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May 6th, 12:00 AM

Barriers to Lung Cancer Screening Among African American Males Aged 50-70 in the United States

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Marines, Edward, "Barriers to Lung Cancer Screening Among African American Males Aged 50-70 in the United States" (2021). *Stratford Campus Research Day*. 18.

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Barriers to Lung Cancer Screening Among African American Males Aged 50-70 in the United States

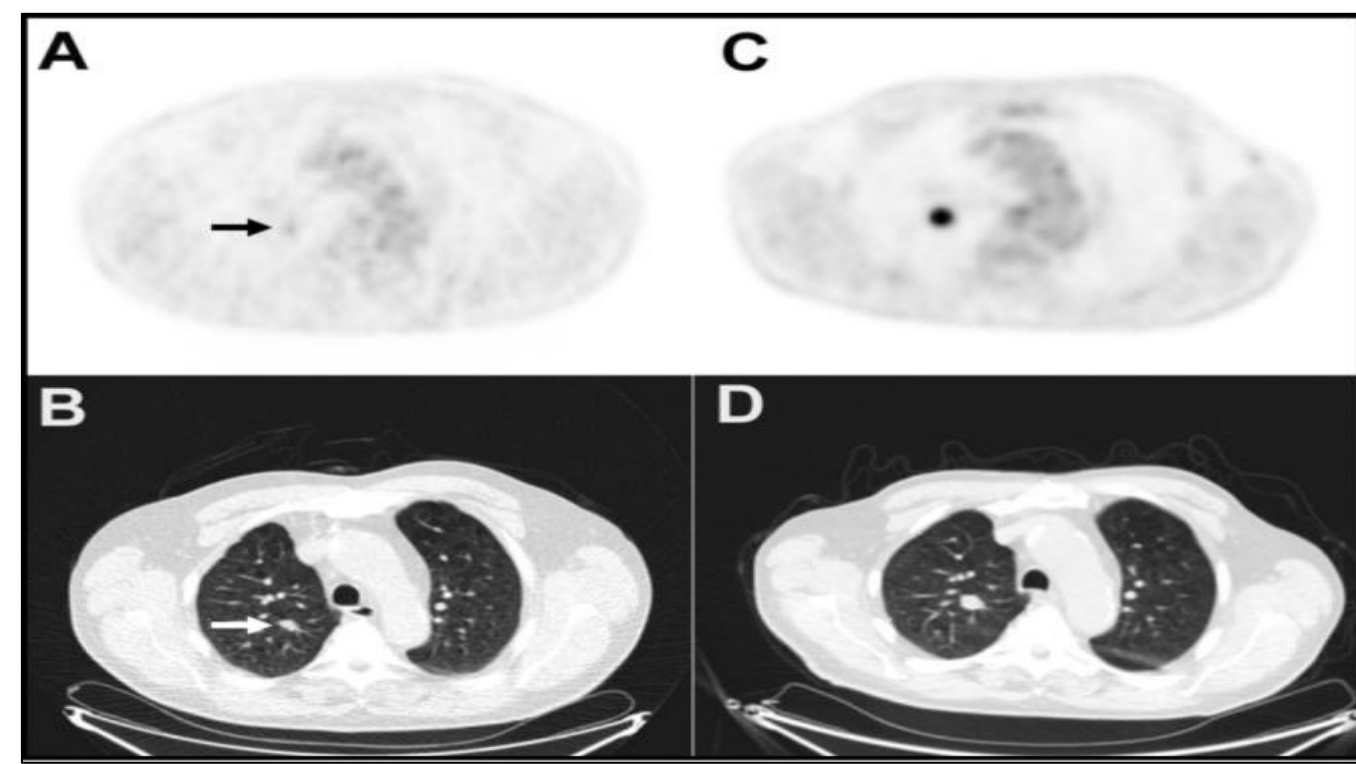


Edward Marines

Rowan University School of Osteopathic Medicine

Background

- Lung cancer is the number 1 cause of cancer deaths in the United States¹
- African American (AA) males have the highest rate of lung cancer deaths¹
- Lung cancer screenings are recommended yearly for high-risk groups²
- AA males present with later stage disease and have poorer outcomes³



For Early-Stage Lung Cancer, Study Identifies Potential New Biomarker, Treatment Target. cancer.gov. <https://www.cancer.gov/news-events/cancer-currents-blog/2019/early-stage-lung-cancer-biomarker>

Objectives

- Identify the different barriers to lung cancer screening among AA males
- Examine potential methods of increasing access and participation within this population

