

Together We Must Act to Increase Lung Screening to Save More Lives

On behalf of the millions of American families affected by lung cancer, we, the undersigned organizations, urge you to prioritize the early detection of lung cancer through public funding and health policies that increase access to and utilization of lung cancer screening among high-risk individuals.

Facts to consider

- In the United States, lung cancer accounts for 25% of all cancer-related deaths and claims more lives than breast, colorectal, and prostate cancers, combined.¹
- Lung cancer is the leading cause of cancer-related death partially due to 46% of patients being diagnosed at an advanced state when curative treatment options are limited, and five-year survival rates are low.²

Early detection is key to reducing lung cancer mortality. The United States Preventive Services Task Force (USPSTF) first issued lung cancer screening recommendations in 2013, and last year expanded the criteria for lung cancer screening eligibility in their recommendation statement. The eligible high-risk group is now defined as individuals 50-80 years old who currently smoke, or formerly smoked, with a 20 pack-year or greater smoking history, and who have smoked within the last 15 years.³

To reduce lung cancer mortality nationwide, the United States must increase the use of lung cancer screening by the people considered high-risk. Unfortunately, the evidence indicates that only 5.7% of Americans considered high-risk for developing lung cancer had a recent low-dose computed tomography (LDCT) screening exam for lung cancer.⁴ Comparatively, self-reported screening rates for breast, cervical and colon cancers have an overall 67%-76% participation rate among guideline-based eligible populations.⁵ For the nation to fully confer the benefits of screening, it must seek concerted and innovative strategies to reach those at high-risk for developing lung cancer. Access to lung cancer screening has improved over the past decade due to insurance coverage requirements in the Affordable Care Act and expansion of eligibility criteria under the USPSTF 2021 recommendation.⁶

However, several barriers significantly inhibit participation. These include, but are not limited to, discrepancies in state Medicaid coverage for lung cancer screening, challenges with identifying, enrolling, and navigating patients through lung cancer screening, awareness gaps at the provider, patient, and community levels, and deficiencies in quality incentives at the health system level.



We greatly appreciate and fully support the goals outlined in the Cancer Moonshot Initiative, President's Cancer Panel Report, and *Healthy People 2030* objectives related to lung cancer screening. Now is the time to orchestrate a concerted approach across local, state, and national levels to successfully meet the objectives of increasing early-stage detection of lung cancer to reduce lung cancer mortality. While organizations represented in this letter have independently dedicated resources to these efforts, national support is critical, in both strategy and funding, to significantly improve lung cancer screening participation for the early detection of lung cancer. Therefore, together as national leaders in lung cancer, we issue the following Call to Action to provide guidance for public funding and health policy development.

Taking action to increase lung screening

1. Accelerate Awareness

• Implement a Comprehensive National Educational Campaign

Successful national awareness campaigns for breast cancer and colorectal cancer have contributed to the high screening rates we observe for those cancers today. Although there are national public awareness campaigns for tobacco cessation, campaigns focused on lung cancer and lung cancer screening have been limited by comparison, resulting in broad unfamiliarity with the value of lung cancer screening among the target population and healthcare providers. Awareness of practical information, such as eligibility, cost, and coverage; how to access lung screening; and lung screening's role in improving survival need to be addressed. Recent national public service announcement campaigns, Screen Your Lungs and Saved by the Scan, were created to influence behaviors, ignite change, portray a positive and empowering tone, start a national conversation around screening and address the cultural stigma associated with smoking and lung cancer. The campaigns use non-stigmatizing language and intentionally avoid judgement about individuals' history of active tobacco use. A national campaign led by the federal government could build on these efforts to reach a broader audience with appropriate information about lung cancer screening *We recommend the implementation of a national educational campaign to promote consistent, inclusive, and non-stigmatizing messaging at the provider and community levels.*

• Leverage Tobacco Prevention and Cessation Resources to Encourage Lung Cancer Screening

Lung screening is only recommended for adults who meet a certain age and smoking history, and all guidelines recommend that adults who currently smoke should be offered cessation counseling and services. The federal government and all states have tobacco control programs that provide some level of prevention and cessation services including quitlines and at least some level of cessation treatment to any resident who seeks help quitting smoking. Complementing existing tobacco cessation and prevention programs with early detection resources will further enhance the benefits of such programs. Quitline staff are uniquely positioned to identify and educate high-risk callers and connect them to lung cancer screening services. *We encourage efforts to ensure that information about lung cancer screening for eligible individuals is strengthened and incorporated into tobacco cessation services.*

2. Improve Access to Lung Cancer Screening

• Expand Access to Quality Healthcare to Ensure More Individuals at High-Risk for Lung Cancer Have Access to Screening and Treatment

Cancer survival is often dependent on access to quality and affordable health insurance coverage. People who are uninsured are more likely to be diagnosed with a later-stage cancer and, as a result, have poorer outcomes.⁷ Smoking rates are highest among the uninsured,⁸ and increasing access to comprehensive health insurance coverage can help ensure people who smoke have access to both tobacco cessation treatments and, if eligible, lung cancer screening. Health insurance significantly benefits cancer patients with lower incomes and education rates.⁹ In a national study, a substantial decrease in lung cancer mortality was associated with Medicaid expansion states compared to non-expansion states due to a significant increase in early-stage lung cancer diagnosis through lung screening.¹⁰ *We urge national and state leaders to work to expand access to quality and affordable health insurance coverage to increase the number of adequately insured individuals.*

