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Interest in lifestyle advice at lung cancer screening: determinants and preferences

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Background: Lung cancer screening has been identified as a ‘teachable moment’ at which to deliver cessation advice to smokers, who also more commonly engage in other cancer risk behaviours. Little is known about how this advice would be received by lung screening attenders, or whether advice about other behavioural cancer risk factors would be acceptable within this setting.

Methods: We carried out a population-based survey of English adults aged 50-75 years who self-identified as current smokers or recent quitters, and indicated they would participate in lung cancer screening if invited (n=459). We assessed willingness to receive lifestyle advice (smoking, diet, weight, physical activity, and alcohol consumption) at lung screening. Additional items assessed whether advice should be provided in the event of an abnormal screening result, the potential impact of advice on screening uptake, and preferred timing of advice.

Results: Overall, 64% (n=292) of the sample were willing to receive lifestyle advice at lung screening. A greater proportion of the sample were willing to receive advice in a scenario where the screening results required further investigation (83%, n=381; p<0.01). However, 14% (n=64) indicated the provision of lifestyle advice at lung screening would make them less willing to attend. Non-White ethnicity and greater cancer risk factor awareness were associated with willingness to receive advice (p<0.05). Half of current smokers (51%; n=113) were willing to receive smoking cessation advice. Interest in dietary advice was expressed by 47% (n=84) of people not consuming five portions of fruits and vegetables each day, and interest in advice about weight was expressed by 43% (n=50) of people with a BMI >25. One third of physically inactive people (32%; N=59) were willing to receive advice about increasing their physical activity, and one in five people identified as problematic drinkers (17%; N=16) were willing to receive advice about reducing alcohol consumption. There was a preference for advice to be delivered at the screening appointment (38%, n=108) over other time points during the screening process.

Conclusions: Lung screening may offer an opportunity to deliver not only smoking cessation advice, but also advice about other behavioural cancer risk factors. Future work should consider how to deliver effective interventions in this setting to support multiple behaviour change for this high risk group, while monitoring screening uptake.