Methods

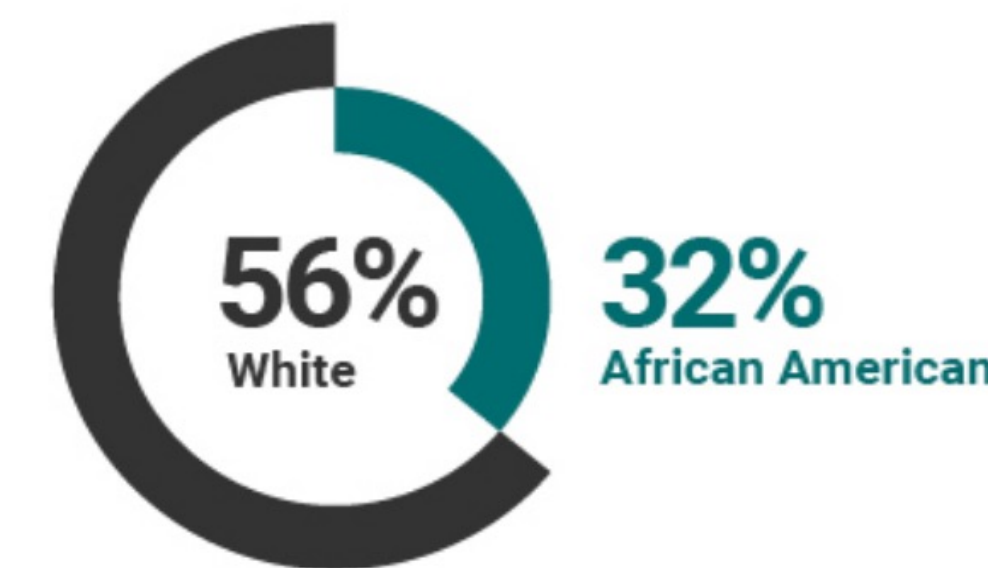
- Databases: PubMed, Web of Science, EBSCOhost
- Search Terms: “Lung cancer screening” AND “African American males” OR “Lung Cancer” AND “health disparities” OR “Perceptions”
- Types of Studies: Evidence Based, Questionnaires, Literature Reviews

Results

- AA are more likely to utilize urgent care and emergency departments for primary care¹
- Physician recommendation is the primary reason for screening²
- AA men fulfill screening risk threshold of lung cancer without meeting CMS screening criteria¹
- Tobacco Industry campaigns focus heavily on low income populations¹
- Mortality of lung cancer decreases and risk reduction behaviors increase with improved education and income³

Screening Eligibility

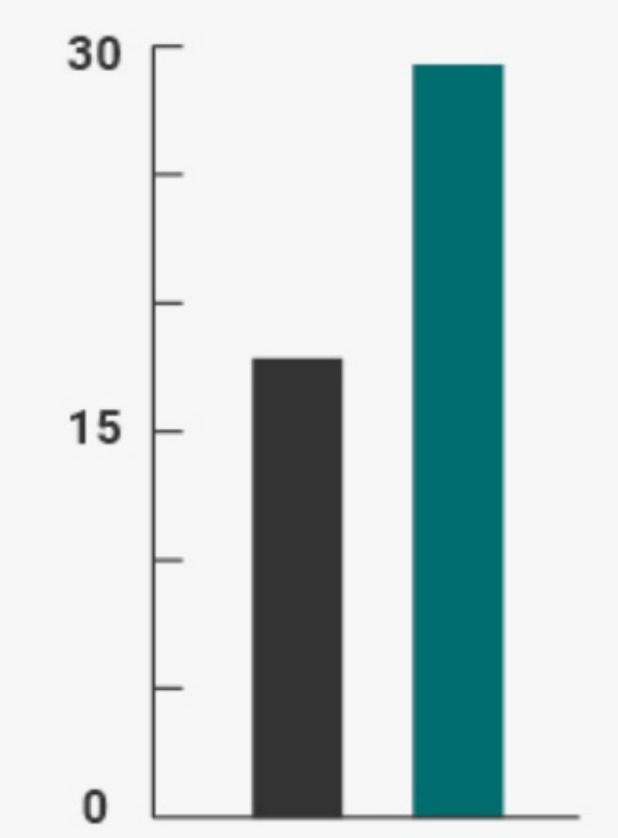
Among smokers diagnosed with lung cancer, 56% of Whites and 32% of African Americans met the guidelines' eligibility.



Smoking Pack-Year Requirements

~50% of African American smokers did not meet the minimum 30 pack-year requirement for a screening.

Adjusting the requirement from 30 to 20 pack-years for African Americans increases chances of curative treatment and the number of African American smokers for screening from 17.4% to 28.5%.



Recommending expanded screening could help African Americans, suggests new research. vumc.org. <https://discover.vumc.org/2020/09/considering-african-americans-in-lung-cancer-screening/>

Discussion

- Lack of access to and trust of a consistent primary care provider limits shared decision making and education
- Stigma drives patients away from screenings
- Constricted guidelines and lack of complete history lead to fewer referrals

Limitations

- Small sample size for questionnaires
- Not representative of all AA men
- Limited evidence for interventions

Conclusion

- Need for expanded guidelines for recommended lung cancer screenings
- Improvement of cultural competency of primary caregivers in regards to lung cancer disparities
- Public health campaigns targeted at lower income populations on risks and early warning signs
- Further research required to determine efficacy of interventions

