Equitable Implementation of Lung Cancer Screening Interest Group (Developing)
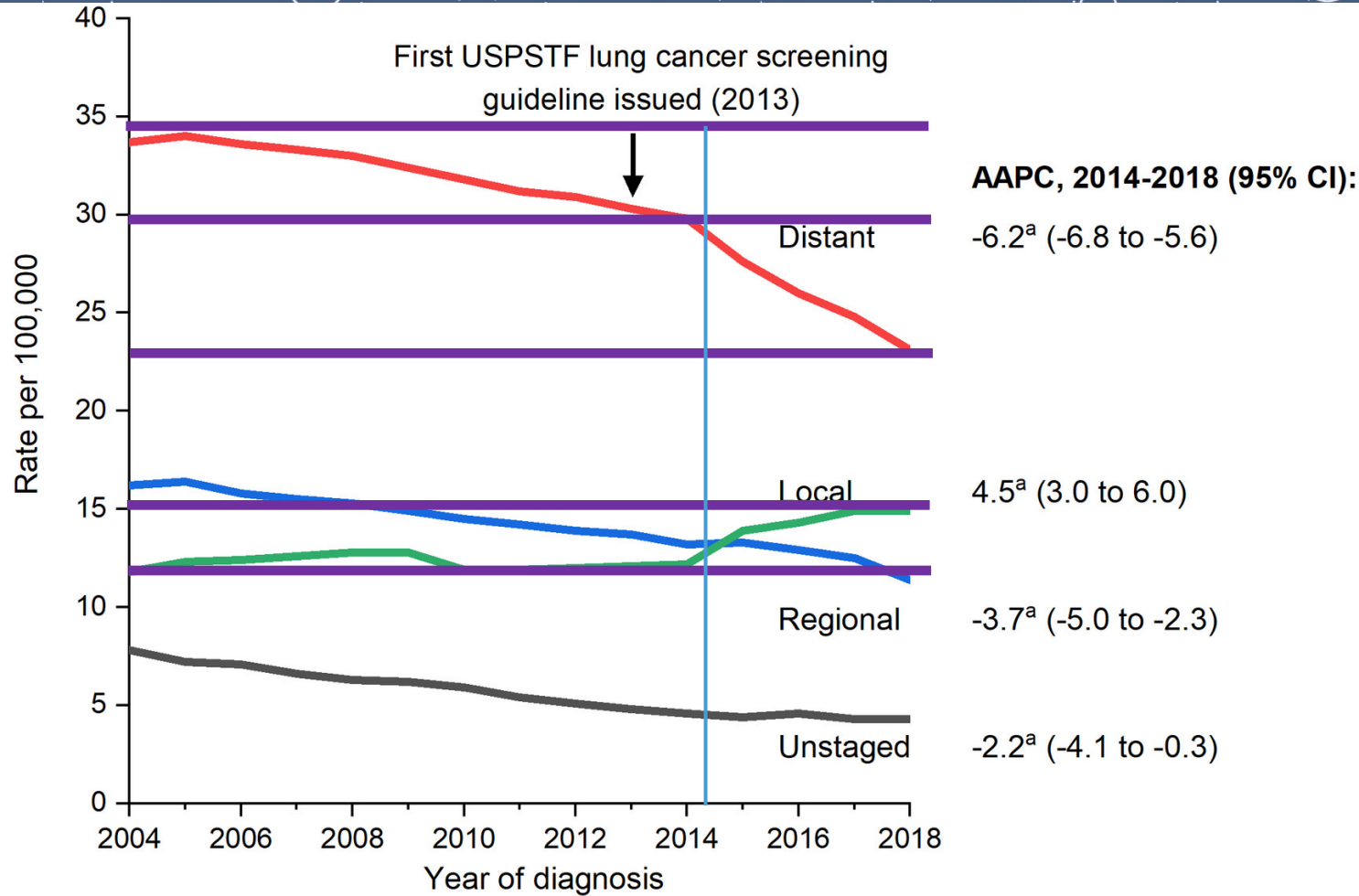
Jamie L. Studts, PhD

Alison T. Brenner, PhD, MPH

First USPSTF lung cancer screening guideline issued (2013)

Rate per 100,000

40
35
30
25
20
15
10
5
0

2004 2006 2008 2010 2012 2014 2016 2018

Year of diagnosis

Distant

Local

Regional

Unstaged

AAPC, 2014-2018 (95% CI):

-6.2[a] (-6.8 to -5.6)

4.5[a] (3.0 to 6.0)

-3.7[a] (-5.0 to -2.3)

-2.2[a] (-4.1 to -0.3)

