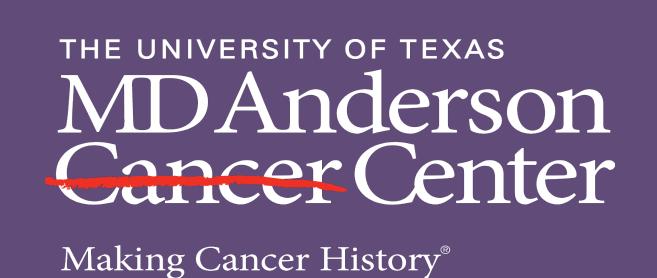


Project CONNECT; Providing Training to Quitline Staff to Disseminate Patient Decision Aids to Quitline Callers

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Introduction

- Increasing lung cancer screening (LCS) rates nationally is a priority for various groups including the North American Quitline Consortium.
- LCS reduces lung cancer mortality 16-20% but there are important harms to be considered.
- CONNECT addresses patient lack of understand of LCS, inappropriate screenings, and lack of discussion with care providers regarding LCS
- Project CONNECT is bridging this gap by training quitline staff on LCS guidelines, the harms and benefits of screening, and who should be screened and how often.
- Project CONNECT will increase the number of smokers receiving high quality patient decision aids, allowing them to make an informed decision regarding if lung cancer screening is right for them

Expected Results

Training quitline staff about lung cancer screening will improve their knowledge about the benefits and harms of lung cancer screening.

Responsible Conduct of Research

This study was approved by the University of Texas MD Anderson Cancer Center institutional review board. The MD Anderson PI was responsible for maintaining documents and approvals for all modifications in the protocol. We worked to maximize security of patient data.

Methods

- Train quitline staff to assess eligibility and refer callers to educational materials on lung cancer screening
- Quitline staff will complete questionnaires to evaluate their knowledge before the training and up to one month after
- Characteristics of study participants are in Table 1
- Results of the pre- and post-training survey are below in Table 2

Table 1. Characteristics of Study	Participants		
Characteristic	Participants (N=245) n (%)		
Sex			
Female	188 (76.7)		
Male	52 (21.2)		
Other	1 (0.4)		
Prefer not to answer	4 (1.6)		
Race			
American Indian or Alaska	10 (4.1)		
Native	10 (4.1)		
Asian	43 (17.6)		
Black or African American	1 (0.4)		
Native Hawaiian or Pacific	133 (54.3)		
Islanders	30 (12.2)		
White	27 (11.0)		
Two or more races			
Prefer not to answer			
Education level	f 3		
Less than high school	0		
Graduated high school/GED	7 (2.9)		
Some college/trade school	50 (20.4)		
Graduated college	131 (53.5)		
Graduate degree	50 (20.4)		
Prefer not to answer	7 (2.9)		

Results

Table 2. Overall Individual Question Across All Quitline	s (All Response (Options)		9		
Question Item	Pre-training (N=110)			Post-Training (N=198)		
	Correct	Incorrect	Unsure	Correct	Incorrect	Unsure
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Can lung cancer screening suggest that you				32-32-35 Koo	N. C.	2000
have lung cancer when you do not?	28 (25.4)	23 (20.9)	59 (53.6)	100 (50.5)	39 (19.7)	59 (29.8)
Do health professional groups recommend		1000 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Commence of the control of the second of	50003003		
all current and former smokers be screened						
for lung cancer?	21 (19.1)	42 (38.2)	47 (42.7)	95 (48)	70 (35.4)	33 (16.7)
Can lung cancer screening miss a possible				2222		
lung cancer?	64 (58.2)	2 (1.8)	44 (40)	146 (73.7)	9 (4.5)	43 (21.7)
Can lung cancer screening find lung cancer				5.04 70000-45 98.774 48.000 500 1		200 200 100 100 100 100 100 100 100 100
that would have never caused symptoms or						
harmed you?	61 (55.5)	7 (6.4)	40 (36.4)	134 (67.7)	9 (4.5)	55 (27.8)
Is lung cancer screening recommended for						
someone who has other health problems						
that may shorten their life?	6 (5.5)	42 (38.2)	61 (55.5)	46 (23.2)	78 (39.4)	74 (37.4)
Is lung cancer screening recommended for						
someone who is not willing to be treated						
for lung cancer?	12 (10.9)	37 (33.6)	60 (54.5)	63 (31.8)	63 (31.8)	72 (36.4)
Is lung cancer screening recommended for	38	3	8			
someone who is not willing to have						
additional testing for lung cancer, such as a						
lung biopsy?	10 (9.1)	39 (35.5)	60 (54.5)	54 (27.3)	68 (34.3)	76 (38.4)
Is radiation exposure one of the risks of		7.50	10000			
lung cancer screening?	32 (29.1)	14 (12.7)	64 (58.2)	116 (58.6)	27 (13.6)	55 (27.8)
Without screening, is lung cancer often	200 200 200	10.0	10000 80000 8	100.00	2000	2010
found at a later stage when cure is less						
likely?	71 (64.5)	0	39 (35.5)	158 (79.8)	4 (2.1)	36 (18.2)
What is the best way to lower the chances			10000 2000	o ostale. Tayer e	\$ \$400 1 TO 101	390+11 100 1
of developing or dying from lung cancer?	64 (58.2)	33 (30)	13 (11.8)	136 (68.7)	51 (25.8)	11 (5.6)
How often is screening recommended for	29 22	327 339 13		10810 (24)	3 3050 A3 15	100 300 1
lung cancer?	26 (23.6)	14 (12.7)	70 (63.6)	96 (48.5)	18 (9.1)	84 (42.4)

Future Directions

We will create an implementation manual for the quitline service providers and state funders to assist them in identifying and referring quitline callers to lung cancer screening educational materials.

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