

Updates and Preliminary Findings from the Population Based Research to Optimize the Screening Process (PROSPR) Lung Cancer Research Center

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Background & Methods

This study is part of the 2018 NCI-funded Population-based Research to Optimize the Screening Process (PROSPR) consortium.

The Lung PROSPR Research Center (PRC) goal is to reduce lung cancer disparities by evaluating Lung Cancer Screening (LCS) utilization and outcomes across five diverse healthcare systems.

Purpose of Study:

- Variation exists in uptake of LCS across community settings however little is known about how variation in implementation will affect screening outcomes
- □ We present preliminary findings from our Lung PRC studies

Data Sources:

- EHR data collected, compiled, and harmonized across 5 healthcare systems into Common Data Model.
- Includes demographics, procedures, diagnoses, tumor registry, and census-based measures of socioeconomic status.

Figure 1. Total number of Lung PRC screening eligible patients based on USPSTF guidelines 2014-2019









Figure 2. Co-morbidity profile of Lung PRC cohort compared to NLST

Figure 3. Co-morbidity burden across Lung PRC cohort aged 55-80 yrs



Figure 4. Gender and Age Distribution of Patients receiving Lung Cancer Screening



Figure 5. Race/Ethnicity of Patients receiving Lung Cancer Screening





Results

Figure 6. Lung Cancer Screening Utilization, 2014 - 2019

Distinct Patients w/ **Baseline/Annual Screen** (G0927, S8032)

18,187 30,067 8,569 Total Baseline/Annual Screens



(71250/71260)

Figure 7. Distribution of Baseline Screen Lung-RADS*



Figure 8. Screen Detected Lung Cancers by year of baseline screen



Figure 9. Lung Cancer Screening Rates*



* Corley DA, Sedki M, Ritzwoller DP, Greenlee RT, Neslund-Dudas C, Rendle KA, Honda SA, Schottinger JE, Udaltsova N, Vachani A, Kobrin S, Li CI, Haas JS. Cancer Screening during COVID-19: A Perspective from NCI's PROSPR consortium. Gastroenterology. 2020 Oct 21:S0016-5085(20)35317-8. doi: 10.1053/j.gastro.2020.10.030. Epub ahead of print. PMID: 33096099; PMCID: PMC7575503

Conclusions

- We've assembled one of the largest lung cancer screening cohorts derived from diverse community-based settings.
- We observed variation in the uptake of LCS and variation in the assignment of Lung-RADS.
- We are also observing a shift in stage of lung cancer diagnosis to earlier, more treatable stages.
- Additional multilevel analyses are currently underway that will help illuminate factors associated with these measures.
- Our current effort associated with data collection through 2021 will allow for additional evaluations regarding the impact of the COVID-19 pandemic on LCS.



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Acknowledgements: Research reported in this publication was supported by the National Cancer Institute of the National Institutes of Health under Award Number UM1CA221939. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. Special thanks to Courtney Kraus, MSPH

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