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Attitudes of Australian Specialists to Lung Cancer Screening with Low Dose Computed Tomography

Objective: Low dose computed tomography (LDCT) screening for lung cancer has been implemented internationally but has yet to become standard practice in Australia. This survey assesses attitudes of Australian lung cancer specialists towards lung cancer screening.

Methods: Survey distribution occurred via email to specialists identified by college memberships.

Results: 76 completed surveys were analysed (37 incomplete or non-relevant specialty excluded). 67% (n=51) of respondents were either thoracic physicians or cardiothoracic surgeons. 84% (n=64) were familiar with screening research and 66% (n=50) felt the evidence for LDCT was strong. 88% (n=67) of surveyed specialists were in favour of implementing a lung cancer screening program. Major identified barriers to implementation included the lack of Australian guidelines (84%, n=64), geographic difficulties (74%, n=56), uncertainty regarding recruitment strategy (80%, n=61), follow up protocol (66%, n=50) and target population (62%, n=47), concerns about high false positive rate (55%, n=42) and lack of participation of specialties in screening programs (55%, n=42). Most respondents felt the benefits of lung cancer screening outweighed potential harms from CT radiation exposure (83%, n=63) and diagnostic procedures (71%, n=54). 39% (n=30) had been referred patients for lung cancer screening within the last 6 months.

Conclusions: The majority of surveyed specialists were familiar with the research literature and had positive attitudes to screening. Most were in favour of an organised lung cancer screening program within Australia but identified important local barriers to implementation.