Don’t Forget the F/U After Your Lung Cancer Screening

Delays in follow-up were common after “positive” lung cancer screening CTs, finds a Fred Hutch study.

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For the last 10 years, the U.S. Preventive Services Task Force has advised that adults between the ages of 50 and 80 who have a 20 pack-year smoking history and currently smoke (or have quit within the past 15 years) should receive a low-dose computed tomography (CT) every year to check for lung cancer.

Putting these recommendations into practice has been challenging, though, per new research by Fred Hutchinson Cancer Center.

“There’s actually a large benefit in terms of early detection in lung cancer mortality for an annual low-dose chest CT,” said Fred Hutch pulmonologist and cancer prevention researcher Matthew Triplette, MD, MPH, in a recent video interview. “And that benefit’s larger than other screening modalities like mammography for breast cancer or fecal testing and colonoscopy for colon cancer screening. The mortality reduction is somewhere on the order of a 20% to 26% reduction in lung cancer mortality — that data’s based on clinical trials.”

Unfortunately, these results were hard to achieve in the real world.

According to the American Lung Association, the lung cancer screening rate for those at high risk is just 5.7%; the National Cancer Institute puts preventive screenings for breast, colon and cervical cancers at 70% and higher.

“There are two main issues which I consider big leaks in the pipeline for people successfully engaging in lung cancer screening,” Triplette said. “One is that only 10% to 15% of all eligible people in the U.S. — that’s about 16 million people — have gotten a lung cancer screening. Even one. We’re not doing a great job in terms of uptake, finding the patients who are eligible and helping them get screened. The second issue is that once people are engaged in screening, we’re seeing a lot of drop-out in terms of people not following up with their next steps.”

No Follow-up for Many With Positive Findings

In a recent study, published in the Annals of American Thoracic Society, Triplette and colleagues from the University of Washington School of Medicine and the Veterans Affairs Puget Sound Health Care System analyzed lung cancer screening data from patients screened at multiple sites including Harborview's safety net clinics, UW Medicine clinics and Fred Hutch.

A total of 369 patients had positive findings on their low-dose CT scans, with 16% of those findings ultimately diagnosed as lung cancer. But nearly half of those diagnoses were delayed, some by a month or two, others by more than half a year.

"Not many people have talked about what happens to the patients who have a positive finding [on a lung cancer screening]," Triplette said. "The assumption is that they're going to do something about it. We actually questioned that and found half of patients with positive findings had delays in follow-up care."

Triplette called that "in and of itself concerning," but when he and colleagues took the study a step further, they discovered something even more disturbing.

"We found a significant number of patients had clinical upstaging of their lung cancers by the time they eventually followed up," he said. As with many other cancers, lung cancer's stage at diagnosis is directly tied to prognosis, treatment options, and ultimately, survival.

Triplette and colleagues are addressing this lag in follow-up with two ongoing studies. Project SASSY (the Seattle Area Smoking and Screening studY) involves a community-based approach to patient navigation in partnership with community organizations representing the LGBTQ+ community (full study link here). The ASSIST study (An Assessment of Smoking and Screening in Salish Tribes), uses an approach tailored for the urban American Indian/Alaska Native population of King County. Read more about Fred Hutch's Həliʔil Program for Indigenous people.

Triplette's efforts in this area were recently acknowledged by the White House: he was among the 11 recently announced Cancer Moonshot Scholars, a program launched by President Biden to support early-career researchers and help build a cancer research workforce that better represents the diversity of the U.S.

"We're using navigation to help patients throughout the lung cancer screening continuum," Triplette said. "To help them get that first scan, help them understand the results of that scan, then help them figure out how to get their follow-up, help them interface with their doctors and provide other resources like smoking cessation that often go hand in hand with lung cancer screening."

The idea is to offer not just cancer screening, but a complete care pathway, he said.

"We need to ensure that people stay engaged," he said. "That they understand the findings [of

their scans], understand what their follow-up looks like and provide a bit of help if they need it to achieve that."

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