smoked per day by the number of years a person has smoked).

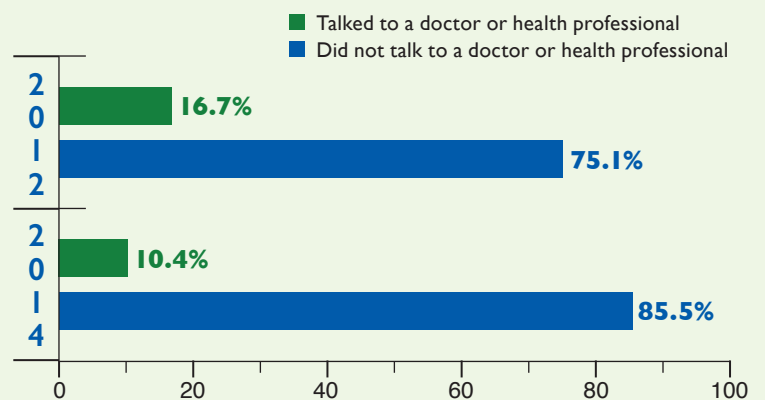
Although lung cancer screening is a covered preventive service under Medicare (which insures a large proportion of individuals who would be eligible for lung cancer screening), the Centers for Medicare & Medicaid Services requires patients to attend a "counseling and shared decision-making visit" with a physician or non-physician practitioner prior to receiving their first CT scan for lung cancer. This visit must include a discussion about the harms and benefits of screening, follow-up diagnostic testing, over-diagnosis, the false positive rate, total radiation exposure, and the importance of smoking abstinence.

This HINTS *Brief* examines the prevalence of lung cancer screening discussions between health care providers and current or former smokers who are at high risk for developing lung cancer.

Quick Facts

- Lung cancer is the leading cause of death from cancer in the United States.
- In 2013, the U.S. Preventive Services Task Force recommended that high-risk current and former smokers between the ages of 55 and 80 get an annual low-dose CT scan.
- Lung cancer screening is the first medical service covered by the Centers for Medicare & Medicaid Services to require documentation of a shared decision-making visit for reimbursement.
- In 2012, 16.7 percent of current or former smokers between the ages of 55 and 80 reported discussing lung cancer screening with their health care provider during the past year. In 2014, 10.4 percent of current or former smokers between the ages of 55 and 80 reported the same.

Current and former smokers ages 55–80 who reported discussing lung cancer screening with a health care provider in the past 12 months



In 2012, about 17 percent of current or former smokers who were 55–80 years old reported discussing lung cancer screening with their health care providers sometime during the past year.

In 2014, about 10 percent of current or former smokers who were 55–80 years old reported discussing lung cancer screening with their health care providers sometime during the past year.

HINTS lung cancer screening questions were asked of all current and former smokers, and did not distinguish between high-risk (30-pack year) individuals and lower-risk individuals. Percentages do not sum to 100% due to missing values for some HINTS questions.

In this HINTS *Brief*, we examine the prevalence of lung cancer screening discussions between health care providers and current or former smokers who are at high risk for developing lung cancer.

Fewer Than 20 Percent of Potentially Eligible Individuals Report Having Discussed Lung Cancer Screening With Their Provider

In a recently published study, investigators analyzed HINTS data from 2012 and 2014 to explore whether the prevalence of lung cancer discussions between patients and providers changed following the 2013 USPSTF lung cancer screening recommendation. In both years, relatively few former and current smokers between the ages of 55 and 80 had discussed lung cancer screening with their health care provider in the past year. In 2012, 16.7 percent of respondents between the ages of 55 and 80 with a smoking history reported talking to a health professional about having a test to check for lung cancer; in 2014, 10.4 percent of respondents meeting these criteria reported the same. The study found that discussions actually decreased after the 2013 USPSTF recommendation: screening-eligible individuals surveyed in 2014 were about half as likely to have had a discussion with their provider compared to those surveyed in 2012.

Smoking status predicts lung cancer screening discussions

Current smokers were significantly more likely than former smokers to have had a lung cancer screening discussion with their provider in the past year. This is of concern because although approximately 60 percent of lung cancers are diagnosed in former smokers, these individuals may perceive themselves to be at lower risk and may feel that they are not in need of screening. Provider discussions about lung cancer screening can be an opportunity to give high-risk former smokers an accurate picture of their risk, thereby allowing them to make an informed choice about receiving a CT scan.

Although current smokers were found to be more likely to have discussed screening with their providers, overall rates of these discussions were still suboptimal. Lung cancer screening discussions are critical for this population, not only because smokers may benefit from the screening itself, but also because these discussions are an excellent opportunity to encourage smoking cessation.

How Can This Inform Your Work?

Patient-provider discussions about lung cancer screening are critical because there are benefits, harms, and uncertainties associated with screening. To optimize lung cancer screening and ensure that patients make informed decisions about their care, it is vital for patients and providers to discuss the different aspects of the test and engage in a shared decision-making process around lung cancer screening. Furthermore, these conversations should be prioritized in clinical encounters with patients who report a smoking history because they give former smokers a more accurate understanding of their lung cancer risk and encourage active smokers to quit.

Educational efforts targeting both high-risk patients and providers might help increase the occurrence of lung cancer screening discussions. For example, increasing awareness of lung cancer risk as well as the availability of lung cancer screening may activate screening-eligible patients to engage in conversations about screening with their providers. Initiatives to increase knowledge about lung cancer screening among providers would be equally important: research indicates that providers are underinformed about the USPSTF screening guidelines and may have difficulty identifying individuals for whom screening would be appropriate. In addition, providers may also benefit from training opportunities to help them effectively engage in shared decision-making around lung cancer screening with their patients.

About HINTS

hints.cancer.gov

The National Cancer Institute (NCI) created the Health Information National Trends Survey (HINTS) to monitor changes in the rapidly evolving field of health communication. The survey data can be used to understand how adults use communication channels to obtain health information for themselves and their loved ones. It can also help practitioners create more effective health communication strategies.

The HINTS survey has been fielded eight times to date: HINTS 1 (2003) surveyed 6,369 Americans; HINTS 2 (2005) surveyed 5,586 Americans; HINTS 3 (2008) surveyed 7,674 Americans; HINTS 4 Cycle 1 (2011) surveyed 3,959 Americans; HINTS 4 Cycle 2 (2012) surveyed 3,630 Americans; HINTS 4 Cycle 3 (2013) surveyed 3,185 Americans; HINTS 4 Cycle 4 (2014) surveyed 3,626 Americans; and HINTS FDA (2015) surveyed 3,738 Americans.

HINTS Briefs provide a snapshot of noteworthy, data-driven research findings. They introduce population-level estimates for specific questions in the survey and summarize significant research findings resulting from analyses of how certain demographic characteristics influence specific outcomes. Many Briefs summarize research findings from recent peer-reviewed journal articles that have used HINTS data.

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