



Adherence Rates Differ After Positive Lung Cancer Screening Examination



In a cohort study of 685 adults with a positive lung cancer screening examination, adherence to recommended care improved among those with a higher suspicion of lung cancer, as well as after extending the follow-up timeline. The study was published in JAMA Network.

Recruited individuals were aged 18 years and over who underwent lung cancer screening examinations at participating locations throughout North Carolina, between 2015 and 2020, with at least 1 year of follow-up after their initial examination.

Investigators gathered data from the North Carolina Lung Screening Registry, collecting data on individual risk factor and socio demographic information, screening exam and follow-up information, and outcome data from reports and state cancer registry data.

Participants included 685 adults with a positive screening exam, Lung-RADS, in categories 3, 4A, 4B, and 4X.

The results highlighted that overall adherence to follow-up had increased by extending the time intervals. The adherence to follow-up rose from 30% to 68.6% for Lung-RADS 3, from 49.5% to 77.3% for Lung-RADS 4A, and from 68% to 80.5% for Lung-RADS 4B OR 4X.

Overall, the study demonstrated the presence of higher adherence rates in individuals with Lung-RADS 4 compared with Lung-RADS 3 category nodules. Adherence rates were higher among female individuals with Lung-RADS 4B, and White individuals with Lung-RADS 4A category nodules. Additionally, for Lung-RADS 3, 4B or 4X, the adherence rate was higher for those who used to smoke compared to those who still smoke.

Additionally, in Lung-RADS 4A, individuals who were Black had a lower adherence rate to the recommended follow-up in comparison to White individuals.

One primary limitation of the study was concerned with the fact that individuals may have accessed follow-up care outside the location where they were screened; this data would not have been included in the study.

Overall, this cohort study showed that follow-up to recommended care improved the most among the group with nodules with a higher suspicion for lung cancer and when follow-up time intervals were extended.

Source: [JAMA Network](#)

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