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INTRODUCTION

- Lung cancer (LC) is the leading cause of cancer mortality, with disproportionate burden in urban minoritized communities.¹ Low-dose CT (LDCT) screening reduces LC mortality among high-risk individuals, yet uptake remains low, particularly among Hispanic/Latinx and Black/African American populations.²
- Project URBANA is a community-academic partnership between Montefiore Einstein Comprehensive Cancer Center (MECCC) and LUNGevity Foundation designed to increase LC screening (LCS) awareness and utilization in the Bronx, NY.
- As part of URBANA, we assessed primary care physician (PCP) knowledge of LDCT guidelines, screening practices, and perceived barriers to implementation in Bronx primary care settings.

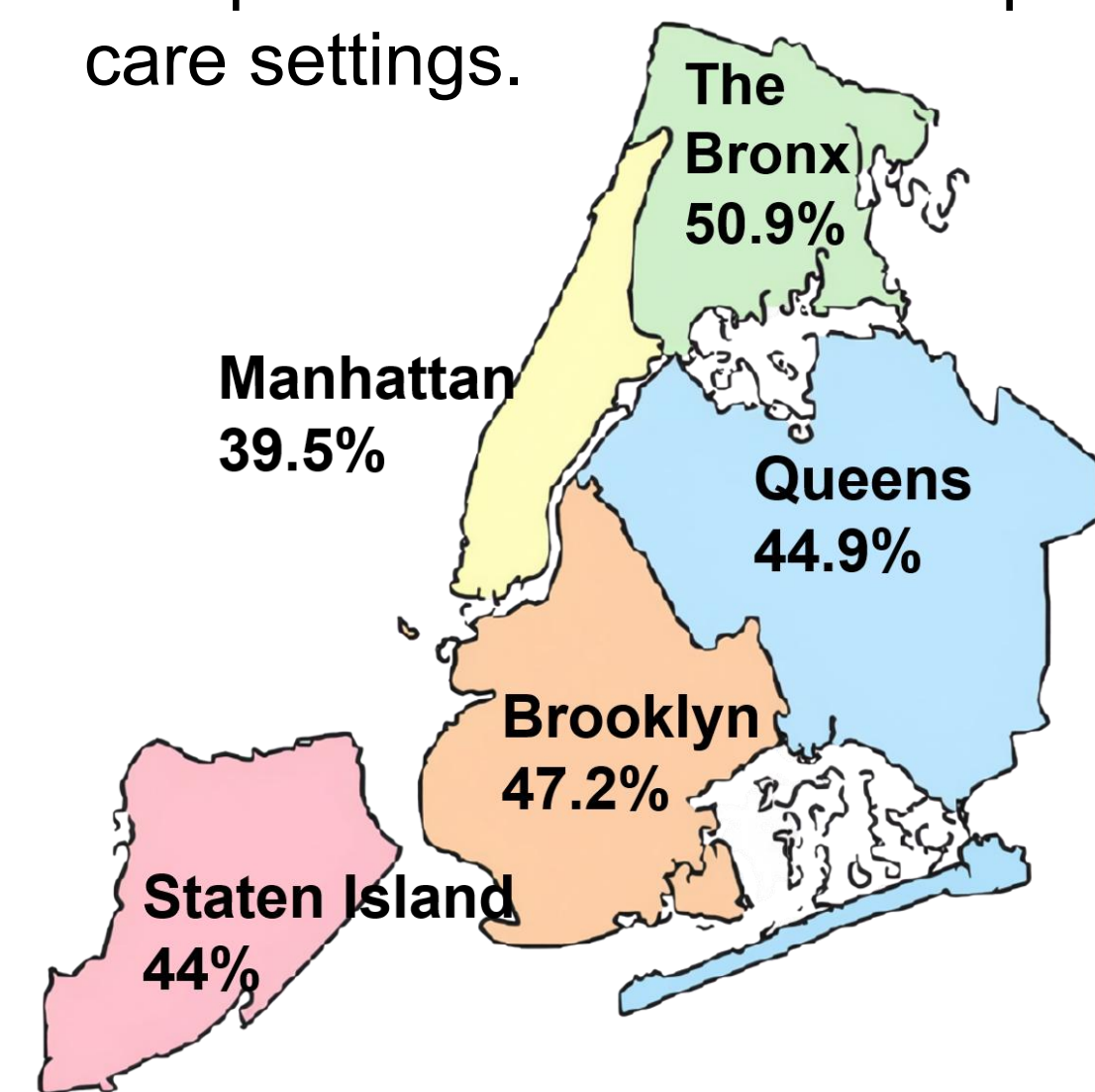


Figure 1: Percentage of late-stage lung cancer diagnosis in the five boroughs of New York City³

METHODS

Design:

Cross-sectional, anonymous, self-reported online survey of primary care providers (attending physicians, residents, nurse practitioners, physician assistants) across a large academic medical community serving the Bronx, NY.

