Lung cancer is the most lethal form of cancer, killing 130,000 Americans and 1.8 million people worldwide in 2022. The cancer is often diagnosed late when survival is less than 20%. Yet these mortality figures could be significantly lowered by using a simple preventative tool—lung cancer screening (LCS)—that could detect the disease in its early phase. LCS can be performed using a chest X-ray, CT scan, or a combination of both. LCS is non-invasive, non-anxious, and saves lives by detecting lung cancer early.

"is that even when there were abnormal findings on the CT scan, the follow-up for African Americans was not as good," said co-author Lynn Tanoue. "Black patients were 33 percent less likely to follow-up than whites. "The disparity persisted," added Dr. Kunitomo. The researchers attribute the low follow-up to several things related to racial disparities, including the usual suspects social and demographic factors such as access to care, transportation, ability to take time off from a job, and fears about the cost of treatment. Dr. Kunitomo also points out that getting a potential diagnosis of cancer is scary and unwelcoming, especially if the patient does not have a strong relationship with a primary healthcare provider. Some providers are not diligent about following up. Patients may believe, incorrectly, a lung cancer diagnosis is a death sentence, which they don’t want to hear.

"So, we have a lot of educating to do," said Dr. Tanoue. "From patients to physicians to the larger community." For instance, patients and physicians need a better understanding of the test itself, which takes five minutes, is safe and painless, without anesthesia or bloodwork, and saves lives by detecting lung cancer early.

The screening has been recommended for eligible patients since 2015, yet participation rates remain stubbornly low. Some of the reasons have already been mentioned, but others can be traced to the healthcare side. For instance, the criteria for eligibility are strict and lengthy. The provider elicits a detailed smoking history—how much the patient smoked, for how long, whether they started and stopped, and when they quit. "Getting all of this information takes a lot of time," explained Dr. Kunitomo, "and even if it’s put into an electronic record, it can’t be as easily extracted or automated as with other types of screening."

"We’re now trying to educate the primary care providers who are going to be ordering these screens to cast the net wider and be more inclusive of African-Americans and women," said Dr. Tanoue. "Cancer screening is an important top on everybody’s radar now, because the benefit can be so enormous."