August 26, 2013

Dr. Robert Cosby
c/o U.S. Preventive Services Task Force
Agency for Healthcare Research and Quality
540 Gaither Road
Rockville, MD 20850

Subject: USPSTF DRAFT Recommendation Statement Screening for Lung Cancer; Comments of the American College of Radiology

Dear Members of the U.S. Preventive Services Task Force:

On behalf of the American College of Radiology (ACR)—a professional organization representing more than 35,000 radiologists, radiation oncologists, interventional radiologists, nuclear medicine physicians, and medical physicists—we appreciate the opportunity to submit comments regarding the July 30, 2013 draft recommendation statement of the Agency for Healthcare Research and Quality's (AHRQ) U.S. Preventive Services Task Force (USPSTF) on screening for lung cancer. The ACR strongly supports the USPSTF draft recommendation of Grade B for low-dose computed tomography (CT) lung cancer screening of high risk patients; we agree that a strong body of evidence, including published National Lung Cancer Screening Trial (NLST) results, demonstrate that CT lung cancer screening significantly reduces lung cancer deaths in high-risk populations and is appropriate with careful patient selection and follow-up. The evidence further demonstrates the relative cost effectiveness of this screening procedure in the defined population compared to a number of other screening practices that are supported by USPSTF recommendations.

Age Bracket and Clinical Characteristics Regarding High Risk Patients

ACR agrees that asymptomatic smokers between the ages of 55 and 79 that have at least 30 pack years of smoking and have used tobacco within the last 15 years are the ideal candidates for annual low-dose CT lung cancer screens. The characteristics of the high-risk population put forth by the USPSTF closely mirror those employed in the NIH/NCI- supported NLST. Appropriate patient selection criteria enhances the benefit of screening by focusing screening efforts on patients with greater risk of lung cancer such that the life-saving benefits of this medical imaging procedure clearly outweigh the risk of false-negatives, false-positives and the potential for incidental findings of questionable significance – all of which could lead to potentially unnecessary invasive procedures. At the same time, we recognize that there may be other patient populations at similar risk for lung cancer – based on factors such as occupational exposures, family history, radon exposure, etc. – for whom screening may be appropriate.

NLST Data Used in the Development of the Draft Recommendation

ACR recognizes that an important component of the success of NLST was the use of appropriate follow-up protocols for positive findings and clear criteria for performing invasive procedures. To maximize the greatest number of beneficial outcomes with respect to lung cancer screening in the community setting, and in response to the overwhelming data compiled from the NLST and the USPSTF recommendation, ACR is in the process of formulating CT lung cancer screening Practice Guidelines and Appropriateness Criteria to guide patient management. ACR Practice Guidelines and Appropriateness Criteria have wide acceptance in the radiology community and are an increasingly-valued resource outside the radiology community as well. The USPSTF recommendation, in concert with the ACR low-dose CT lung cancer screening Practice Guideline and Appropriateness Criteria, will ensure that the physicians refer the right patients to receive the most efficacious screening exam. To further ensure quality and patient safety, we urge the Task Force to recommend that the facility performing the imaging study follow quality guidelines as mandated in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA).

Availability of Screening Does Not Reduce Need for Tobacco Cessation

The ACR recognizes that the overwhelming majority of lung cancer cases in the United States are attributed to smoking and we believe that the most effective way to reduce the number of lung cancer deaths is through tobacco cessation. We agree that current smokers should be informed of their continuing risk for lung cancer due to regular smoking, and that screening with low-dose CT should be viewed as an adjunct to tobacco cessation interventions not a substitute.

USPSTF Urged to Move Quickly to Finalize its Recommendation So the Benefit of Appropriate Screening Can be More Quickly Realized

This draft recommendation calling for expanded use of low-dose CT lung cancer screening in high-risk patients is a landmark step in the battle to defeat this terrible disease. However, evidence-based infrastructure must be put in place nationwide to ensure that patients have access to uniform, quality care and a similar life-saving benefit from these exams as demonstrated in the NLST. ACR is committed to working with our members, federal partners and payers to achieve this goal. We urge the Taskforce to move quickly in finalizing its draft recommendations so that efforts to build the necessary infrastructure can move forward in a timely fashion.

As always, the ACR welcomes the opportunity for continued dialogue with AHRQ and the USPSTF on all topics related to radiology. Please contact Gloria Romanelli, ACR Senior Director of Legislative and Regulatory Relations, at 202-223-1670 / gromanelli@acr.org with questions.

Sincerely,

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Chair, Board of Chancellors
American College of Radiology