

# Patient and Provider Groups Urge Medicare Not to Undercut Lung Cancer Screening

**Washington, DC (Sept. 6, 2016)** — More than 80 patient advocacy groups, medical associations and health care systems are urging the Centers for Medicare & Medicaid Services (CMS) to abandon drastic low-dose computed tomography ([LDCT](#)) [lung cancer screening](#) reimbursement cuts in the 2017 Hospital Outpatient Prospective Payment System (HOPPS) proposed rule.

LDCT lung cancer screening is the first and only [cost-effective](#) test proven to significantly [reduce](#) lung cancer deaths. A [letter spearheaded](#) by Lung Cancer Alliance, the Prevent Cancer Foundation, The Society of Thoracic Surgeons, the American College of Radiology, Medical Imaging and Technology Alliance (MITA) and others warns CMS that a proposal to reduce reimbursement for LDCT shared decision making sessions and LDCT scans by 64 and 44 percent, respectively, may scuttle only recently established screening programs and deter local providers from starting screening programs.

“As we have long reinforced, LDCT lung cancer screening is a proven, valuable tool in finding the number one cancer killer at its most treatable, and even curable, stage,” said Laurie Fenton Ambrose, president and CEO of [Lung Cancer Alliance](#). “The impact of these proposed reimbursement cuts would limit access to this lifesaving benefit for the most at-risk, underserved members of our population who have the highest rates of lung cancer mortality.”

“Without access to LDCT scans, most lung cancers are not diagnosed until it is too late. Lung cancer screening provides critical [early detection](#) that saves lives — but the best test in the world won’t be effective if patients can’t gain access to it in their communities,” said Carolyn Aldigé, president and founder of the [Prevent Cancer Foundation](#).

More than 220,000 people will be diagnosed with lung cancer this year. Nearly 160,000 people will die from the disease — more than from breast, colon and prostate cancers combined. The proposed reimbursement cuts would likely restrict screening programs to large metropolitan hospitals. Those in suburban and rural areas may face longer commute and wait times to be screened — if they can gain access to screening at all.

“Doctors and patients need to discuss the pros and cons of screening, smoking cessation and other factors that can improve patient care. Shared decision-making

discussions with patients are one of the best ‘teachable moments’ to encourage smoking cessation. Lung cancer disproportionately affects the elderly, poor and minorities. For CMS to undercut lung cancer screening and restrict access to these exams with massive cuts accentuates disparities in health care delivery and undermines our ability to save thousands of lives,” said Douglas E. Wood, MD, past president of [The Society of Thoracic Surgeons](#).

“CT lung cancer screening is a game changer in the battle against lung cancer. Slashing reimbursement by up to two-thirds before screening can be implemented in most American communities may be a death knell for many existing and planned screening programs nationwide. The resulting lack of access may contribute to unnecessary lung cancer deaths. We strongly urge CMS to reconsider these cuts,” said [James A. Brink](#), MD, FACR, chair of the [American College of Radiology](#) Board of Chancellors.

For more CT lung cancer screening information, visit [RadiologyInfo.org](#).

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