Setting and participants:

Email invitation to physicians practicing in general practice/internal medicine and related primary care specialties serving a predominantly Hispanic/Latinx and Black/African American patient population in the Bronx.

Instrument:

Survey assessed provider knowledge, attitudes, current LDCT screening practices, and perceived patient- and system-level barriers to lung cancer screening.

Analysis:

Descriptive statistics summarized survey responses. Enrollment and survey collection are ongoing as part of Project URBANA.

CONCLUSION

Key Findings:

- PCPs report strong belief in LDCT effectiveness and are actively screening.
- However, there are sizeable knowledge gaps around LDCT (age range for eligibility, number of pack-years, recommendations for never-smokers with second-hand smoke exposure, Medicare coverage of lung cancer screening).
- PCPs weren't aware of the LCS navigation program offered by the Montefiore system.
- PCPs also noted cost as a potential barrier to LCS uptake.
- PCPs recognize their lack of knowledge and express strong interest in LCS education.

Future directions for programming and research

- CMEs created for PCPs should incorporate information on screening eligibility criteria, nodule management pathways, and importance of patient navigation services.
- Pilot a navigator-supported referral pathway and re-assess PCP knowledge post-intervention – to develop a scalable for other urban communities.

ACKNOWLEDGEMENTS

Information on the BOLD Buddy Patient Navigation Program



Lung cancer screening education materials for high-risk individuals



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Acknowledgements: We thank the primary care providers across the Montefiore Einstein network who completed this survey, and LUNGevity Foundation. This work was supported by Bristol Myers Squibb.

References: 1. PMID:40540270, 2. PMID:33778737 3. New York State Cancer Registry and Cancer Statistics (<https://www.health.ny.gov/statistics/cancer/registry/>)

RESULTS

Survey is ongoing. **39 PCPs** completed the survey to date (response rate 8%).

- Demographics:** Predominantly attending physicians (88.6%) in general practice/internal medicine (88.2%), female (74%); 91.5% reported serving an ethnic-minority patient population.
- Guideline familiarity** was highest for the 2021 USPSTF criteria (71.8%). Most PCPs believed LDCT was moderately/very effective (83.3%) and had ordered LDCT, referred to an LCS program, or discussed screening within the past year (Figure 2).
- A sizeable share of PCPs answered USPSTF eligibility questions incorrectly specifically around age limits, secondhand-tobacco criteria, and Medicare coverage (Figure 3).
- Leading perceived barriers** were patient unawareness of screening, financial concerns, and lack of a navigator program to assist patients (Figure 4).

