

Cancer Screening Communication in a Rural Midwestern County

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Background and Hypothesis:

Lung cancer is the leading cause of cancer death in the United States, yet screening with low-dose CT (LDCT) remains underutilized. Earlier detection through annual screening could improve outcomes by identifying disease at a more treatable stage. We hypothesized that awareness and discussion of lung cancer screening would be limited in a rural Midwestern population.

Methods:

A paper survey adapted from the NIH Health Information National Trends Survey (HINTS) was distributed to adults in Putnam County, Indiana, a rural community. Participants received a \$10 Walmart gift card for completing the survey. Responses were analyzed using Microsoft Excel and SPSS to assess awareness of cancer screenings and associations with smoking history.

Results:

Twenty surveys were completed. Overall, 25% of respondents were aware of LDCT screening, compared with 45% for prostate cancer screening, 63% for cervical cancer screening, 82% for breast cancer screening, and 74% for colon cancer screening. Eight participants reported a smoking history of 5–60 pack-years; only one had heard of LDCT, and none had discussed it with a physician or received a recommendation for screening.

Conclusions and Potential Impact:

Awareness of lung cancer screening was limited in this rural county, particularly among individuals with significant smoking histories. These findings underscore the need for improved provider–patient communication and stronger emphasis on LDCT in primary care. Increasing awareness and recommendations could promote earlier detection and ultimately improve lung cancer outcomes in rural populations.