

# Lung Cancer Screening Utilization After Changes in the USPSTF Guidelines: Results from the 2023 Behavioral Risk Factor Surveillance System



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## Purpose

- In 2021, the USPSTF expanded LCS eligibility by pack-years and age thresholds.<sup>1</sup>
- Our purpose was to estimate LCS utilization using Behavioral Risk Factor Surveillance System (BRFSS) survey following the USPSTF guidelines update.

## Methods

### Study Design

- Cross-sectional data from BRFSS telephone survey

### Population

- Adults aged 50-79 without a history of lung cancer in 6 states (CA, GA, NJ, ME, KS, MD)

### Dependent Variables

- LCS utilization and eligibility

### Independent Variables

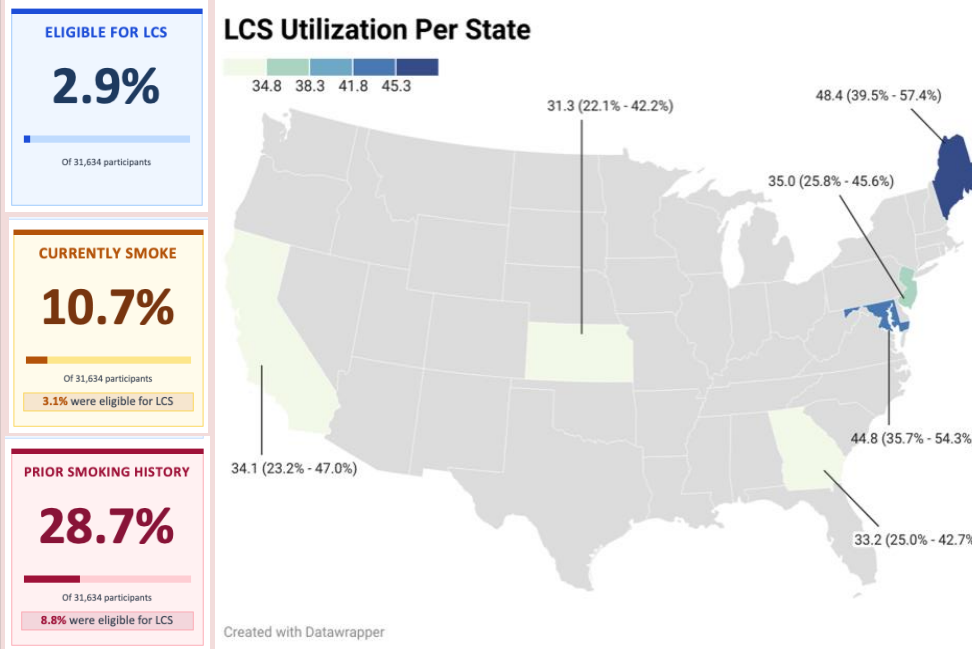
- Demographics, Personal Physician, COPD History

### Statistical Methods:

- Multiple variable logistic regression evaluated LCS utilization and sociodemographic characteristics

## Results

**31,634 weighted participants (50-79 years old)**



|                        | CA   | GA   | NJ   | ME   | KS   | MD   |
|------------------------|------|------|------|------|------|------|
| <b>Eligibility (%)</b> | 3.0  | 4.9  | 3.5  | 5.8  | 4.4  | 4.5  |
| <b>Utilization (%)</b> | 34.1 | 33.2 | 35.0 | 48.4 | 31.3 | 44.8 |

## Results

- Increasing income ( $p = 0.001$ ), increasing age ( $p = 0.010$ ), and history of COPD ( $p = 0.024$ ) were associated with LCS utilization.
- Race, ethnicity, health insurance, education, and employment were not associated with differences in utilization ( $p > 0.05$ ).

## Conclusions

- LCS utilization continues to increase following the 2021 USPSTF guidelines update.<sup>2-5</sup>
- LCS utilization among eligible participants remains low, suggesting opportunities for continued outreach and multi-disciplinary collaboration.
- Participation in structured quality improvement initiatives such as the ACR Learning Network offer opportunities to drive performance improvement.

## References

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