Poor Tobacco History Documentation Limits Lung Cancer Screening in People with HIV in Washington, DC

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BACKGROUND

Lung cancer is a leading cause of death in people with HIV (PWH). Lung cancer screening (LCS) via low-dose computed tomography (LDCT) can reduce lung cancer mortality, but uptake is low. One systems-level barrier is incomplete tobacco history needed to determine LCS eligibility in the Electronic Health Record (EHR). **We assessed tobacco history documentation and LDCT in PWH in a large health system in Washington, DC**

METHODS

Data: EHR, Aug 2024 to 2025

Population: PWH aged 50-80

Outcome: Complete tobacco history in discrete EHR fields

- Smoking status
- Packs-per-day
- Start date
- Quit date in former smokers

Analysis: Generalized estimating equations

In PWH aged 50-80 with a medical office visit in the last year, 22% had unknown smoking status and 76% with current or former smoking status had insufficient tobacco history needed to determine lung cancer screening eligibility.

CONCLUSIONS

↓ tobacco history documentation in PWH despite elevated risk of lung cancer

40% ↓ documentation in Black (vs. White) PWH

↓ LDCT orders in PWH with Medicaid (vs. private insurance) and former (vs. current) smokers

Quality improvement strategies are needed to improve tobacco history documentation to identify PWH eligible for lung cancer screening

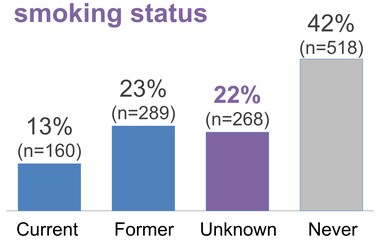
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RESULTS

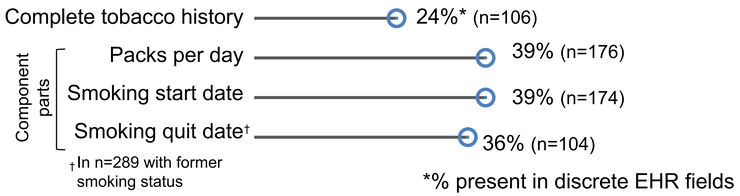
Characteristics of PWH with current or former smoking status (n=449)

Characteristic	n (%)
Age	
50-59	150 (33.4)
60-69	213 (47.4)
70-80	86 (19.2)
Sex	
Male	303 (67.5)
Female	146 (32.5)
Race/ethnicity	
NH Black	251 (55.9)
NH White	86 (19.2)
Other/unknown	112 (24.9)
State	
DC	357 (79.5)
Not DC	92 (20.5)
Specialty	
Internal Medicine	324 (72.2)
Surgery	125 (27.8)
Insurance	
Medicare	209 (46.6)
Medicaid	107 (23.8)
Private	133 (29.6)
Number of visits	
1	76 (16.9)
2-3	133 (29.6)
4-5	71 (15.8)
6+	169 (37.6)

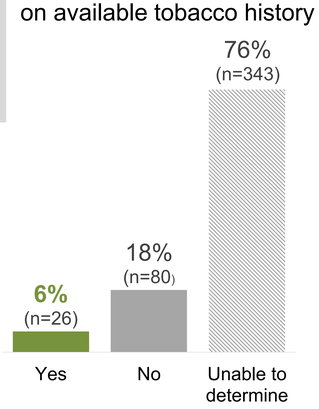
Of n=1235 PWH **22%** had **unknown smoking status**



76% did not have **complete tobacco history** needed to determine LCS eligibility



6% were **eligible for LCS** based on available tobacco history



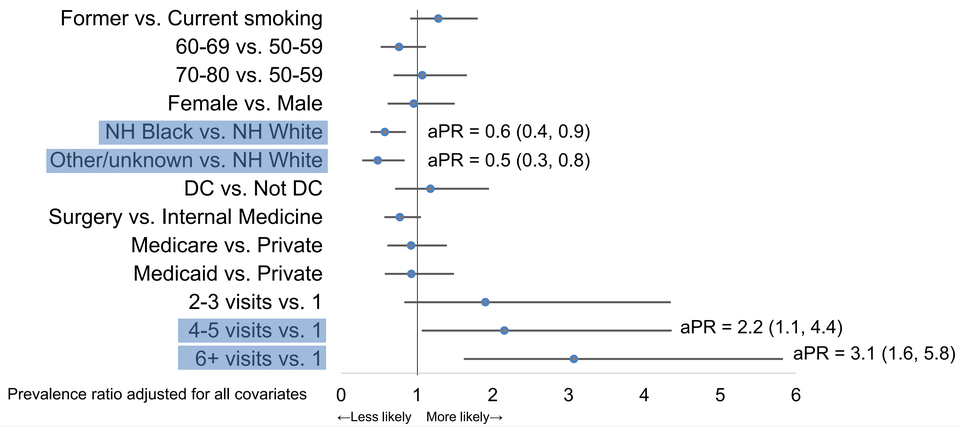


23% (n=6) had **LDCT ordered** of those eligible (n=26)



13% (n=57) had **LDCT ordered** in everyone *regardless of LCS eligibility* (n=449)

Minoritized race and having **<4 visits** had ↓ prevalence of **COMPLETE TOBACCO HISTORY**



Former smoking status, **not living in DC**, and having **Medicaid** had ↓ prevalence of **LDCT ORDER**

