

CHEST and ATS welcome preliminary decision on lung cancer screening

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A number of medical societies, including ATS and CHEST, recommend lung cancer screening in high-risk patients. The US Preventive Services Task Force (USPSTF), an independent panel of experts in primary care and prevention funded by the US Department of Health and Human Services, recommends annual screening for lung cancer starting at age 55 and ending after age 80 in individuals with a 30 pack-year smoking history and who currently smoke or have quit in the past 15 years, which they calculate would result in approximately 50% of lung cancer cases being detected at an early stage and a 14% reduction in lung cancer mortality.

A recent policy statement, [Components for High Quality Lung Cancer Screening: American College of Chest Physicians and American Thoracic Society Policy Statement](#), published in the Online First section of the journal *CHEST* by CHEST and ATS, was presented to the CMS Committee on Coverage and outlines nine components required for a safe and effective [lung cancer screening](#) program. Components include identification of the population to screen, screening frequency and duration, technical specifications of the CT scan, nodule identification, structured reporting, nodule management algorithms, smoking cessation, patient and provider education, and data collection.

"CMS and the MEDCAC group were concerned that the results from the National Lung Screening Trial took place in centers of excellence and academic teaching hospitals, and the balance of harms and benefits will be different in community practice. We recently released a policy

statement, which articulates what was special about these institutions and provides a roadmap for bringing best practices to patients at risk," said Gerard Silvestri, MD, FCCP, President-Designate of CHEST. "We're very eager to see the benefits of this important technology brought in a thoughtful way to people at risk throughout the United States. We feel this statement positively impacted the decision made today to cover screening in eligible patients."

"LDCT has been shown to reduce mortality when used to screen individuals who are at high risk for developing lung cancer because of their [age](#) and smoking history," said Charles Powell, MD, Chief of Pulmonary, Critical Care, and Sleep Medicine at Mount Sinai in New York and Chair of the American Thoracic Society's thoracic oncology assembly. "While there is some risk of overdiagnosis, it is outweighed by the mortality benefit that has been demonstrated with screening targeted groups of high-risk patients. Thoughtful implementation of lung cancer screening with strict attention to monitoring of screening program adherence to standards for centers of excellence and with routine utilization of smoking cessation and multidisciplinary management will help to maximize the benefits and minimize the harms of screening."

The Affordable Care Act will require private insurers to cover the USPSTF-recommended [lung cancer screening](#) without cost-sharing beginning in 2015. The ATS and CHEST applaud today's move by CMS to expand access to this life-saving screening to at-risk Medicare beneficiaries.

Provided by American College of Chest Physicians

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