



# Project CONNECT; Providing Training to Quitline Staff to Disseminate Patient Decision Aids to Quitline Callers

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## Introduction

- Increasing lung cancer screening (LCS) rates nationally is a priority for various groups including the North American Quitline Consortium.
- LCS reduces lung cancer mortality 16-20% but there are important harms to be considered.
- CONNECT addresses patient lack of understanding of LCS, inappropriate screenings, and lack of discussion with care providers regarding LCS
- Project CONNECT is bridging this gap by training quitline staff on LCS guidelines, the harms and benefits of screening, and who should be screened and how often.
- Project CONNECT will increase the number of smokers receiving high quality patient decision aids, allowing them to make an informed decision regarding if lung cancer screening is right for them

## Expected Results

Training quitline staff about lung cancer screening will improve their knowledge about the benefits and harms of lung cancer screening.

## Responsible Conduct of Research

This study was approved by the University of Texas MD Anderson Cancer Center institutional review board. The MD Anderson PI was responsible for maintaining documents and approvals for all modifications in the protocol. We worked to maximize security of patient data.

## Methods

- Train quitline staff to assess eligibility and refer callers to educational materials on lung cancer screening
- Quitline staff will complete questionnaires to evaluate their knowledge before the training and up to one month after
- Characteristics of study participants are in Table 1
- Results of the pre- and post-training survey are below in Table 2

## Results

Question Item	Pre-training (N=110)			Post-Training (N=198)		
	Correct n (%)	Incorrect n (%)	Unsure n (%)	Correct n (%)	Incorrect n (%)	Unsure n (%)
Can lung cancer screening suggest that you have lung cancer when you do not?	28 (25.4)	23 (20.9)	59 (53.6)	100 (50.5)	39 (19.7)	59 (29.8)
Do health professional groups recommend all current and former smokers be screened for lung cancer?	21 (19.1)	42 (38.2)	47 (42.7)	95 (48)	70 (35.4)	33 (16.7)
Can lung cancer screening miss a possible lung cancer?	64 (58.2)	2 (1.8)	44 (40)	146 (73.7)	9 (4.5)	43 (21.7)
Can lung cancer screening find lung cancer that would have never caused symptoms or harmed you?	61 (55.5)	7 (6.4)	40 (36.4)	134 (67.7)	9 (4.5)	55 (27.8)
Is lung cancer screening recommended for someone who has other health problems that may shorten their life?	6 (5.5)	42 (38.2)	61 (55.5)	46 (23.2)	78 (39.4)	74 (37.4)
Is lung cancer screening recommended for someone who is not willing to be treated for lung cancer?	12 (10.9)	37 (33.6)	60 (54.5)	63 (31.8)	63 (31.8)	72 (36.4)
Is lung cancer screening recommended for someone who is not willing to have additional testing for lung cancer, such as a lung biopsy?	10 (9.1)	39 (35.5)	60 (54.5)	54 (27.3)	68 (34.3)	76 (38.4)
Is radiation exposure one of the risks of lung cancer screening?	32 (29.1)	14 (12.7)	64 (58.2)	116 (58.6)	27 (13.6)	55 (27.8)
Without screening, is lung cancer often found at a later stage when cure is less likely?	71 (64.5)	0	39 (35.5)	158 (79.8)	4 (2.1)	36 (18.2)
What is the best way to lower the chances of developing or dying from lung cancer?	64 (58.2)	33 (30)	13 (11.8)	136 (68.7)	51 (25.8)	11 (5.6)
How often is screening recommended for lung cancer?	26 (23.6)	14 (12.7)	70 (63.6)	96 (48.5)	18 (9.1)	84 (42.4)

Characteristic	Participants (N=245) n (%)
Sex	
Female	188 (76.7)
Male	52 (21.2)
Other	1 (0.4)
Prefer not to answer	4 (1.6)
Race	
American Indian or Alaska Native	10 (4.1)
Asian	43 (17.6)
Black or African American	1 (0.4)
Native Hawaiian or Pacific Islanders	133 (54.3)
White	30 (12.2)
Two or more races	27 (11.0)
Prefer not to answer	
Education level	
Less than high school	0
Graduated high school/GED	7 (2.9)
Some college/trade school	50 (20.4)
Graduated college	131 (53.5)
Graduate degree	50 (20.4)
Prefer not to answer	7 (2.9)

## Future Directions

We will create an implementation manual for the quitline service providers and state funders to assist them in identifying and referring quitline callers to lung cancer screening educational materials.

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