Guideline Familiarity & Screening Practices

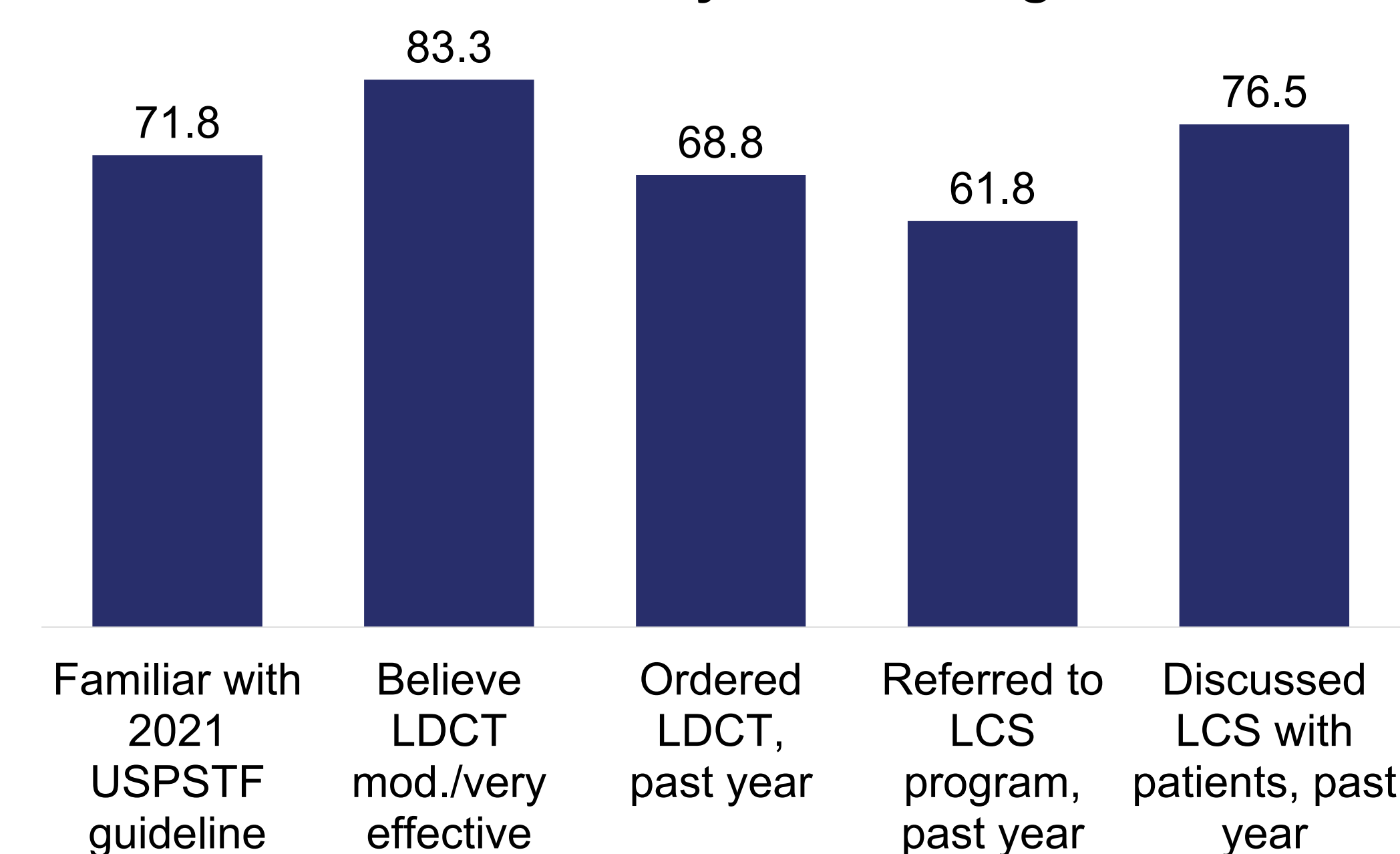


Figure 2. PCP-reported guideline familiarity and LCS practice, past 12 months.

