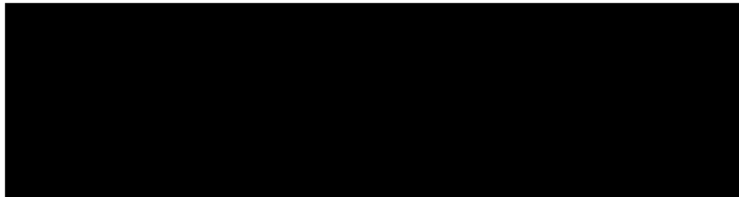


The Society of Thoracic Surgeons



April 1, 2021

Steven Blumenfrucht, MD
Medical Director
Aetna



Re: Request to Update Lung Cancer Screening Coverage Policy in Accordance with the United States Preventive Services Task Force Update

Dear Dr. Blumenfrucht:

The GO₂ Foundation for Lung Cancer, The Society of Thoracic Surgeons, and the American College of Radiology® (ACR®), are writing to bring your attention to the recently updated [U.S. Preventive Services Task Force \(USPSTF\) grade B recommendation](#) that expands low dose CT lung cancer screening risk criteria. As you know, the Patient Protection and Affordable Care Act of 2010 (PPACA) requires insurers to provide coverage without patient cost sharing of all preventive care services with a “A” or “B” rating from the USPSTF. While we understand that you have one year from the start of the next plan year to implement the recent guideline changes, our organizations strongly encourage Aetna to update your coverage policy as soon as possible in order to allow patients access to this lifesaving screening tool.

The GO₂ Foundation for Lung Cancer is a national non-profit organization, founded by patients and survivors, dedicated to saving, extending, and improving the lives of those vulnerable, at-risk, and diagnosed with lung cancer. The ACR is a professional organization representing 40,000 radiologists, radiation radiologists, nuclear medicine physicians, and medical physicists, committed to advancing the science and quality of radiological care for patients. The Society of Thoracic Surgeons is a not-for-profit organization representing more than 7,600 surgeons, researchers, and allied health care professionals worldwide who are dedicated to ensuring the best possible outcomes for surgeries of the heart, lungs, and esophagus, as well as other surgical procedures within the chest.

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The USPSTF recommends with a Grade B, lung cancer screening (LCS) with low dose CT (LDCT) for an expanded group of certain individuals from its previous December 2013 recommendation. The March 2021 update recommends this potentially lifesaving preventive service for individuals age 50 to 80 with a 20 pack-year smoking history. The previous recommendation included individuals age 55 to 80 with a 30 pack-year smoking history.

Given the impact the updated USPSTF recommendations could have on the population's lung cancer diagnosis and death rate prevalence, we request that Aetna update its LDCT lung cancer screening coverage policy immediately to save the largest number of lives possible. The updated USPSTF screening recommendation included a systematic evidence review on the accuracy of screening for lung cancer with LDCT, an assessment of the benefits and harms of screening for lung cancer, as well as collaborative modeling studies from Cancer Intervention and Surveillance Modeling Network (CISNET) addressing the optimum age to begin screening, the optimum screening interval, and the relative benefits and harms of different screening strategies.

Specifically, we urge Aetna to update the LCS coverage policy to reflect the recent USPSTF grade B recommendation that expands annual lung cancer screening with low dose CT by lowering the start age to 50 and smoking pack-year eligibility criteria from 30 pack-year to 20-pack years.

Over [135K lung cancer deaths](#) will occur in 2020 in the United States alone, a figure that is greater than the mortality rates of breast, prostate, and colon cancer combined.^{1,2} Every year, a staggering number of people die from lung cancer, which remains the number one cancer killer in the U.S. and worldwide.

Lung cancer is the second most common type of cancer in the United States. In 2020, an estimated 228,820 Americans were diagnosed with lung cancer.³ Lung cancer remains the leading cause of cancer for both women, men, African Americans, and every racial and ethnic subgroup.

LCS LDCT is the only procedure proven to reduce lung cancer mortality in individuals at high-risk for lung cancer. Commonly, lung cancer is tied to a poor prognosis: just 10% of patients have a 5-year survival rate when diagnosed at a later stage. However, when diagnosed at an early stage, lung cancer is more responsive to treatments and patients have a much better prognosis with an increased 5-year survival rate of up to 90%.^{4,5}

Given the magnitude of lung cancer deaths across the United States population, and that lung cancer has the highest cancer death rate, this underscores the urgency to move expeditiously with a

¹ <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html>

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/lung-cancer-screening>

³ National Cancer Institute. Cancer Stat Facts: Lung and Bronchus Cancer. <https://seer.cancer.gov/statfacts/html/lungb.html>.

⁴ <https://seer.cancer.gov/statfacts/html/lungb.html>

⁵ Knight SB, Crosbie PA, Balata H, et al. Progress and prospects of early detection in lung cancer. *Open Biol.* 2017 Sep; 7(9): 170070. Published online 2017 Sep 6. doi: [10.1098/rsob.170070](https://doi.org/10.1098/rsob.170070).

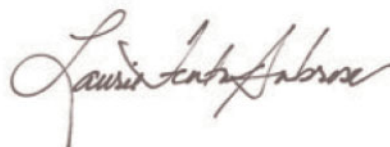
responsible and equitable plan for **expanded** coverage of screening for the at-risk populations. The USPSTF changes were made based on the proven evidence of the significant benefits to starting screening at a younger age among people with a lighter smoking history. In addition, this cost-effective screening benefit could save up to 60,000 lives annually in the U.S. and reach more vulnerable and underserved populations.^{6,7,8,9} Any delay in implementing the final USPSTF recommendations will contribute to confusion about lung cancer screening eligibility among patients and referring providers and hinder expansion of this important preventive service.

Our joint societies thank Aetna for your consideration of this important request. Should you have any questions, please feel free to contact Katie Keysor, ACR's Senior Director, Economics and Health Policy at kkeysor@acr.org.

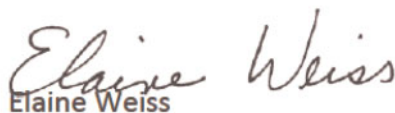
Sincerely,



William T. Thorwarth, Jr, MD, FACR
Chief Executive Officer
American College of Radiology



Laurie Fenton Ambrose,
Co-Founder, President and CEO
GO2 Foundation for Lung Cancer



Elaine Weiss
CEO/Executive Director
The Society of Thoracic Surgeons

⁶ https://uspreventiveservicestaskforce.org/uspstf/sites/default/files/file/supporting_documents/lung-cancer-screening-draft-rec-bulletin.pdf

⁷ <https://jamanetwork.com/journals/jama/fullarticle/2777243>

⁸ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2774854>

⁹ <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html>