The Centers for Medicare and Medicaid Services (CMS) announced this week its proposal for low-dose computed tomography (CT) scans to become a covered service in the screening of high-risk patients for lung cancer. Patients must be between the ages of 55 and 74, and be a current smoker or one who quit within the past 15 years. They must have smoked the equivalent of 30 pack-years, defined as a pack a day for 30 years, and have no symptoms of lung disease. Nearly 4.9 million Medicare recipients would meet the criteria.

Formal comments on the proposal will be accepted for the 30 days which began on Monday, 10 November. In September, a coalition led by the American College of Radiology (ACR), the patient advocacy organisation Lung Cancer Alliance (LCA), and the Society of Thoracic Surgeons submitted recommendations to CMS regarding the importance of lung cancer screening for Medicare beneficiaries. The coalition was backed by numerous medical centres, patient groups, professional societies and public health organisations.

Lethal Lung Cancer

In the United States, lung cancer kills more than 159,000 people per year, according to the National Cancer Institute. It is the type of cancer most likely to kill women. Annually, there are more deaths attributable to lung cancer than to breast, colon and prostate cancers combined.

Early screening for the disease using CT has been shown to effectively detect and diagnose early cases, when it is easiest to treat and possible to cure. The use of low-dose CT screening can improve lung cancer survival by 25 percent. Nevertheless, lung cancer outcomes vary widely due to differential access to healthcare services. For example, African Americans have higher numbers of lung cancer deaths compared to other groups.
In addition to accessibility challenges, there has been controversy over how to weigh the advantages and disadvantages of CT screening for lung cancer. CT is considered more effective than traditional X-rays for lung cancer screening, but there is concern about the high number of false positives, particularly for lower-risk patients. Lowering the radiation dose in CT scans makes the procedure safer for the patients who are most likely to benefit from screening.

In December 2013, CT screening for lung cancer was urged for current and former heavy smokers between the ages of 55 and 80. The recommendation, made by the United States Preventive Services Task Force (USPSTF), received widespread support from healthcare professionals and organisations. The USPSTF estimated that 20,000 lives could be saved each year through appropriate screening processes.

In a statement on the American Cancer Society’s news blog, Dr. Richard Wender said, "This would place Medicare policy in line with current guidelines and the recommendations of many interested advocacy and professional organizations, including the Society."

Sources: Newswise, npr.org

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