



The Society  
of Thoracic  
Surgeons



**EMBARGOED UNTIL:**  
September 2, 2014

**CONTACT:**  
Albin Sikora  
202-585-2727  
[asikora@powelltate.com](mailto:asikora@powelltate.com)

### **Lung Cancer Community Applauds Latest Research Confirming Life-Saving, Low-Cost Benefits of Lung Cancer Early Detection in High-Risk Population**

Washington, D.C. – The American College of Radiology (ACR), Lung Cancer Alliance (LCA), Medical Imaging & Technology Alliance (MITA) and The Society of Thoracic Surgeons (STS) today applauded an actuarial cost-benefit analysis conducted by Milliman, Inc. that found implementation of the U.S. Preventive Services Task Force (USPSTF) recommendations for low-dose computed tomography (LDCT) for the early detection of lung cancer in high-risk Medicare beneficiaries is highly cost effective.

The study, published in the August issue of *American Health and Drug Benefits*, determined that 4.9 million Medicare beneficiaries aged 55-80 years would be eligible for screening in 2014. It found that the life-saving value of this service is a good financial investment. In fact, actuaries estimated that LDCT plus follow-up diagnostics would cost approximately \$1 per insured member per month (PMPM) and the cost per life-year saved would be less than \$19,000. The cost per life-year saved is lower than screening for cervical and breast cancers and comparable to colorectal cancer screening. Researchers also commented that LDCT fits well within the standard Medicare program, including its claims payment and quality monitoring.

“This analysis completes the enormous body of evidence which demonstrates that lung cancer screening of high-risk Medicare beneficiaries is not only life-saving but more cost-effective than other cancer screening protocols currently covered by Medicare,” said Laurie Fenton Ambrose, president & CEO of LCA. “We saw very similar life-saving, cost-effectiveness results with previous studies on screening the at-risk under 65 population, which some commercial insurers started covering as a benefit in 2011, and which all will be required to do, with few exceptions, over the coming year.”

The latest Milliman analysis echoes an actuarial analysis published in *Health Affairs* in 2012 that found LDCT lung cancer screening for the high-risk commercially-insured population is cost effective.

A co-author of both studies, Bruce Pyenson, FSA, MAAA, Principal & Consulting Actuary, Milliman, Inc. said, “The evidence continues to show that implementing comprehensive lung cancer screening programs for high-risk individuals would cure many lung cancers each year and also add years to thousands of people’s lifetimes at a relatively low cost.”

Lung cancer is the leading cause of cancer deaths in Medicare. In the United States, more people die of lung cancer each year than colon, breast, pancreas and prostate cancers combined. LDCT scans allow lung cancer to be detected when the disease is in its earliest, most curable stages.

“The research underscores what we already know from practice -- that we can save lives in a cost effective manner with LDCT scans,” said Ella Kazerooni, MD, chair of the ACR Committee on Lung Cancer Screening. “Medicare coverage would be a monumental step in the expansion of access to this invaluable tool for the early detection of lung cancer.”

An analysis from the landmark [National Lung Cancer Screening Trial \(NLST\)](#), a nearly decade-long study involving more than 50,000 current and former heavy smokers ages 55 to 74, found that lung cancer mortality was 20 percent lower after only three rounds of LDCT scans, and researchers expect much greater reductions with additional rounds. Following two years of evidence review, USPSTF recommended the use of annual LDCT scans for individuals 55-80 years of age with a history of heavy smoking in December 2013.

“While a relatively small portion of Medicare beneficiaries are at high-risk of lung cancer, coverage for LDCT scans will encourage detection at an early stage when the treatment is less complicated and therefore the costs are lower,” said Douglas E. Wood, MD, STS Immediate Past President.

MITA has also encouraged CMS to extend coverage to high-risk Medicare beneficiaries based on the USPSTF recommendation. MITA Executive Director Gail Rodriguez said, “The study reinforces the value of LDCT scans for the earlier detection of disease to make more informed treatment decisions and drive down health care costs.”

Given the clinical and cost effective benefits, LDCT lung scans have been adopted by federal agencies and large private insurers for high-risk beneficiaries. The Department of Defense (DoD), Department of Veterans Affairs (VA) and the Department of Energy (DoE) have begun phased implementation of LDCT for lung cancer early detection, and WellPoint, Blue Cross Blue Shield affiliates and Anthem affiliates also now include the scans as a covered benefit. Additionally, all private insurance plans, with the exception of the few remaining grandfathered plans, must cover LDCT scans without cost sharing before the end of 2015. However, Medicare coverage is necessary to ensure that these high-risk individuals do not lose coverage for the annual scans as they age into the system.

###

### ***About Lung Cancer Alliance (LCA)***

*Lung Cancer Alliance, [www.lungcanceralliance.org](http://www.lungcanceralliance.org), is the leading national organization providing hope for the lung cancer community by offering patient support, national awareness, community outreach, and advocacy to advance research into early detection and treatments for all forms of lung cancer.*

### ***About American College of Radiology***

*The American College of Radiology (ACR), founded in 1924, is one of the largest and most influential medical associations in the United States. The ACR devotes its resources to making imaging and radiation therapy safe, effective and accessible to those who need it. Its 35,000 members include radiologists, radiation oncologists, medical*

*physicists, interventional radiologists and nuclear medicine physicians.*

***About The Society of Thoracic Surgeons (STS)***

*Founded in 1964, STS is a not-for-profit organization representing more than 6,800 cardiothoracic surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lung, and esophagus, as well as other surgical procedures within the chest. The Society's mission is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy. [www.sts.org](http://www.sts.org)*

***About The Medical Imaging & Technology Alliance (MITA)***

*The Medical Imaging & Technology Alliance (MITA), a division of NEMA, is the collective voice of medical imaging equipment, radiation therapy and radiopharmaceutical manufacturers, innovators and product developers. It represents companies whose sales comprise more than 90 percent of the global market for medical imaging and radiation therapy technologies. For more information, visit [www.medicalimaging.org](http://www.medicalimaging.org). Follow MITA on Twitter [@MITAToday](https://twitter.com/MITAToday).*