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| **Te Oranga Pukahukahu: What implementation factors are important for developing a Māori led approach to lung cancer screening?** |
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| **Introduction/Aim:** In Aotearoa New Zealand (ANZ), lung cancer (LC) is the greatest contributor to inequity in mortality for Māori compared to NZ European/Other. Lung cancer screening (LCS) using low dose CT demonstrates significant mortality reductions, however, no population-based testing of LCS has been conducted in ANZ, and internationally there are no studies which focus on equity or Indigenous people.  Although the primary focus for this study is on testing invitation strategies (see separate abstract), the effectiveness of LCS pathways has not been determined for any Indigenous population, hence we also test the assumptions and study processes relevant to the implementation of lung cancer screening in ANZ. **Methods:** We assessed our approach using established implementation frameworks 1,2,3. Whānau support was welcome in all parts of the process. Participants and whanau were invited to provide feedback through a post participation survey regarding:   * The experience of LCS; * The acceptability of shared decision making / results management processes; * The participant burden.   **Results:** To date we have invited 1984 participants to compete a risk assessment. 890 participants underwent RA and 53% (471) were eligible for a CT scan. 442 (94%) agreed to CT scan. Survey participation rates were 55% (240/439) for participants having a CT scan, 29% (122/419) for those undergoing RA but who weren’t eligible for a CT scan and 27% (4/15) for those eligible for CT who decided not to proceed.  Most participants were happy to take part while others felt anxious. 97% of participants remembered the study nurse explaining the risks and benefits when deciding whether to have a CT scan and 87% of participants felt that this discussion helped them to take part. All participants felt comfortable when talking to the nurse or doctor.  **Conclusion:** Most respondents were positive regarding their experience, with some suggestions for improvement provided.  **Grant Support:** Global Alliance for Chronic Disease and Health Research Council of New Zealand   * + - 1. Landes, S. J., McBain, S. A., & Curran, G. M. Psychiatry research 2020,.283 112630       2. Glasgow, R. E., Vogt, T. M., & Boles, S. M. American journal of public health 1999, 89(9), 1322-1327       3. Oetzel J, Scott N, Hudson M, et al. Globalization and Health 2017, 13(1) 1-13 |