

Evaluation of a Multicomponent ED-based Intervention for Increasing Rates of Lung Cancer Screening: a Randomized Controlled Trial

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Background/Objective

While lung cancer screening (LCS) is a promising means to decreasing mortality from lung cancer among high-risk populations, as few as 6% of those who are eligible are screened. This is especially true for emergency department (ED) patients, who have a greater tendency towards tobacco smoking and lack of primary care compared to the general population. Thus, the ED represents an opportune setting in which to increase awareness of and access to LCS. The goal of this study is to determine the efficacy, acceptability, and feasibility of a multicomponent ED-based LCS intervention.

Methods

Patients complete a pre-survey including background information as well as knowledge about LCS and beliefs about lung cancer and its risks. The control group receives a brochure on LCS, a discharge diagnosis of tobacco use, and a referral to primary care. The intervention group interacts with LungTalk, completes a follow-up survey on the acceptability of the intervention, and is referred to the LCS clinic at Eskenazi Health. Feasibility is defined as $\geq 50\%$ enrollment among approached eligible patients, and acceptability is defined as $\geq 70\%$ of patients responding positively to the follow-up survey.

Results/Conclusion

Preliminary data show a trend confirming the acceptability of the intervention. A majority of patients report no delays or disruptions in medical care, and intention to screen after using LungTalk was expressed in a majority of the intervention. Almost all responded that they would recommend LungTalk to a friend. As for feasibility, enrollment among patients who were approached and found to be eligible is currently 46%.

Impact and Implications

This study will provide data for a future large-scale trial to be done across multiple affiliated EDs to assess generalizability of results. Importantly, it will allow for optimization of the intervention design and delivery to target the underserved and marginalized populations that make up the majority of ED patients.