Nurse Navigator for Lung Cancer Screening

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The *Annals of Family Medicine* encourages readers to develop a learning community to improve health and health care through enhanced primary care. With the *Annals* Journal Club, we encourage diverse participants—particularly among students, trainees, residents, and interns—to think critically about and discuss important issues affecting primary care, and even consider how their discussions might inform their practice.[1]

HOW IT WORKS

The *Annals* provides discussion tips and questions related to one original research article in each issue. We welcome you to post a summary of your conversation to our eLetters section, a forum for readers to share their responses to *Annals* articles. Further information and links to previous *Annals* Journal Club features can be found on our website.

CURRENT SELECTION

Thuppal S, Hendren JR, Colle J, et al. Proactive recruitment strategy for patient identification for lung cancer screening. Ann Fam Med. 2023;21(2):119-124.

Discussion Tips

This study looks at whether proactive contact and recruitment with patients can lead to increased low-dose CT (LDCT) rates. The study utilized a nurse navigator approach for patient contact and recruitment to improve uptake of LDCT screening at subsequent clinical encounters with their PCP. The study highlights how this strategy could improve patient empowerment to lung cancer screening options. It builds on comparable findings for other forms of cancer screening and provides foundational findings to build upon in future studies regarding lung cancer screening and care.

Discussion Questions

• What question is asked by this study and why does it matter?

• How does this study advance previous research and clinical practice on this topic?

• What is the strength of the study design and methodology for answering the question?

• To what degree are the findings accounted for/influenced by:
  ◦ Sample size of patients and clinicians?
  ◦ The 2 phases—what are the advantages of the 2-phase design? Drawbacks or biases that could result? Would an external comparator group have been possible and/or beneficial?
  ◦ Possible "unknown reasons" for patients not obtaining LDCT? What might they be?
  ◦ Capabilities/integration of the nurse navigator with PCP offices in subsequent actions following contact?
  ◦ Restrictions around COVID-19 and other associated impacts of the early COVID-19 pandemic when the majority of the prospective phase took place?

• What are the main study findings?

• What contextual factors are important for interpreting and applying the findings?

• How might the medical system make nurse navigators in this system more efficient?

• How does the study sample compare with your patient panel and/or practice region? Does this influence how you see the findings' potential application to your practice/office?

• Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?

• What are the next steps in interpreting or applying the findings?

• What questions remain or are introduced that merit follow-up study?

REFERENCES

1. Stange KC, Miller WL, McLellan LA, et al. *Annals* Journal Club: it's time to get RADICAL. *Ann Fam Med*. 2006;4(3):196-197. https://AnnFamMed.org/cgi/content/full/4/3/196