

INTRODUCTION

- Lung Cancer is a malignant disease characterized by the uncontrolled growth of abnormal epithelial cells within the lung tissue.
- Due to its frequent asymptomatic course in early stages, lung cancer is often diagnosed at advanced stages, resulting in limited therapeutic options and poor survival outcomes.
- In Washington, D.C., Lung cancer disproportionately impacts African-American communities where structural barriers and inequities contribute to delayed diagnosis and poorer outcomes, underscoring the need for innovative, community-based navigation models.

OBJECTIVES

- To describe the framework and design of a pilot program training pharmacy students in a community pharmacy setting to be lung cancer screening navigators in Washington, D.C.
- To engage community pharmacies as accessible sites for screening outreach and patient navigation.
- To identify barriers affecting screening participation among high-risk populations
- To evaluate the impact of pharmacy students involvement on community awareness and screening referrals.

METHODS

- Three independent community pharmacies in Ward 8, Washington, D.C., a high-disparity area with elevated lung cancer rates.
- Five Student Pharmacists were trained as **Patient Navigator Coordinators (PNC)** using American Cancer Society (ACS) screening guidelines.
- **Screening Eligibility:** Ages 50-80 years old, Current Smoker or quit ≤ 15 years ago, ≥ 20 pack-year history.
- **Outreach:** Students identified eligible patients through **smoking cessation prescriptions** and conducted **phone surveys** to assess screening criteria.
- **Referral:** Eligible participants received \$25 gift cards and were referred to their primary care provider, then to GW Hospital Radiology for Low-Dose CT Scan.

RESULTS

- Five student pharmacists were successfully trained and placed across three independent community pharmacies in Ward 8 of Washington, D.C. Throughout the pilot, over 200 patients were identified through pharmacy records as potential candidates for lung cancer screening based on their smoking history and medication profiles.
- Patients were successfully contacted, and some of the patients qualified for preliminary eligibility for lung cancer screening based on American Cancer Society criteria.
- Participants completed the comprehensive survey and received \$25 gift cards as a thank-you for their time and completing the remainder of the survey. Referral forms were approved by PCP's, and patients completed low-dose CT scans at George Washington University Hospital.
- Post-program reflections from student pharmacists reported increased student proficiency in communication, cultural humility, and navigation workflows.
- Participating pharmacies noted improved community engagement and awareness surrounding lung cancer screening opportunities in underserved populations.

ADDITIONAL INFORMATION

- The rate of new lung cancer cases is 59.9 per 100,000 population among Black individuals in the District of Columbia, significantly higher than the rate of 55.1 among Black individuals nationally, and significantly higher than the rate of 26.8 among white individuals in the District of Columbia.
- 46 out of 51, among the worst in the nation for lung cancer screening at 1.5%. Lung cancer screening with annual low-dose CT scans for those at high risk can reduce the lung cancer death rate by up to 20%.
- In an investigation of the rates of lung and bronchus cancer in the District of Columbia:
- Ranked lung and bronchus cancer as the second most diagnosed cancer
- Number one leading cause of cancer deaths.
- Ward 8 has the highest incidence and mortality rates compared to the other 7 wards.
- Ward 8 is commonly referred to as "east of the river" and remains almost entirely Black. This area is plagued by problems including high poverty and worse health outcomes.

DISCUSSION

- This pilot demonstrated that pharmacy students can effectively serve as lung cancer screening navigators in community pharmacy settings. By engaging patients directly in Ward 8, the program helped address barriers such as limited access, low awareness, and mistrust of healthcare systems in underserved communities.

IMPORTANCE

- The lung cancer incidence rate is almost four times higher for African Americans than their white counterparts and the mortality rate is 2x higher among African Americans than whites (DC Cancer Registry, 2021).
- Early Low-Dose CT screening in high-risk individuals, such as current or former smokers aged 50-80 can detect lung cancer sooner and reduce mortality rates. Expanding screening access in underserved communities help close gaps in care and promote health equity.

DISCLOSURE

The authors have no financial or personal conflicts of interest to disclose. No external funding influenced the design, implementation or reporting of this project.