

# Distribution of patient-centered educational flyers to increase lung cancer screening rates.

Houda Bouhmam, Rebecca Scalabrino, Robert Martin, Nitish Sardana, Levi Sokol, Judth Amorosa

Department of Radiology, Rutgers, Robert Wood Johnson Medical School, Robert Wood Johnson University Hospital, New Brunswick, NJ

## Background

Lung cancer continues to be the most common cause of cancer-related mortality in the United States, accounting for more annual deaths than breast, prostate, and colon cancer combined. There is a known low screening compliance rate for eligible LCS patients.

Many studies have demonstrated that appropriate implementation of low-dose CT (LDCT) screening has the potential to prevent a substantial number of lung cancer deaths.

The aim is to increase patient participation in dedicated lung cancer screening by providing educational flyers to raise awareness and encourage them to seek lung cancer screening

## Methodology

A de novo tool was designed to detect eligible but non-screened candidates for LCS who have never received dedicated LCS via a questionnaire and flag them in the database of 23 outpatient offices in a large private practice in NJ.

An educational flyer was framed to explain the importance of lung cancer screening and its impact on decreasing lung cancer mortality. It includes instructions on how to get screened. The flyer was initially e-mailed to 849 eligible patients using the email addresses provided in their files.

This is a continuous project, where a periodical report of eligible patients is generated, and the flyer is emailed to those patients.

### Inclusion Criteria

- Age 50-80
- Minimum 20 pack-year history of smoking
- Currently smoking or had quit in the last 15 years

**UNIVERSITY RADIOLOGY** Leaders in Subspecialty Imaging

Lung cancer is the leading cause of cancer deaths in the U.S. To better detect lung cancer at an earlier stage, University Radiology offers a **Lung Cancer CT Screening Program** for smokers and former smokers at locations throughout NJ. The lung cancer screening program uses *low-dose* CT scans with clinically proven follow-up protocols to detect smaller, more treatable lung cancers.

**You Should Be Screened If:**

- Aged 50-80.
- You have a tobacco history of at least 20 pack years (*packs per day x number of years smoked*).
- You currently smoke or quit within the last 15 years.

**PLEASE SEE YOUR PRIMARY CARE PROVIDER FOR A REFERRAL**

**How it Works (After Referral)**

1. Our Lung Screening Navigator will double-check your eligibility and schedule the exam.
2. University Radiology will communicate the results of your SCAN to your referring physician.
3. Depending on your initial exam results, you may be scheduled for a follow-up CT scan.
4. If additional diagnostic testing is required, our Navigator will work with you and your provider to schedule it.

Most private insurance plans cover lung cancer screenings with **no out-of-pocket costs if the patient meets the above criteria**. Contact your insurance carrier to confirm coverage.

Patients without a Primary Care Provider or who may require assistance paying for lung screening imaging or treatment can visit [screennj.org](http://screennj.org) or call 1(833)-727-3665 for additional information.

Please visit our website for a full location listing: [www.universityradiology.com](http://www.universityradiology.com)

**INFORMATION & SCHEDULING:**  
732.390.0033 | [UniversityRadiology.com](http://UniversityRadiology.com)

## Results

As this is an ongoing project and we are only one month of intervention, there is no data collected for analysis yet. Eventually after at least six months of intervention, outcomes will be assessed by verifying in the EMR if candidates underwent at least one screening CT chest after receiving the flyer. Rates of screening will be compared before and after the intervention.

## Conclusion

We believe that identifying eligible patients, providing them with information about lung cancer screening and facilitating their process to be screened is a vital step in increasing patient participation in lung cancer screening and eventually increasing earlier cancer detection and improving related mortality rates.