

Researchers Examine Predictors of Lung Cancer Screening Utilization

A study led by investigators at the [Rural and Minority Health Research Center](#) has examined predictors of lung cancer screening utilization in a population-based survey. The team published their findings in the [Journal of the American College of Radiology](#).

The authors used data from the Lung Cancer Screening Module and core modules of the 2017 Behavioral Risk Factor Surveillance System to determine whether demographic, health and financial factors were associated with screening uptake. They utilized information from individuals in the 10 states that administered the Lung Cancer Screening Module to evaluate uptake of annual low-dose computed tomography (LDCT) screening in high-risk individuals to detect lung cancer earlier and reduce mortality.

They found that survey participants eligible for lung cancer screening who were uninsured were less likely to undergo LDCT lung cancer screening. Screening uptake was higher among individuals with chronic respiratory conditions, individuals who were divorced, separated, or widowed, individuals who had previous cancer diagnoses, and individuals aged 65 to 69 years, or 70 to 74 years. They also noted that utilization varied significantly across states.

“Having a related health condition – such as a previous cancer diagnosis or the presence of chronic respiratory conditions – whereby participants were sensitized to the benefits of early screening and having insurance coverage were associated with higher lung cancer screening uptake,” says **Anja Zgodic**, lead author on the paper and a graduate student studying biostatistics. “Providers should engage eligible patients through informed and shared decision making to increase preference-sensitive screening decisions.”