PCPs Who Correctly Reported USPSTF Eligibility Criteria

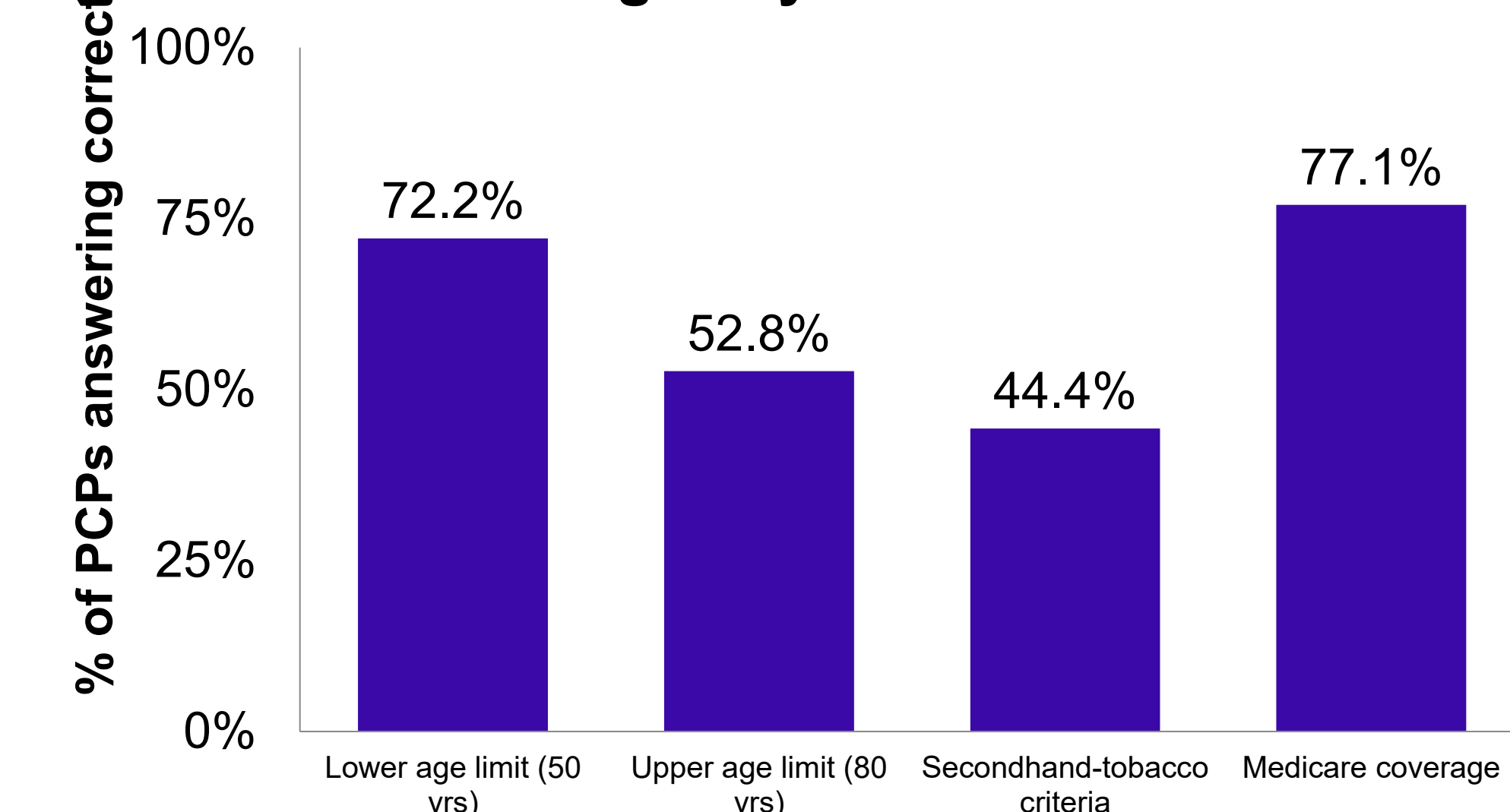


Figure 3. Share of PCPs who correctly reported each USPSTF eligibility criterion.

Perceived Barriers to Lung Cancer Screening Implementation

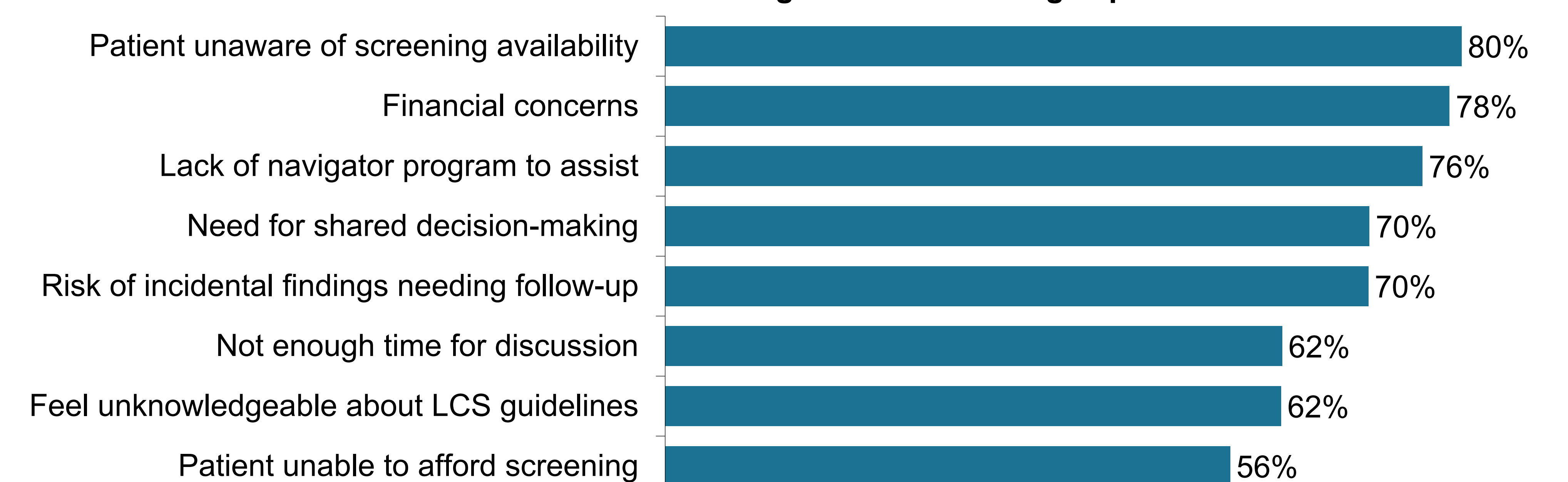


Figure 4. PCP-reported barriers to implementing lung cancer screening, sorted by frequency.

80%

Interested in receiving continuing education on LCS