

Many family physicians have inaccurate knowledge about lung cancer screening

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Although clinical trials have shown that lung cancer screening using low-dose computed tomography (LDCT) can detect lung cancers early and reduce lung cancer mortality, less than half of family physicians in a recent survey agreed that screening reduces lung cancer-related deaths. Most were also unaware of current recommendations on lung cancer screening in high risk patients. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the findings indicate that there are gaps physicians' knowledge about appropriate lung cancer screening.

Lung cancer is the leading cause of cancer mortality in the United States, in part because most cases are diagnosed at advanced stages. The United States Preventive Services Task Force, Medicare, and multiple professional societies and organizations support the use of LDCT [screening](#) for high risk patients, such as certain current and former smokers. Some groups, including the American Academy of Family Physicians, assert that there is not enough evidence to either recommend or discourage the use of LDCT screening, however.

To evaluate the knowledge, attitudes, and practice patterns related to [lung cancer screening](#) using LDCT among [family physicians](#), Jan Eberth, PhD, MSPH, of the University of South Carolina, and her colleagues distributed a 32-item questionnaire to South Carolina Academy of Family Physicians members in 2015.

Of 101 respondents, most had incorrect knowledge about which organizations recommend screening. Although 98 percent felt that LDCT screening increases the likelihood of detecting disease at earlier stages, only 41 percent believed screening reduced lung cancer-related deaths. Also, while 75 percent felt that LDCT's benefits outweigh potential harms, 88 percent had concerns about unnecessary procedures, 52 percent had concerns

about stress/anxiety, and 50 percent had concerns about radiation exposure. Although 75 percent of physicians discussed the risks and benefits of screening with their patients in some capacity, more than half reported making ?1 screening recommendation in the past year. When asked whether they would recommend lung cancer screening with LDCT for a 60-year-old patient with a 30 pack-year smoking history, 12 percent of physicians stated they would not recommend any screening and nine percent stated they would recommend a chest x-ray, even though LDCT is the only evidence-based screening strategy for a person with this background.

"Education is needed to bridge these knowledge gaps and lay a foundation on which physicians can base their treatment recommendations," said Dr. Eberth. "With the Centers for Medicare and Medicaid Services now offering reimbursement to primary care providers to engage in shared decision making with their patients about [lung cancer screening](#), it is vital that providers have an accurate understanding of the eligibility criteria for screening and potential risks and benefits. Decision aids may be a useful tool to facilitate these treatment discussions."

More information: *Cancer*, [DOI: 10.1002/cncr.29944](#)

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