

Understanding Barriers and Facilitators to Lung Cancer Screening: Findings from Focus Groups in a Population-based Implementation Study

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BACKGROUND / RATIONALE

- Lung cancer is the leading cause of cancer mortality in Belgium and worldwide.
- Implementing population-based lung cancer screening is challenging because eligibility depends on detailed smoking history, which is not routinely recorded.
- People who smoke or used to smoke, may face socioeconomic vulnerability, limited health literacy and stigma.
- This qualitative study explored barriers and facilitators to participation in lung cancer screening within the ZORALCS implementation pilot in Flanders, Belgium.

STUDY DESIGN / METHODS

- Qualitative study using 7 focus group discussions between November 2025-January 2026
- Participants: n=38, age 55-74 years
- Purposive sampling to ensure diversity in screening participation and smoking status.
- Semi-structured topic guide - audio-recorded, transcribed verbatim
- Thematic framework analysis

KEY BARRIERS

- Fear
 - after receiving the invitation
 - during the waiting period for results
 - When abnormal findings were communicated
- Confusion about the eligibility criterion of having smoked at least 100 cigarettes.
- The 2-3 weeks waiting period for scan results was often described as stressful.
- Some result letters were perceived as insufficiently explanatory
- Concerns that lower socioeconomic groups may be less well reached.
- Participants emphasised that screening should be free of charge to avoid health inequalities.

KEY FACILITATORS

Curiosity about lung health

Opportunity to gain certainty

Invitation letter generally perceived as clear and effective

Perceived personal risk encouraged participation

Reassuring screening results brought substantial relief

One participant with an early-stage tumour illustrated the potential life-saving value

ROLE OF PRIMARY CARE – PROGRAMME DESIGN

- Few participants proactively consulted their GP before screening.
- Better explanation of results and follow-up pathways is needed.
- GPs were important after abnormal results, providing reassurance and guidance.
- Clear communication and accessible programme design were seen as essential.
- Unscreened participants more often emphasised environmental exposures.
- Tailored support is needed for people with lower health literacy or socioeconomic vulnerability.

KEY MESSAGES – FUTURE STEPS

- Participation in lung cancer screening is shaped by informational, emotional and structural factors.
- Curiosity and perceived risk can facilitate participation.
- Fear, misunderstanding and socioeconomic barriers can hinder engagement.
- Strong communication, accessible programme design, and primary care involvement are essential for informed participation.
- Tailored strategies are needed to reach vulnerable populations and enhance equitable uptake.