**DGIM Project Summary**

**Name of Project:** Lung Cancer Screening: Development of a clinic-based intervention

**Investigator(s). (Include phone numbers and email address, indicate PI and primary contact):**

PI, Primary Contact:
Dr. Celia P. Kaplan  
Celia.kaplan@ucsf.edu

Co-Investigator:
Dr. Eliseo J. Pérez-Stable  
Eliseo.perez-stable@ucsf.edu

**Research question(s):** How can lung cancer risk be reported to underserved and minority groups in a culturally competent and evidence-based way?

**Aim 1. Conduct formative research to assess the ideal content of a Spanish-English lung cancer risk assessment and screening educational intervention, and determine the potential barriers and facilitators to accepting lung cancer screening recommendations.** We will conduct a) semi-structured interviews with 12 diverse patients (both men and women) at risk for lung cancer and b) semi-structured interviews with 6 PCPs.

**Aim 2. Development of prototypes:** We will develop a patient and a physician prototype report.

**Aim 3. Assess the acceptability of the lung screening educational intervention among six patients.**

**Brief Background/Significance:**
Currently, most cases of lung cancer are discovered at advanced stages, only after symptoms appear. Treatment options for both small cell and non-small cell lung cancer are based on stage of diagnosis. Although treatments have improved slightly over the last several decades, survival remains low, highlighting the importance of early detection. In December 2013 the USPSTF issued a draft recommendation that high-risk patients be screened for lung cancer annually with LDCT scans. The task force determined that a reasonable balance of benefits and harms could be reached by screening people who are 55 to 80 years old and have a 30-pack year or greater history of smoking, who are either current smokers or who quit within the past fifteen years. In February 2015, the Centers for Medicare and Medicaid Services provided final support to cover the costs for LDCT.

There are several lung cancer risk assessment tools and educational materials currently available, but they are limited and have not been tested or adapted for use with low literacy or racial/ethnic minority populations, particularly in a clinical setting. Responding to the FOA call to develop and test interventions to reduce health disparities, our project will develop a multilevel clinic-based intervention to promote discussion of lung cancer risk and screening among high-risk patients and their PCPs. Given the USPSTF recommendation and current insurance support, it is expected that by 2015, full insurance coverage of lung screening will be available.

**Inclusion/exclusion criteria:**
Inclusion:
- **Patient Component:** 1) age between 55 and 74, 2) smoked at least 30 pack-years in lifetime, 3) if former smoker, have quit smoking within the last 15 years, 4) speak Spanish or English, 5) no prior history of lung cancer, 6) did not have a CT scan in the last year, and 6) have visited one of the Division General Internal Medicine (DGIM) clinics in the last three years.
- **Physician Component:** DGIM physicians (faculty, residents or fellows)

Exclusion:
- **Patient Component:** Non-smokers
- **Physician Component:** Non-DGIM physicians

**Method of contact/recruitment (be specific):**
- **Patient Component:** Eighteen patients will be identified by their DGIM physicians. The researchers will then send an opt-out/in postcard to the identified patients. If a patient does not opt out after two weeks, the researchers will call the patient and invite them to participate.
- **Physician Component:** Six physicians will be contacted via e-mail by Dr. Kaplan. The researchers will then follow up with physicians who express interest in the study.

**Benefits/burden for participants (clearly identify potential for harm):**

There are no physical risks to the participants in this study. There is some risk that the participants will feel discomfort or anxiety resulting from discussing lung cancer diagnosis and treatment, but the participants do not have to answer any questions that they are uncomfortable with and can drop out of the study at any time.

**Any benefits or burden to DGIM practitioners?**
- **Benefit:** Their patients may be able to better understand their lung cancer risk in the future.
- **Burden:** None.

**Timeline for recruitment (projected start and stop dates):**

Starting April 1st, 2015 and ending August 31st, 2015.

**Funding source:** Mt. Zion Health Fund

**Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular):** Yes, Dr. Pérez-Stable and Dr. Kaplan are both part of the DGIM.

**Do you agree to notify us when recruitment is completed?** Yes

**Date form completed:** 2/18/2015