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High Risk Older Smokers' Perceptions, Attitudes and Beliefs About Lung Cancer Screening

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not routinely done and may be missed. Here, we have studied the incidence of lung cancer among low stage bladder cancer patients aiming to evaluate if this can be defined as a population at risk.

Methods: The SEER (Statistics, Epidemiology and End Results) database was used to determine the Incidence and standardized incidence ratio (SIR), and the average time to discovery of lung cancer in Patients with localized TCC of the bladder (AJCC 6 stages T₀ through T_{1a2}) in years 2000-2013, stratified by age and gender, and compare them to the SIR for all solid tumors.

Results: Based on 89691 patients (F:M ratio 1:3.3), the SIR for all solid tumors was 1.95[CI95%:1.87-2.04] for women and 1.87[1.83-1.9] for men. The SIR for lung cancer in women was significantly higher, 2.40[2.19-2.62], with significance persisting among all age groups >50y. The SIR for men was 1.81[1.73-1.9], not significantly different from the risk for all solid tumors in any age group. The median latency period until discovery of lung cancer was 5.41, 3.54, 2.74 and 0.08 years in women, and 4.41, 3.59, 2.96 and 0.96 in men, for age groups 50-59, 60-69, 70-79 and 80+, respectively.

Conclusion: Incidence of lung cancer is higher in localized TCC patients than among the general population, and among women it appears to be significantly higher than the general risk of solid tumors. Early stage TCC patients may therefore stand to gain from lung cancer screening, and should be considered as potential screening candidates.

Keywords: TCC, lung cancer, Bladder, Women

P1.01-028

High Risk Older Smokers' Perceptions, Attitudes and Beliefs About Lung Cancer Screening



Topic: Lung Cancer Screening, Diagnosis

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Background: The US Preventive Services Task Force recommends that smokers aged 55-80 should be screened annually with low dose computed tomography (LDCT). Successful implementation of lung cancer screening depends on being able to reach high-risk individuals. This study identified demographic, smoking history, health risk perceptions, knowledge, and attitude factors of older smokers related to LDCT agreement. Using binary logistic regression we produced a predictive model of factors to explain LDCT agreement.

Methods: As part of a larger Tobacco Attitudes and Beliefs Study, we conducted a cross-sectional, national, online

survey of 549 older (≥ 45 years) current and former smokers. Univariate differences between groups for agreement and non-agreement for LDCT was conducted. Using all variables that demonstrated a significant association with LDCT agreement, a binary logistic regression analysis was conducted to predict agreement to have an LDCT.

Results: Almost 80% of the sample believed that a person who continues to smoke after the age of 40 has at least a 25% chance of developing lung cancer and if asked, 79.4% would agree to a LDCT. Using Chi Square analyses, nine variables that were significant at the 0.10 level were selected for inclusion in model development. Four of the independent variables made a unique statistically significant contribution to the model: Believes that early detection of lung cancer will result in a good prognosis; Perceives accuracy of LDCT as an important factor in the decision to have a LDCT scan; Believes that they are at high risk for lung cancer; and Believes that a negative LDCT result would decrease worry without encouraging continued smoking.

Conclusion: Older smokers are aware of the risks of smoking, are interested in smoking cessation, and most are interested in and positive about LDCT. Cognitive aspects of participation in screening are key to increasing the uptake of lung cancer screening and smoking cessation among high-risk smokers.

Keywords: LDCT, Attitudes and Beliefs, Smoking Cessation, older smokers

P1.01-029

Personal and Hospital Factors Associated with Limited Surgical Resection, In-Hospital Mortality and Complications in New York State



Topic: Lung Cancer Screening, Diagnosis

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Background: Lung cancer represents 13.4% of all newly diagnosed US cancers and 27.1% of all cancer deaths. Early stage lung cancer is generally treated with surgical