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## **Patient-Provider Discussions About Lung Cancer Screening among Racially and Socioeconomically Diverse Screening-eligible Adults**



**Introduction:** Patient-provider shared decision-making discussions are required before receiving lung cancer screening (LCS) under Centers for Medicare and Medicaid Services guidelines and recommended in United States Preventive Services Task Force (USPSTF) guidelines, but little is known about factors associated with patient-provider discussions about LCS among screening-eligible patients. We used Andersen's Behavioral Model of Health Services Utilization to examine predisposing, enabling, and need factors associated with discussing LCS with a provider. We hypothesized that enabling factors, which impact the accessibility of healthcare services, would be significantly associated with LCS discussions.

**Methods:** Data came from a survey of U.S. adults who met the USPSTF eligibility criteria for LCS (i.e., were 50-80 years of age, had at least a 20-pack year history of tobacco use, and currently smoked or had quit smoking within the past 15 years). We used logistic regression to investigate whether LCS discussion was associated with **enabling factors** (health insurance status, income, employment status, and lack of a primary care provider [PCP]), **need factors** (age, current smoking status, pack-year smoking history), and **predisposing factors** (chronic obstructive pulmonary disease [COPD] diagnosis, number of chronic diseases, family history of lung cancer, gender, race/ethnicity, education level, marital status, and U.S. census region).

**Results:** About 36% of participants had ever discussed LCS with a provider. Individuals with greater income, patients diagnosed with COPD, patients with a PCP, those who had a first-degree relative diagnosed with lung cancer, and women had greater odds of LCS discussion. The two other enabling factors, employment and health insurance status, were not associated with LCS discussion.

**Conclusions:** Certain enabling and predisposing factors (e.g., income, gender, COPD diagnosis) were associated with odds of having LCS discussions. Future policies are needed to ensure all LCS-eligible individuals—especially women, individuals without a PCP, and those with lower incomes—have access to provider discussions about LCS. Such discussions are a precursor to a potentially lifesaving approach to the early detection of lung cancer.