

Lung Cancer Screening Uptake Remains Low Despite Proven Mortality Benefit

Glenview, IL (October 12, 2026) – Low-dose CT lung cancer screening (LCS) reduces lung cancer mortality among high-risk adults, yet national uptake remains low despite more than a decade of guideline endorsement. Researchers sought to characterize the magnitude of national LCS uptake deficits and identify barriers across the screening pathway, including awareness, clinician communication, and access to care.

Researchers conducted a descriptive, cross-sectional synthesis of publicly reported national surveillance results from 2022 US datasets. Screening eligibility was defined using US Preventive Services Task Force criteria of adults aged 50 to 80 years with at least a 20 pack-year smoking history who currently smoke or quit within the past 15 years. Researchers examined LCS uptake, awareness, clinician-patient communication, and access to care.

Across published 2022 estimates, LCS uptake among eligible U.S. adults was approximately 18%. In comparison, breast cancer screening uptake was approximately 77% and colorectal approximately 61%.

National surveys also found that only 38% of adults were aware that LCS is available for high-risk individuals, while 73% of adults had not discussed their lung cancer risk with a clinician. Screening uptake was approximately 4% among screening-eligible uninsured adults, compared with 14% among those with private insurance and 26% among those with Medicare. Among screening-eligible individuals without a primary care provider, approximately 5% underwent screening, compared with 19% of those with an established primary care relationship.

“Efforts to improve LCS uptake should prioritize routine identification of eligible patients within primary care, consistent clinician-led risk communication and shared decision-making, and reduction of access barriers related to insurance coverage and primary care linkage,” said Sarvesh Sharma, MD, CHEST 2026 presenting author. “Addressing these structural bottlenecks is likely necessary for translating the demonstrated efficacy of LCS into population-level mortality reduction.”

The findings highlight substantial gaps in LCS awareness, communication, and access to care. Researchers noted that addressing these barriers may be important to increasing screening utilization among eligible adults and translating the established benefits of lung cancer screening into broader population-level impact.

Further results will be presented at the CHEST Annual Meeting 2026 as part of the New Insights in Lung Cancer Screening original investigation presentations titled, *Quantifying*

National Deficits in Lung Cancer Screening: Gaps in Awareness, Communication, and Uptake. The [study abstract](#) can be viewed on the *CHEST*® journal website.