

## **Leading Medical Organizations and Patient Advocacy Group Call on CMS to Provide Full Medicare Coverage for CT Lung Cancer Screening**

Washington, DC (March 13, 2014) — In a joint response to the Centers for Medicare & Medicaid Services (CMS) National Coverage and Analysis Group, the Lung Cancer Alliance, The Society of Thoracic Surgeons, American College of Radiology (ACR) and 38 other medical organizations called on CMS to quickly provide national Medicare coverage of low-dose computed tomography (LDCT) screening for patients at high risk for lung cancer.

In Dec. 2013, the United States Preventive Services Task Force (USPSTF) [recommended](#) screening of adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. The medical and patient groups want CMS to provide full national coverage for high-risk patients as defined in the USPSTF recommendations and provide coverage with evidence for other high-risk patients not included in USPSTF recommendations using data collected through existing registries.

“Lung cancer kills more people each year than breast, colon and prostate cancers combined. For each of these other three cancers, there are well established screening tests and programs. We strongly urge CMS to implement broad national coverage so that those at high risk, can be screened, providing the opportunity to save thousands of people each year from this terrible disease,” said Douglas E. Wood, M.D., immediate past president of The Society of Thoracic Surgeons.

The Affordable Care Act (ACA) requires that private insurers cover all medical exams or procedures that receive a grade of “B” or higher from the USPSTF without a co-pay. However, the ACA does not specify that Medicare provide full national coverage for beneficiaries.

“The USPSTF’s recommendation that made lung cancer screening an essential health benefit specifically included 65 to 80 year olds who are also part of the Medicare population,” said Lung Cancer Alliance President and Chief Executive Officer, Laurie Fenton Ambrose. “If Medicare does not extend full coverage for lung cancer screening to this population, the net effect will be a two tier system that leaves Medicare beneficiaries at greater risk of dying from lung cancer than those with private insurance. This cannot be right.”

National Lung Cancer Screening Trial [results](#) and those of other smaller international randomized controlled trials show that CT lung cancer screening significantly reduces lung cancer deaths. Screening for current and former smokers with LDCT is the only method ever proven to reduce lung cancer mortality in this high-risk population and it has also been shown to be cost effective.

“CMS should act on the USPSTF recommendation to provide national coverage for high-risk Medicare beneficiaries and support quality screening programs across the country. This would, for the first time, enable healers and patients to strike a major blow against the nation’s leading cancer killer,” said Paul Ellenbogen, M.D., FACR, chair of the American College of Radiology Board of Chancellors.

**To arrange an interview with an ACR spokesperson, please contact Shawn Farley at 703-648-8936 or [PR@acr.org](mailto:PR@acr.org).**

**To arrange an interview with Dr. Douglas E. Wood, please contact Cassie McNulty at 312-202-5865 or [cmcnulty@sts.org](mailto:cmcnulty@sts.org).**

**To arrange an interview with a Lung Cancer Alliance representative, contact Kay Cofrancesco at 302-521-5716 or [kay@lungcanceralliance.org](mailto:kay@lungcanceralliance.org).**