**SUBJECT:** Support of Quality LDCT Lung Cancer Screening in Georgia & the Elimination of Payor Steerage

**SUBMITTED BY:** Cobb County Medical Society (CCMS)

**REFERRED TO:** Reference Committee \_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Whereas, lung cancer is the leading cause of cancer death for both men and women in the United States and in Georgia1; and

2) Whereas, in Georgia, lung cancer represents 29% of all cancer deaths in Georgia, killing almost 5,000 Georgians per year1; and

3) Whereas, 80% of those patients presented in an advanced late stage1; and

4) Whereas, in 2010, the National Cancer Institute (NCI) concluded through the National Lung Screening Trial (NLST) that lung cancer screening with low-dose computed tomography (LDCT) reduces lung cancer mortality in high risk adults by 20%2; and

5) Whereas, since 2013, the U.S. Preventive Services Task Force (USPSTF) has recommended lung cancer screening with a B rating and therefore, it is a covered benefit under the Affordable Care Act (ACA); and

6) Whereas, since 2015, per the provisions of the ACA, both commercial insurers and Medicare, with the exception of grandfathered health plans, have provided LDCT lung cancer screening without cost-sharing to patients; and

7) Whereas, in addition to the USPSTF, national organizations have issued guidelines for LDCT lung cancer screening, including the National Comprehensive Cancer Network (NCCN) and the American Cancer Society (ACS); and

8) Whereas, despite this covered benefit, recommendation, and issued guidelines, lung cancer screening rates remain extremely low, with only 3.9% of the eligible population receiving LDCT lung cancer screening in 20153; and

9) Whereas, in 2015, in the United States, there were approximately 6.8 million individuals eligible for LDCT lung cancer screening, but only 262,700 individuals received screening3; and

10) Whereas, LDCT lung cancer screening could avert at least 12,000 lung cancer deaths per year in the United States3; and

11) Whereas, despite the overwhelming evidence in support of LDCT lung cancer screening, many physicians do not refer eligible patients for lung screening due to the complexities in the various screening guidelines, time and administrative burdens, lack of infrastructure to correctly identify an eligible patient, including the measurement of a patient’s pack-year history, confusion on shared decision-making, and uncertainty on where quality lung cancer screening is offered; and

12) Whereas, lung cancer screening is not a one-time exam. It is a complex process that requires the creation and ongoing review of a series of LDCTs per structured evidence-based protocol for screen-detected nodules.

13) Whereas, to ensure patient safety, LDCT lung cancer screening should be performed in imaging facilities that are recognized as a designated Lung Cancer Screening facility by the American College of Radiology (ACR) or by another CMS-approved Accrediting Organization. This designation helps to protect patients by ensuring radiological standards that minimize potential harms and require proper data collection and submission to an ACR or a CMS-approved Lung Cancer Screening Registry. This designation is available equally to both free-standing and hospital-based imaging centers.

14) Whereas, centers with LDCT lung cancer screening programs should provide access to an onsite or virtual multi-disciplinary team that includes the referring primary care physician, nurse navigator, radiology, pulmonary medicine, thoracic surgery, radiation oncology, and medical oncology.

15) Whereas, several national and state organizations and coalitions, including the [National Lung Cancer Roundtable](https://nlcrt.org/) (NLCRT)6, the Georgia Lung Cancer Roundtable (GLCRT)7, the Medical Association of Georgia (MAG), the Georgia Society of Clinical Oncology (GASCO), and other state medical societies are collectively working together to address these complex issues at the national and state levels.

16) Whereas, to bring the benefit of lung cancer screening to as many qualified Georgia residents as possible, primary care providers, independent imaging centers, hospital systems, health plans, and relevant specialists are encouraged to become involved;

BE IT RESOLVED, that MAG and its member organizations, including Cobb County Medical Society, endorse lung cancer screening by low-dose CT as the primary means by which to detect early stage lung cancer and reduce the mortality of lung cancer in Georgia:

1) RESOLVED, that MAG and its specialty organizations including Cobb County Medical Society, support that all centers offering LDCT lung cancer screening programs utilize the Quality Triad of Safe Lung Screening: 1) navigation with prompt communication, 2) qualify for the ACR Lung Cancer Screening designation or recognition by another CMS-approved Accrediting Organization, and 3) provide a virtual and or on-site multi-disciplinary team to manage findings.

2) RESOLVED, that MAG encourages all commercial payors to: 1) encourage their provider networks to refer to only those screening programs that practice the Safety Triad of Lung Screening, 2) avoid the practice of steering patients to CT scan facilities that are not CMS-accredited, and which do not provide patient navigation.

3) RESOLVED, that MAG recommends in the interest of population health, all relevant medical societies in primary care, family medicine, thoracic surgery, pulmonary medicine, radiology, and oncology encourage members to participate in continuous education on lung screening, and provide tools on shared decision-making, patient identification, and criteria for quality in LDCT lung cancer screening.

**References**

1Source: Georgia Cancer Registry and Georgia Vital Records

2Source: <https://www.cancer.gov/types/lung/research/nlst>

3Lung Cancer Screening with Low Dose Computed Tomography in the United States, 2010-2015 JAMA Oncol, Published Online: February 2, 2017.

4Offering Lung Cancer Screening to High-Risk Medicare Beneficiaries Saves Lives and Is Cost-Effective: An Actuarial Analysis, 2014, Milliman.

5The ACR-*Lung Cancer Screening* designation indicates an imaging center is CT accredited in the chest module; exams are read only by board certified radiologists; CT scanner lung screening protocol meets minimum technical specifications as required; and is a participant in the [National Lung Cancer Screening Registry](https://www.acr.org/Practice-Management-Quality-Informatics/Registries/Lung-Cancer-Screening-Registry). In addition to lung cancer screening being performed at imaging facilities that are, at minimum, specifically designated by the ACR for Lung Cancer Screening, it is recommended patients be screened at centers connected to programs dedicated to lung cancer screening and are designated as a Screening Center of Excellence by the national advocacy organization Lung Cancer Alliance. Designated Screening Centers of Excellence commit to comply with comprehensive standards developed by professional bodies such as the American College of Radiology (ACR), the National Comprehensive Cancer Network (NCCN), and the International Early Lung Cancer Action Program (IELCAP) to assure screening quality, proper radiation dose and performance of diagnostic procedures within an experienced, multi-disciplinary clinical setting. In addition to being designated by the ACR for Lung Cancer Screening, Screening Centers of Excellence provide clear information on the risks and benefit of CT screening through a shared decision making process, comply with standards based on best published practices for controlling screening quality, radiation dose and diagnostic procedures, work with a lung cancer multidisciplinary clinical team to carry out coordinated processes for screening, follow up and treatment when appropriate. They report results to those screened and their ordering physician in a timely manner. They provide a comprehensive cessation program for those still smoking or refer to comprehensive cessation programs.

6The National Lung Cancer Roundtable (NLCRT) is a national coalition of public, private, and voluntary organizations, and invited individuals, dedicated to reducing the incidence of and mortality from lung cancer in the United States, through coordinated leadership, strategic planning, and advocacy.

7The Georgia Lung Cancer Roundtable is an initiative of the Georgia Cancer Control Consortium managed by the American Cancer Society and comprised of several public, private, and voluntary organizations with the mission to increase quality lung cancer screening and detecting lung cancer at its earliest and most treatable stage in Georgia.