- **Require Medicaid Coverage for Guideline-Based Lung Cancer Screening, and Address Challenges Associated with Prior Authorizations and Physician Ordering**

Many Americans insured through Medicare, private insurance plans or Medicaid expansion, and who are considered high-risk for lung cancer, now have access to free annual lung cancer screenings. Unfortunately, states are not required to cover lung cancer screening for their traditional Medicaid populations and gaps in coverage remain in multiple states. Medicaid plays a key role in the health of the nation's most vulnerable populations, and discrepancies in Medicaid coverage for lung cancer screening significantly contribute to health disparities in access to timely screening, diagnosis, and treatment. Additional barriers due to private insurance regulations in some states are observed in the intensive requirements for prior authorizations and physician ordering, which create a barrier for high-risk patients to access lung screening. *We urge every state's Medicaid program to provide coverage for tobacco cessation and annual lung cancer screening and call on all insurers to eliminate barriers associated with prior authorizations and physician ordering to reduce disparities in access to lung cancer screening.*

- **Incentivize Approaches for Equitable Access to Lung Screening**

Underserved populations are less likely to participate in lung cancer screening due to travel, time, cost, and inexperience with the healthcare system. However, there are significant costs for health institutions to address these barriers through initiatives such as funding infrastructure for new lung screening sites, providing expanded hours of operation, offering charity care to the uninsured and underinsured, covering the cost of mobile units or transportation for populations residing in areas with no access to lung cancer screening, and providing patient navigation, which is the key to bridging the gap between patients of community health centers and lung screening sites. *Additional reimbursement is needed to support lung screening sites in the endeavor of providing equitable access to lung cancer screening and comprehensive patient navigation.*

3) Regulate Quality

- **Prioritize Quality Measures to Increase Uptake of Lung Cancer Screening among Eligible Individuals**

Quality measures such as HEDIS, CMS Star Ratings and Uniform Data System (UDS) ensure quality and access to health care services. Currently, measures are in place for breast, cervical, and colorectal cancer screenings but not for lung cancer screenings. The National Committee for Quality Assurance has committed to develop a HEDIS measure for lung cancer screening, which should be in place within three years, but additional measurement systems are needed to improve quality. Implementing quality measures directly incentivizes health providers and health plans to increase engagement in lung cancer screening among high-risk individuals. *With proven studies on the effectiveness of lung cancer screening in improving patient outcomes and decreasing the cost of care, now is the time for lung cancer screening to be included in all standardized quality measures.*

- **Invest in Comprehensive Lung Cancer Screening Sites**

Lung cancer screening extends far beyond an imaging test; it is a complex process that can involve community physicians, radiologists, thoracic surgeons, pulmonologists, administrative support and more. A well-organized and comprehensive program is vital to ensuring high-quality and timely care through screening, diagnosis, and treatment. The American College of Radiology and GO2 Foundation provide accreditation and designation as Centers of Excellence to lung screening sites that comply with comprehensive standards based on best practices. However, there are currently no universal financial incentives for lung screening sites to meet such standards. *Therefore, lung screening sites should have financial incentives to provide high-quality comprehensive programs.*

Together, we can make real and meaningful reforms to ensure that high-risk individuals across the nation have access to lung cancer screening. We look forward to working with you and offer our full support in addressing the opportunities outlined in this Call to Action.



¹“Cancer Facts & Figures 2022.” American Cancer Society, www.cancer.org/cancer/lung-cancer/about/key-statistics.html

²“Lung Cancer Fact Sheet.” *American Lung Association*, 12 Nov. 2021, <https://www.lung.org/research/state-of-lung-cancer/key-findings>

³Krist AH, Davidson KW, Mangione CM, et al. “Screening for Lung Cancer: US Preventive Services Task Force Recommendation Statement.” *JAMA*. 9 Mar. 2021;325(10):962-970. doi:10.1001/jama.2021.1117

⁴“Lung Cancer Key Findings.” *American Lung Association*, 12 Nov. 2021, www.lung.org/research/state-of-lung-cancer/key-findings

⁵“Early Detection Summary Table.” *NIH*, www.progressreport.cancer.gov/tables/breast-cervical

⁶“Recommendation: Lung Cancer: Screening.” *United States Preventive Services Taskforce*, 9 Mar. 2021, www.uspreventiveservicestaskforce.org

⁷Mohamed K. Mohamed, Dana Herndon, Monica Schmidt, and Matthew A. Manning. “The Effect of Under and Uninsured Status On Survival in Lung Cancer While Adjusting for other Mortality Risk Factors.” *Journal of Clinical Oncology*, 2020 38:15_suppl, e21734-e21734

⁸“Smoking Rates for Uninsured and Adults on Medicaid More Than Twice Those for Adults with Private Health Insurance.” CDC, 12 Nov. 2015, www.cdc.gov/media/releases/2015/p1112-smoking-rates.html#:~:text=Data%20from%20the%202014%20National,those%20on%20Medicare%20currently%20smoke.

⁹Abdelsattar, Zaid M et al. “The impact of health insurance on cancer care in disadvantaged communities.” *Cancer* vol. 123,7 (2017): 1219-1227. doi:10.1002/cncr.30431

¹⁰Lam MB, Phelan J, Orav EJ, Jha AK, Keating NL. “Medicaid Expansion and Mortality Among Patients With Breast, Lung, and Colorectal Cancer.” *JAMA Netw Open*. 2020;3(11):e2024366. doi:10.1001/jamanetworkopen.2020.24366