

P1.063 Physician Perspectives and Current Practices in Long-Term Lung Cancer Surveillance Beyond 5 Years in South Korea: A Mixed-Methods Study

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INTRODUCTION

Advances in early detection and surgery have produced a rapidly growing population of long-term lung cancer survivors in South Korea.

Major guidelines (NCCN, ACCP, AATS, ESMO) specify structured surveillance only for the first **2–5 years** after resection. None offer consensus guidance beyond that point.

Empirical data on how physicians actually manage this period are scarce.

Objectives

- Describe current practice and perspectives on surveillance beyond 5 years
- Identify the clinical factors driving heterogeneity in practice

METHODS

Design: Sequential exploratory mixed-methods design — interviews informed the survey; the two datasets were integrated using a joint display.

PHASE 1 · QUALITATIVE (n=10)

- Semi-structured in-depth interviews, Sep–Nov 2025
- Thoracic surgery 5, pulmonology 2, family medicine 3; Seoul tertiary 5, regional tertiary 5
- Content analysis by 2 coders; saturation at interview 10

PHASE 2 · QUANTITATIVE (n=30)

- Online survey, Dec 2025–Mar 2026; items derived from Phase 1 themes
- Thoracic surgeons 21 (70%), pulmonologists 9 (30%)
- Practice patterns, decision factors, 6 clinical scenarios

INTEGRATION

- Joint display: themes provided the frame, survey data their prevalence

Approved by the IRB of Samsung Medical Center (SMC 2025-09-100-006); all participants gave written informed consent.

DISCUSSION AND CONCLUSION

Three principal findings

- 1. Practice beyond 5 years is highly heterogeneous.** Reported stopping points ranged from 5 years to indefinite, and 73.3% reported clinical difficulty.
- 2. Surveillance through 10 years is broadly supported,** and near-universal when residual nodules or pulmonary comorbidity are present (96.2–96.3% beyond 10 years).
- 3. Never-smoking women remain unresolved.** Perceived necessity beyond 10 years fell to 42.3% without residual nodules or COPD, against 96.3% with nodules.

Actionable Take Away Message

- Residual ground-glass nodules, rather than smoking history, act as the dominant driver of extended surveillance. Nodule status and the responsible clinician may usefully be recorded at the 5-year transition.

Future Direction for Research

- Risk-stratified recommendations incorporating nodule status, and evidence targeted at never-smoking women, may help inform future guidelines.

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RESULTS

73.3%

reported clinical difficulty without a guideline endpoint

100%

cited residual pulmonary nodules as a reason to extend

70%

had seen late recurrence or SPLC after stopping follow-up

100%

endorsed a national standardized guideline

Phase 1 · Qualitative themes from 10 in-depth interviews

1. The lung remains at risk

The residual lung was described as an at-risk organ, independent of the original tumour.

“As long as the lung remains, there is always the possibility of a second primary cancer.”

Participant E, thoracic surgeon

2. Heterogeneity of practice

Stopping points ranged from 5 years to indefinite; surgeons handed care over at about 5 years.

“...what matters is not stage or smoking history, but simply the fact that the lung is still there.”

Participant E, thoracic surgeon

3. Patient-centered dimensions

Patients sought surveillance beyond what was recommended, driven by anxiety and reassurance.

“Almost all of my patients say, ‘I feel so relieved after the scan.’”

Participant H, family physician

4. Systemic barriers

Care is concentrated in Seoul, with no transition protocol and little regional infrastructure.

“If there were guidelines, it would be much easier to provide continuous care at regional hospitals.”

Participant J, family physician

Phase 2 · Survey of 30 clinicians (21 thoracic surgeons, 9 pulmonologists)

