



Increasing Lung Cancer Screening Adherence with Nursing Case Management



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INTRODUCTION / OBJECTIVE

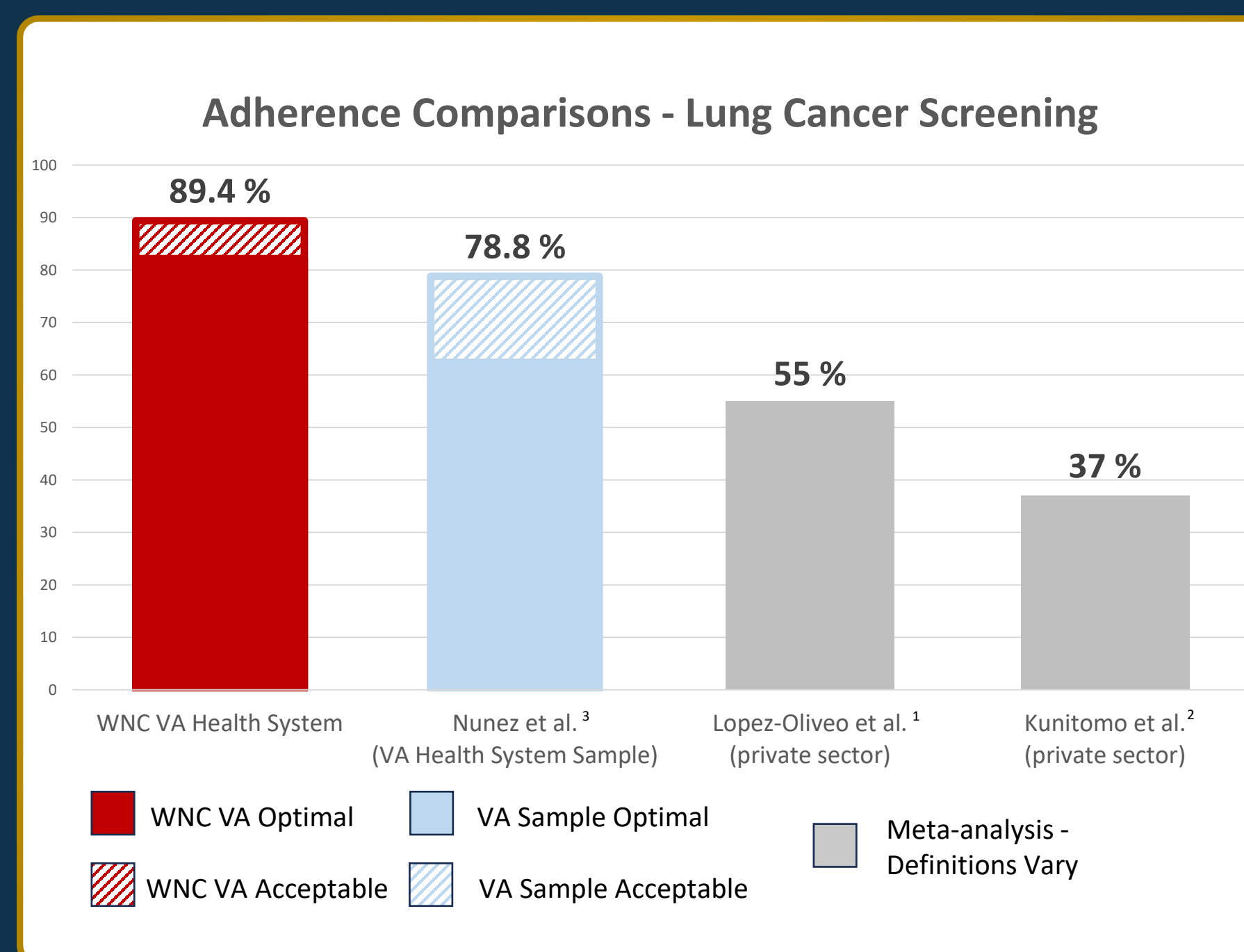
The rate of adherence to lung cancer screening nationwide for eligible patients averages between 37-55%.^{1,2} Adherence is important because it is often annual scans that find new, early-stage lung cancers. We utilized nurse telephone clinics with case management to maximize adherence at a medium sized, semi-rural VA Medical Center.

METHODS

After completing the initial LDCT scan, patients with Lung-RADS 1 or 2 were called with results and scheduled for telephone appointments in 11 months. At the scheduled telephone visit, eligibility was verified and the LDCT was scheduled. Patients with scans showing Lung-RADS 3 were called and scheduled for 6-month follow-up LDCTs. Patients who were Lung-RADS 4 were reviewed at multidisciplinary conference and follow up was arranged according to consensus recommendation.

The population served has several socio-economic disadvantages (lower income, education; unemployment; rural living). Results were obtained through data tracking.

FIGURES



Adherence Definitions in VA Health Care System		
Lung RADS Category	VA Acceptable Definition of Adherence	VA Optimal Definition of Adherence
LUNG RADS 1 & 2	LDCT 10-24 months after screening LDCT	LDCT 10-15 months after screening LDCT
LUNG RADS 3	LDCT 4-12 months after screening LDCT	LDCT 4-9 months after screening LDCT
LUNG RADS 4A	Any Chest CT or PET 1-6 months after screening LDCT	Any Chest CT or PET 1-5 months after screening LDCT
LUNG RADS 4B/4X	Any Chest CT, PET, or Lung Procedure 0-6 months after screening LDCT	Any Chest CT or PET, or invasive lung procedure 0-5 months after screening LDCT

RESULTS

In three years, of the 3,519 patients who completed their initial LDCT and were due for follow up scan, 3,147 were considered adherent according to the VA acceptable adherence definition, yielding an adherence rate of 89.4%. Our adherence rate was 82.2 according to the VA optimal adherence definition.

CONCLUSION

Utilizing nursing case management and telephone appointments can significantly increase adherence rates for lung screening compared to the national average.

ADHERENCE PROMOTION

- Appointment reminder letters were mailed two weeks in advance.
- If patients missed their telephone appointment, at least two phone call attempts were made, and two letters sent before removing a patient from the program for non-adherence.
- For patients with Lung-RADS 3 or 4 who no-showed their follow-up scans, contact attempts were made weekly until the patient rescheduled or refused additional scans/treatment.

WNC VA LUNG SCREENING DEMOGRAPHICS

Participant Demographic Characteristics			
Participants	3729	Participants	3729
Gender		Race/Ethnicity	
Male	3428	White	3237
Female	301	Black/AA	288
Age		American Indian/Alaska Native	32
50-59	529	Asian	7
60-69	1518	Native Hawaiian/Pacific Islander	11
70-79	1604	Hispanic/Latino	24
>= 80	78	Declined/Unknown	133

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