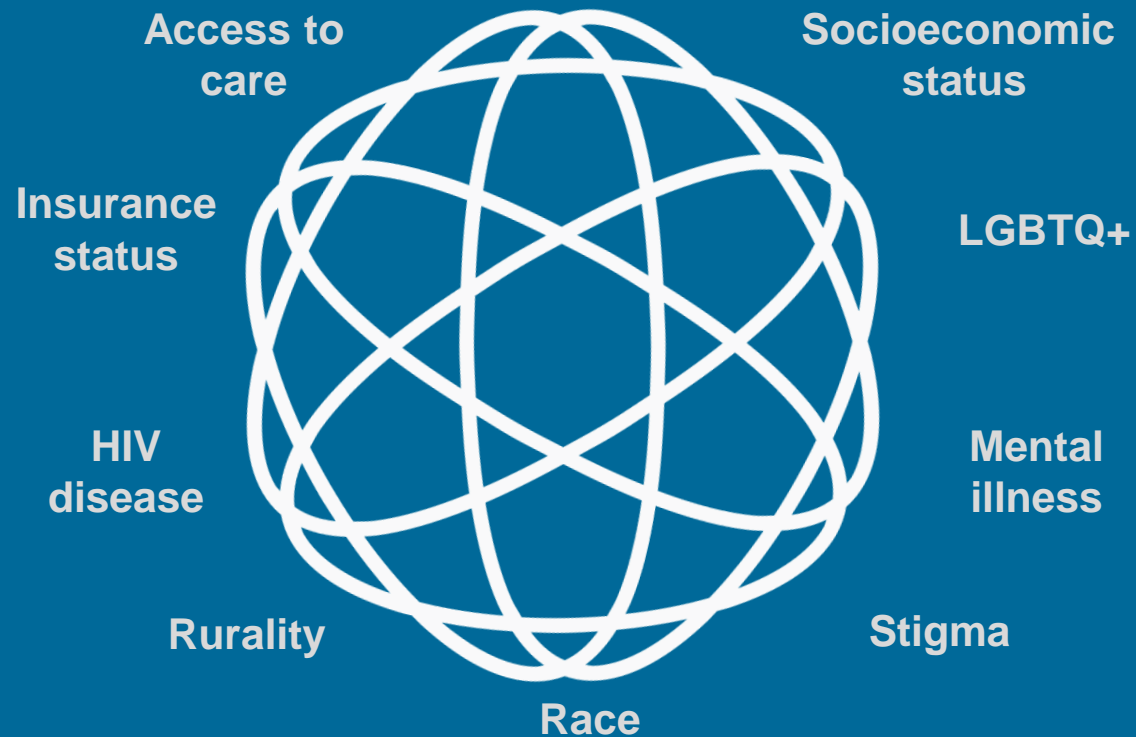


Health Disparities in Lung Cancer Screening

Factors influencing health disparities in vulnerable populations are often interrelated



- ❖ Black men have the highest rates of lung cancer incidence and mortality and present younger with fewer pack-year smoking history.
- ❖ People living with HIV have a higher prevalence of smoking and lung cancer mortality. They are diagnosed at much earlier ages with more advanced disease and do not often meet current eligibility criteria for screening.

What can we do?



- New lung cancer screening recommendations proposed:
 - Lower cutoff for age ≥ 50 and smoking history >20 pack-years
- Incorporate risk calculators to help select high-risk individuals



- Develop shared decision-making tools tailored to lower health literacy, mental illness, vulnerable populations
- Engage advocacy groups to assist with research funding, promote access to high-quality lung cancer screening
- Marketing and outreach to vulnerable populations



- Active research on how to best incorporate tobacco cessation into lung cancer screening
- Destigmatize tobacco behaviors and smoking cessation



- Integrate patient navigators in lung cancer screening programs
- Develop telehealth and mobile screening options
- Allocate resources toward lung cancer screening
- Engage community leaders to endorse and promote lung cancer screening
- Medicaid expansion in all states

1. Haddad DN, Sandler KL, Henderson LM, et al. Disparities in lung cancer screening: a review. *Ann Am Thorac Soc*. 2020;17(4):399-405.
2. Rivera MP, Katki HA, Tanner NT, et al. Addressing disparities in lung cancer screening eligibility and healthcare access. An official American Thoracic Society statement. *Am J Respir Crit Care Med*. 2020;202(7):e95-e112.