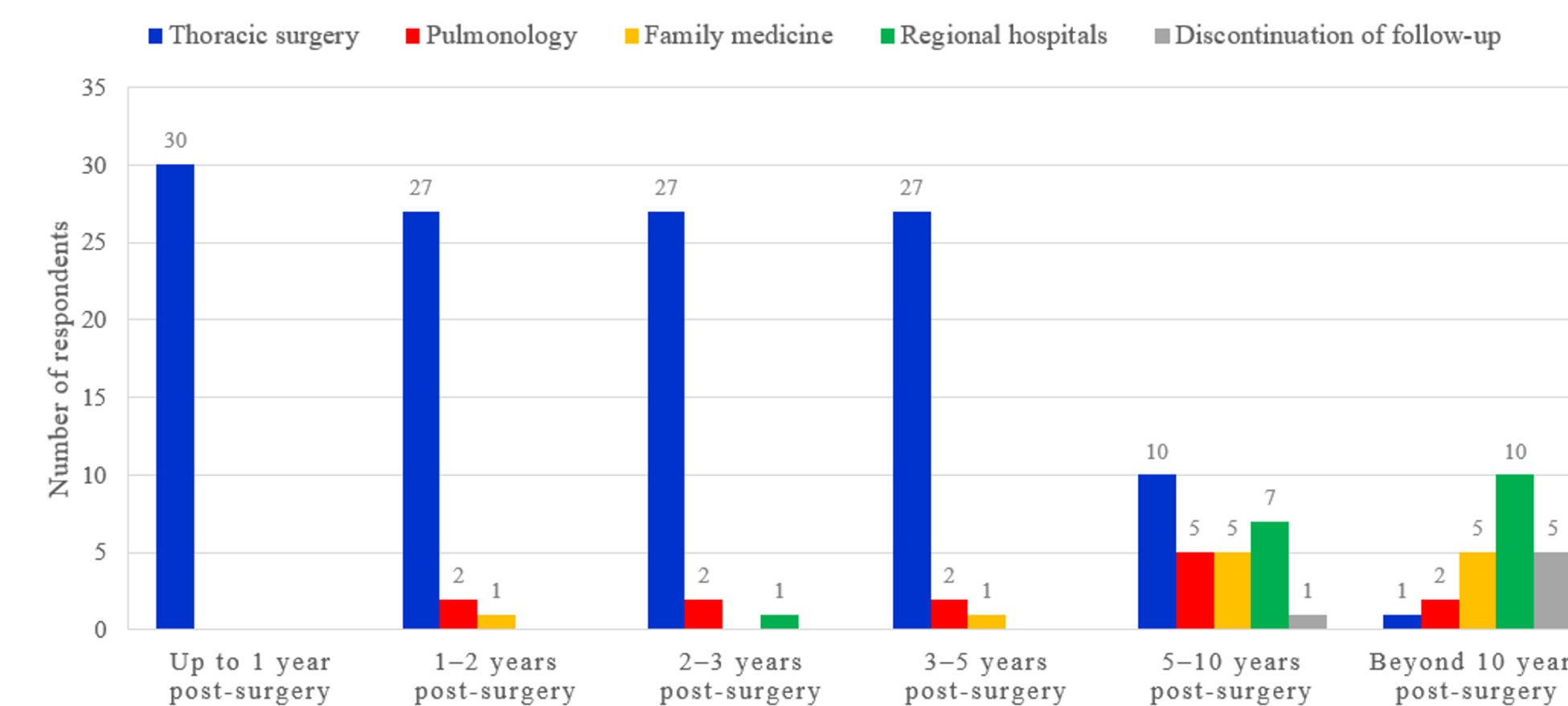
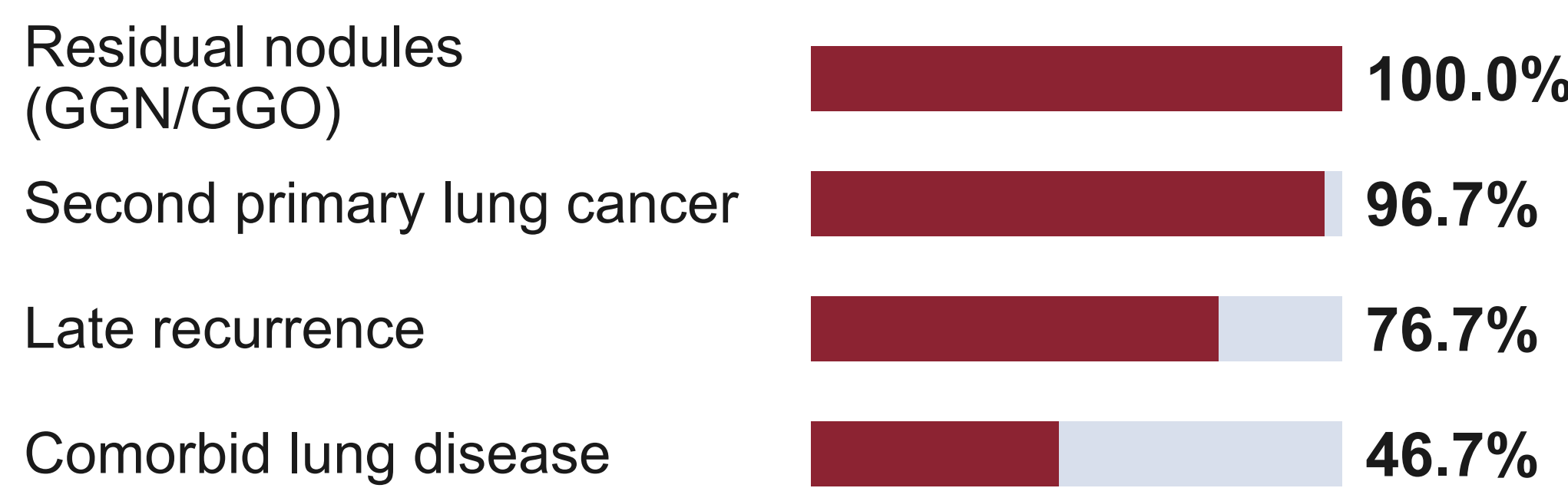


Figure 1. Responsibility for follow-up shifts sharply after 5 years: thoracic surgery covers 100% of patients in year 1, but 33.3% at 5–10 years and 3.3% beyond 10 years (N=30).

Reasons cited for extending surveillance (N=30)



Multiple responses permitted. Patient anxiety was cited by 30.0% and lifestyle counselling by 6.7%.

Rated ‘necessary’ for annual CT follow-up, by scenario

Clinical scenario	5–10 yr	>10 yr
Smoker, M 60s — GGN–, COPD–	88.9%	53.8%
Smoker, M 60s — GGN+	96.4%	96.2%
Smoker, M 60s — COPD+	96.3%	84.6%
Never-smoker, F 50s — GGN–, COPD–	88.9%	42.3%
Never-smoker, F 50s — GGN+	96.4%	96.3%
Never-smoker, F 50s — family Hx+	96.5%	73.1%

All scenarios assume prior lobectomy, and all were rated necessary by 100% of respondents up to 5 years. GGN, ground-glass nodule; Hx, history.

Never-smoking women: unresolved beyond 10 years

42.3% no residual nodule, no COPD

73.1% family history of lung cancer

96.3% residual ground-glass nodule

90% supported CT follow-up beyond 5 years in never-smokers; 63.3% would apply the same criteria as for smoking men.