Publications: Abbie Begnaud, MD

1. Am Fam Physician. 2020 Jan 15;101(2):69-70.

Identify Patients Likely to Benefit from Lung Cancer Screening.

Begnaud A(1), Leishman J(2), Caverly TJ(2).

Author information: (1)Minneapolis, MN, USA. (2)Ann Arbor, MI, USA.

Comment on Am Fam Physician. 2019 Jun 15;99(12):740-742.

PMID: 31939647 [Indexed for MEDLINE]

2. Clinical Lung Cancer. 2020 May;21(3):e164-e168. doi: 10.1016/j.cllc.2019.10.012. Epub 2019 Oct 30.

Evidence That Established Lung Cancer Mortality Disparities in American Indians Are Not Due to Lung Cancer Genetic Testing and Targeted Therapy Disparities.

Begnaud A(1), Yang P(2), Robichaux C(3), Rubin N(4), Kratzke R(1), Melzer A(5), Aliferis C(1), Jacobson P(6).

Author information: (1)Department of Medicine, University of Minnesota, Minneapolis, MN. (2)Departments of Internal Medicine and Medical Genetics, Mayo Clinic, Scottsdale, AZ. (3)Department of Medicine, University of Minnesota, Minneapolis, MN. Electronic address: robic020@umn.edu. (4)Biostatistics Core, Masonic Cancer Center, University of Minnesota, Minneapolis, MN. (5)Section of Pulmonary and Critical Care, Minneapolis VA Healthcare System, Minneapolis, MN. (6)Experimental and Clinical Pharmacology, University of Minnesota, Minneapolis, MN.

Erratum in Clin Lung Cancer. 2020 Oct 9;:

BACKGROUND: American Indians and Alaska Natives (AI/AN) continue to experience extreme lung cancer health disparities. The state of Minnesota is home to over 70,000 AI/AN, and this population has a 2-fold increase in lung cancer mortality compared to other races within Minnesota. Genetic mutation testing in lung cancer is now a standard of high-quality lung cancer care, and EGFR mutation testing has been recommended for all adenocarcinoma lung cases, regardless of smoking status. However, genetic testing is a controversial topic for some AI/AN. PATIENTS AND METHODS: We performed a multisite retrospective chart review funded by the Minnesota Precision Medicine Grand Challenge as a demonstration project to examine lung cancer health disparities in AI/AN. We sought to measure epidemiology of lung cancer among AI receiving diagnosis or treatment in Minnesota cancer referral centers as well as rate of EGFR testing. The primary outcome was the rate of EGFR mutational analysis testing among cases and controls with nonsquamous, non-small-cell lung cancer. We secured collaborations with 5 health care systems covering a diverse geographic and demographic population. RESULTS: We identified 200 cases and 164 matched controls from these sites. Controls were matched on histology, smoking status, sex, and age. In both groups, about one third of subjects with adenocarcinoma received genetic mutation testing. CONCLUSION: There was no significant difference in mutation testing in AI compared to non-AI controls at large health care systems in Minnesota. These data indicate that other factors are likely contributing to the higher mortality in this group

DOI: 10.1016/j.cllc.2019.10.012 PMCID: PMC7769592 PMID: 31759888

Conflict of interest statement: Disclosure The authors have stated that they have no conflict of interest.

3. JCO Clin Cancer Inform. 2017 Nov;1:1-6. doi: 10.1200/CCI.17.00033.

Randomized Electronic Promotion of Lung Cancer Screening: A Pilot.

Begnaud AL(1), Joseph AM(1), Lindgren BR(1).

Author information: (1)All authors: University of Minnesota, Minneapolis, MN.

PURPOSE: Screening for lung cancer with low-dose computed tomography is endorsed by the US Preventive Services Task Force, but many eligible patients have yet to be offered screening. Major barriers to the implementation of screening are physician and system related-the requirement for a detailed smoking history, including pack-years, to determine eligibility. We conducted this pilot to determine the feasibility of lung cancer screening (LCS) promotion that would offer screening to eligible persons and patient completion of smoking history to estimate the size of the population of former smokers who may be eligible for LCS in a single health care system. PATIENTS AND METHODS: Two hundred participants were randomly selected from former smokers who were seen at the University of Minnesota Health in the past 2 years and assigned to control (usual care) and electronic promotion, stratified by age. Electronic messages to promote LCS were sent to an intervention group, including a link to complete a detailed smoking history in the electronic health record. RESULTS: Of 99 participants, 66 (67%) in the intervention group read the message, 24 (36%) of 66 responded, and 19 (79%) of 24 respondents completed the smoking history. Ten intervention participants and 13 usual care participants were eligible for screening on the basis of pack-year history. Four eligible participants underwent screening in the intervention group compared with one participant in the usual care group. CONCLUSION: Electronic promotion may help identify patients who are eligible for LCS but will not reliably reach all patients because of low response rates. In this sample of former smokers, the majority are ineligible for LCS on the basis of pack-year history. Electronic methods can improve documentation of smoking history.

DOI: 10.1200/CCI.17.00033 PMCID: PMC6874003 PMID: 30657381 [Indexed for MEDLINE]

Conflict of interest statement: The following represents disclosure information provided by authors of this manuscript. All relationships are considered compensated. Relationships are self-held unless noted. I = Immediate Family Member, Inst = My Institution. Relationships may not relate to the subject matter of this manuscript. For more information about ASCO's conflict of interest policy, please refer to www.asco.org/rwc or ascopubs.org/jco/site/ifc. ABBIE L. BEGNAUD: Consulting or Advisory Role: Medtronic, Covidien ANNE M. JOSEPH: No relationship to disclose BRUCE R. LINDGREN: No relationship to disclose