Personalized Lung Cancer Screening – Acceptability among Primary Care Providers
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Introduction
Lung cancer screening (LCS) using Low-Dose Computed Tomography (LDCT) has been proven to reduce mortality. Novel personalized screening approaches for LCS, like use of a risk calculator, are being developed that:
- increase screening effectiveness
- reduce harms
- increase screening efficiency
Implementation of personalized lung cancer screening is challenging.
Observation of current practices and assessing the needs of primary care providers is paramount to the implementation of personalized screening.

Methods
A survey of Texas-based primary care physicians, physician assistants, and nurse practitioners was collected to analyze various elements of current use
- acceptability of personalized (risk-based) LCS
91 responses were categorized based on demographic information and analyzed for response trends using a ten-times bootstrapped logistic regression.

Results
Interest in Personalized Lung Cancer Screening Those Who Believe there is Time Barrier

Noteworthy Observations
1. Interest
   • Young providers were more open to personalized LCS. This indicates that acceptance of the new system will continue to grow
   • The high amount of “not sure” providers provides grey area – but this may instead be an opportunity to change minds!
2. Provider Concerns
   • Providers mostly cite concerns related to time-eficiency. Other concerns demonstrate less consensus
3. Assessment of Current Practices
   • Low levels of consistent assessment of lung cancer screening criteria match the low rates of screening that others have observed

Conclusion
1. Approximately 50% of Texas-based primary care providers are interested in personalized LCS
2. Timeliness was the primary concern among all providers
3. The youngest cohort (aged under 40) was the most interested in personalized LCS
4. If the timeliness of the personalized approach is favorable in the future, interest may reach 70-90%