

P1.087:Participant Experiences in the 'MaxUp' Lung Cancer Screening RCT: A Qualitative Study

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INTRODUCTION

Background: Lung cancer screening (LCS) reduces lung cancer mortality by 20% (1). When combined with structured **smoking cessation support (SC)**, LCS could further reduce mortality by 14% (2). However, barriers to SC need to be explored to ensure effective program implementation (3). **The MaxUp Trial** (ANZCTR: ACTRN12623001212640) compares LCS uptake and SC outcomes among Quitline (QL) clients receiving 3 months vs 12 months of smoking-cessation Nicotine Replacement Therapy (NRT) and counselling.

This **qualitative sub-study** explored participants' experiences of **Quitline-facilitated recruitment**, LCS decision-making, communication of screening results, and cessation support during participation in the MaxUp trial.

METHODS

Design: Qualitative study using a phenomenological approach. Semi-structured interviews were conducted via videoconferencing (Microsoft Teams) with consenting participants enrolled in Max Up who met LCS eligibility criteria.

1. The interview schedule was guided by **implementation outcomes frameworks** (4,5), focusing on acceptability, appropriateness, and fidelity.
2. Interviews explored **experiences with Quitline-facilitated** recruitment, LCS decision-making, communication of screening results, and perceived support for smoking cessation.
3. Audio recordings were transcribed verbatim and analysed in NVivo using **inductive and deductive thematic analysis** (6).
4. Two researchers developed a shared codebook, independently coded transcripts, and resolved discrepancies through consensus with a third researcher.

RESULTS

Fifteen semi-structured interviews ($n = 15$, 60% female, 33% with postgraduate education, 93% with a negative tomography (CT) scan) were analysed using inductive–deductive thematic analysis (6), guided by an implementation-outcomes framework (4,5). Four themes across three implementation outcomes are mapped below:

1. **Quitline is a familiar and acceptable cessation pathway**
2. **Emotional and family-related triggers influence engagement with Quitline and LCS**
3. **LCS offered via Quitline is viewed as practical**
4. **Expressed need for uninterrupted communication flow after the scan**

 **15 semi-structured interviews** • 60% female • Mean age: 58 years (SD +/- 4.05)

ACCEPTABILITY

- Quitline was viewed as a familiar, trusted pathway for smoking cessation.
- Also seen as a potential source of lung-cancer-specific information.

“I feel quite comfortable with Quitline. They were very informative on all the smoking aspects of it.”

— PR20, male

APPROPRIATENESS

- Delivering LCS through Quitline was seen as practical and appropriate.
- However, uptake was driven mainly by participants' own motivation, not by counselling content

“I’m not sure that we really did talk about lung cancer that much with Quitline – but I’m happy to talk about lung cancer once I decided I was going to do it.”

— PR203, female

FIDELITY

- Written CT results provided reassurance
- But no proactive, supportive discussion followed from Quitline counsellors or GPs
- This gap limited chances to contextualise results and reinforce cessation

“Nobody really spoke to me about the results... Nobody ever spoke to me about it again.”

— PR158, female

CROSS-CUTTING INFLUENCE ON ENGAGEMENT

Family, emotional, and health-literacy factors ran through participants' experience of every implementation outcome:

- ### SELF-DETERMINATION IS IMPORTANT, NOT ESSENTIAL

Awareness of QL support can motivate engagement in LCS. QL recruitment pathway started conversations for LCS and SC
- ### COMORBIDITIES & HEALTH CONCERNS AS MOTIVATORS

Existing health concerns motivated participation in both the trial and cessation attempts
- ### QUALITY-OF-LIFE AWARENESS

Knowing lung cancer's impact on quality of life helped motivate participants to undergo screening

DISCUSSION AND CONCLUSION

- ### Actionable Takeaway Messages
- Quitline is an **acceptable, appropriate pathway** to recruit high-risk participants who smoke into lung cancer screening
 - **Relationship-based support** is key to maximise engagement in LCS and cessation support.
 - **Communication gaps** after CT results limited fidelity: pairing cessation counselling with lung-cancer-specific interpretation of results could close this gap.

- ### Recommendations
- Test integrated care models combining cessation counselling with LCS-specific communication across Quitline and general practice
 - Explore Quitline counsellors' and GPs' perspectives on trial delivery.

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