


Lung Cancer Screening Shared Decision Making: Assessing Patient and Provider Perspectives

*Prepared for Prevent Cancer Foundation
November 4, 2022*


Many Patients' Experiences With Clinicians Did Not Include Sufficient Discussion Or SDM

- Of the patients interviewed, almost half (n=13) said that their clinician had not had sufficient communication with them regarding LCS, shy of formal SDM
- Specific quotes highlighted that many patients agreed to SDM because they were told to do so by their clinician:

 *“All I know is he said that I have to take this. ”*

 *“No, she didn't. She just looked at my age, looked at my history, and said, "You're going to do this." She stated it quite firmly.”*

“Well, actually, the reason why I got it done was because I am a smoker. And so, the doctor wanted to make sure that my lungs are fine and everything like that.

 *So, this is why he sent me to get that screening done and make sure that everything is fine, which everything came out fine according to what the doctor told me. But we really didn't talk much about it because he said everything was fine.”*

 *“I don't think anybody really talked to me about what was involved.”*

Executive Summary of Interview Findings

Understanding of Benefits and Harms

- Patients and clinicians demonstrated understanding of benefits and harms related to LCS
- The benefits and harms that were mentioned by both cohorts varied and specific themes emerged that will inform SDM going forward

Reasons for Participating and Not Participating

- Themes emerged around reasons that patients would choose to participate and can be incorporated into SDM processes going forward
- Throughout all interviews, there was uniform understanding of the role of fear of finding lung cancer in the decision to participate in the LCS program

Lack of Standard Definition of SDM

- Many patients indicated that they had not had sufficient communication with their clinicians
- Many clinicians indicated that they did not feel comfortable with SDM
- There was no general understanding of the definition of SDM within the Mount Sinai system, highlighting that there are no standard SDM processes

Benefits of LCS Were Similar Across Patients And Clinicians

Patients and clinicians understood the benefits of LCS, highlighting the following:

	Early Detection and Curability	Identification of Comorbidities	Health Education and Information
Patients	50% (n=12)	62.5% (n=15)	46% (n=11)
Clinicians	75% (n=9)	58% (n=7)	33% (n=4)

“The value probably depends on how people value their lives.”

“No, we didn’t touch on that.”

Despite Lack of SDM, Agreeing to Participate in LCS Was an **Easy** Decision In Some Patients' View

Factors that influenced decision to participate included:

Having risk factors for lung cancer...

- “I got the lung cancer screening because I'm a smoker, and I am also asthmatic. So, the doctor said that it would be in my best interest to have the lung screening because of that.”

Desire to learn about lung health and baseline...

- “To learn and gain knowledge about my body”
- “Well, make sure that there is nothing serious in my lungs from cigarettes...make sure I'm clear, and I don't have any cancer.”

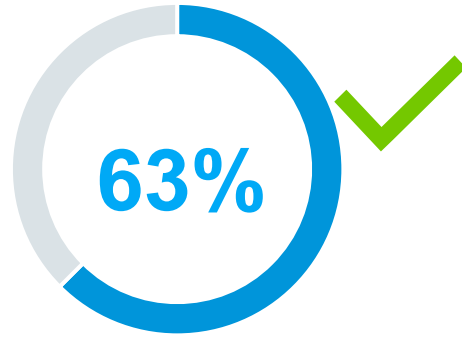
Having relatives with cancer or smoking history...

- “Agreed to it because I lost my mother a couple of years ago to stage 4 cancer.”
- “Parents were both active smokers. My brother became a smoker, then I became a smoker, and my sister became a smoker.”

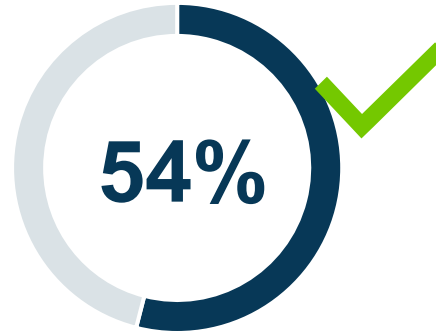
Affordability of the screening...

- “I don't know how much (it costs) because I've got coverage.”
- “I have coverage that I feel comfortable with.”

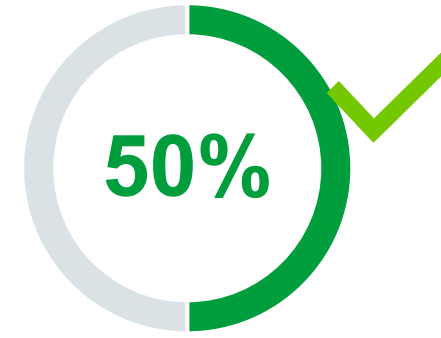
Patients Indicated There Were Many Factors They Would Want Discussed in LCS SDM



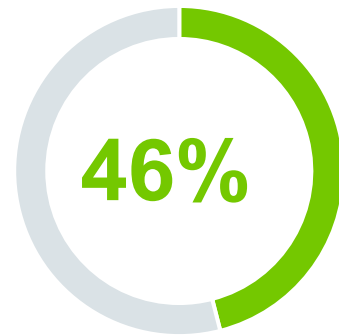
Information on process and next steps (n=15)



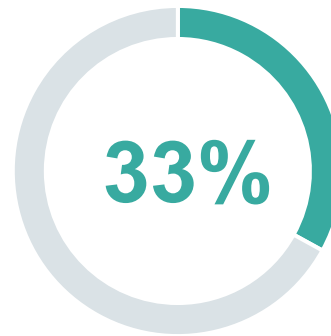
Odds of survival if screened positive (n=13)*



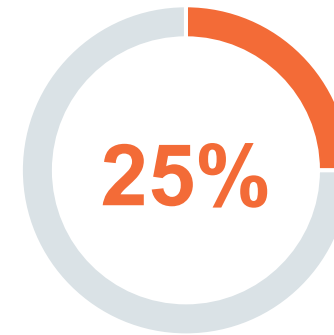
Harms and benefits (n=12)



Risk of lung cancer in the near-term (n=11)



Information on lung cancer (n=8)



Treatment options (n=6)

