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Title

Primary Care Provider Receptivity to the Utilization of Multi-Cancer Early Detection for Cancer Screening

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context. Cancer is a leading cause of death for adults in the United States, with a projected 600,000 deaths in 2023. While most cancers are more amenable to treatment when detected early, only 4 types of cancer (breast, cervical, colorectal, and lung) have recommended standard-of-care screening tests. Several companies are developing multi-cancer early detection (MCED) tests, which are intended for use in detecting cancer using a biospecimen. Objective. As cancer screening is typically managed in the context of primary care, we sought to understand primary care providers' (PCPs) receptivity to, concerns about, and confidence in utilizing MCED testing. Study Design and Analysis. We conducted a cross-sectional survey of PCPs that included questions related to MCED test use and used a multiple regression analysis to identify predictors of PCP receptivity. Setting. This online survey was carried out in a large, academic health system across Southeastern Pennsylvania and Southern New Jersey. Population Studied. All health system physicians, advanced practice providers (APPs), and trainees involved in primary care were invited to participate. Instrument. The survey consisted of four sections: provider perceptions related to utilizing MCED testing, two sections on support for a hypothetical clinical trial of an MCED test (not reported here), and background characteristics. Outcome Measures. Exploratory factor analysis of the PCP receptivity questions extracted two factors, "barriers" and "receptivity". Scale scores were calculated for both factors, as well as for the questions on PCPs' self-perceived confidence in using MCED tests. Results. Out of 939 invited providers, 351 (37.4%) completed the survey, including 124 staff physicians (36%), 201 residents and fellows (58%), and 24 APPs (7%). Provider confidence was significantly and positively associated with receptivity to MCED test use ($p < 0.001$). Barriers to test use were found to be positively associated with receptivity to test use ($p = 0.016$). Conclusions. PCPs are generally receptive to incorporating MCED testing into their practice of routine cancer screening. We found that measures of confidence in ordering an MCED test and an acknowledgement of the barriers to clinical use of MCED testing were associated with higher receptivity. These results suggest that PCPs are likely to adopt MCED testing when given information that helps them think critically about the issues associated with its use.