The Opportunity

Percent localized stage: 17%   20%   28%

All stages, 3-yr survival: 21%   31%[b]
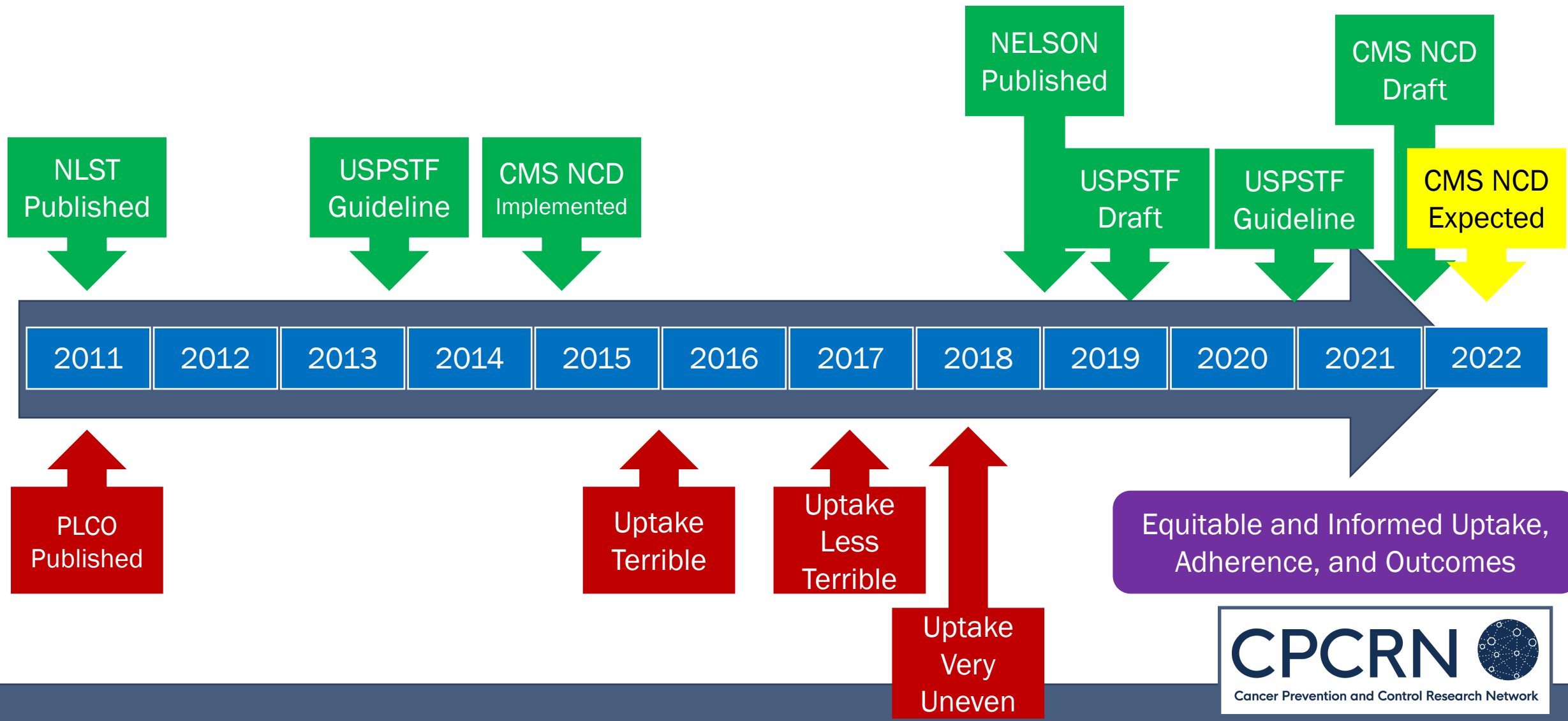
CPCRN
Cancer Prevention and Control Research Network

"Lung cancer screening is currently the greatest missed opportunity to reduce cancer mortality throughout the US—not just lung cancer mortality, but overall cancer mortality."

CPCRN
Cancer Prevention and Control Research Network

History, Mission, and Formation

Tobacco & Lung Cancer (Previous CPCRN Cycle)

Group formed during previous cycle which productively addressed tobacco and lung cancer screening combination.

Discussion at CSPH about Opportunities

Dr. Risendal supported exploration of lung cancer screening group within CPCRN.

CPCRN 2021 Meeting

Presentation and Breakout Session on Lung Cancer Screening.

2021 Activities

Planning and held a group meeting with over 30 engaged participants and Dr. Brenner agreed to lead.

2022 Activities

Formalize, gather, establish official mission and stimulate collaboration.

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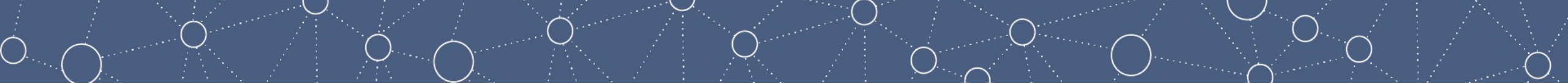
Lung Cancer Screening: The Implementation Story

Foundation

1) Assume stark and distressing disparities are emerging even without documentation (all of lung cancer screening is technically a disparity)

2) Consider targeted outreach and engagement opportunities to collaborate with specific at-risk communities

3) Explore clinician-focused efforts to raise awareness, build skills, and enhance equitable implementation

4) Contemplate health system interventions to facilitate equitable implementation

5) Mitigate likely exacerbation of known disparities in lung cancer outcomes

6) Diverse communities, diverse methods, diverse levels of intervention

Consider Adoption of Socioecological Model of Lung Cancer Screening

Public Policy
national, state, local laws and regulations

Community
relationships between organizations

Organizational
organizations, social institutions

Interpersonal
families, friends, social networks

Individual
knowledge, attitudes, skills

CPCRN
Cancer Prevention and Control Research Network

Community Outreach Opportunities

African American

Veteran's

Rural

Serious Mental Illness

LGBTQI

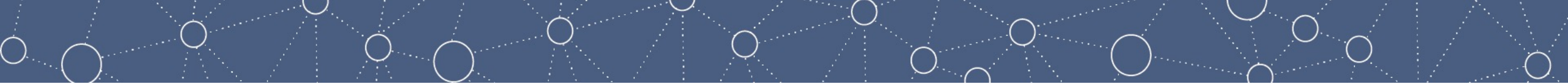American Indian

Hispanic

Urban

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Opportunities for Member Engagement

- University of Colorado School of Medicine/School of Public Health
  - Jamie L. Studts, PhD   jamie.studts@cuanschutz.edu
  - Emily Bilenduke   emily.bilenduke@ucdenver.edu

- University of North Carolina School of Medicine
  - Alison T. Brenner, PhD, MPH   alison.brenner@unc.edu
  - Mary Wangen   wange062@live.unc.edu

CPCRN
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Conclusions