DGIM Project Summary

Name of Project: Lung Cancer Screening: Informing Patients and Physicians (RAP)

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

PI, Primary Contact:
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Description: As part of the study we will develop an intervention to promote discussion of lung cancer risk and screening among high-risk black, Latino, and white patients and their primary care physicians (PCPs). The proposed pilot intervention Lung Cancer Assessment of Risk and Education (LungCARE), will include an assessment of patients lung cancer risk using a tablet based cancer-risk assessment module, a personalized risk report for patients, and a physician version of this report delivered to PCPs both in person and via the electronic medical record system.

Research question(s): Did the LungCARE intervention foster patient-physician discussion of low-dose computed tomography (LDCT) screening, increase patients’ knowledge of lung cancer risk and screening, change the patients’ perception of risk? What was the overall acceptability and feasibility of the intervention?

AIM 1. Develop LungCARE intervention, which is comprised of the risk assessment, the personalized patient feedback report, and the physician report, including an assessment of patient’s risk.

AIM 2. Assess the effects of LungCARE through implementation of a four-month pilot randomized control trial (RCT) with 16 eligible men and women (black, Latino, and white).

2.a. Assess patient-physician discussion of LDCT screening, PCPs' ordering of LDCT scan, patients' knowledge of lung cancer risk and screening, their perception of risk, their satisfaction with decision about screening, and the overall acceptability with the intervention.

2.b. Collect process data on recruitment and retention, intervention delivery, usage of recommended screening, protocol adherence, and adverse events, including increased anxiety.

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. Our project will develop a clinic-based intervention to promote discussion of lung cancer risk and screening among high-risk patients and their PCPs.

Inclusion/exclusion criteria:

Inclusion:
- **Patient Component**: 1) age between 55 and 80, 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**: Through the Clinical and Translational Science Institute at UCSF and APEX, the researchers will identify a list of DGIM patients who might meet preliminary study eligibility criteria. The researchers will combine that list with the DGIM appointment lists to identify eligible patients. The researchers will recruit 16 patients. Two weeks prior to the index visit, each patient will be mailed an appointment reminder letter that also introduces the study. One week before the visit, the project coordinator will telephone the patient and provide additional information, including the $15 incentive for participation. After confirming eligibility criteria, including smoking history in pack-years, researchers will conduct a 20-minute baseline telephone survey with those who agree to participate and arrange a study appointment at the clinic site.
- **Physician Component**: Four physicians will be contacted via e-mail by Dr. Kaplan to complete a brief evaluation.

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**: 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 October 1st, 2015 and ending December 31st, 2015.
Funding source: Resource Allocation Program

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

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

Date form completed: 8/5/2015