



ENDING INJUSTICE AND  
SAVING LIVES THROUGH AN  
ALLIANCE OF ADVOCACY,  
EDUCATION AND SUPPORT.

[LungCancerAlliance.org](http://LungCancerAlliance.org)

888 Sixteenth St. NW, Ste 150  
Washington, DC 20006

August 16, 2012

Ms. Donna Frescatore  
Executive Director  
New York Health Benefit Exchange  
Albany, New York

RE: Lung Cancer Screening Coverage in New York's Essential Health Benefits Package

Dear Ms. Frescatore:

Lung Cancer Alliance (LCA) is pleased to submit the comments regarding Essential Health Benefits and the selection by New York State of a benchmark health plan, pursuant to the requirements of the Affordable Care Act (ACA). As you know, the selection of this plan is crucial, as it will serve as the reference plan in the operation of your state's Health Benefit Exchange.

We are writing today to urge the adoption of a benchmark plan that offers maximum flexibility for coverage of low dose CT screening for those at high-risk for lung cancer. Regrettably, because of a fiat of timing, most health plans do not explicitly cover this recently scientifically validated and lifesaving screening benefit. As it stands only WellPoint, the nation's largest insurance company, explicitly includes lung cancer screening in its coverage. It made that decision in December 2011.

As background, in November 2010, the National Cancer Institute's National Lung Screening Trial (NLST), which was one of the largest clinical trials in US history, demonstrated that low dose CT screening of certain high-risk populations could reduce lung cancer mortality by *at least* 20%. The NLST might have shown an even higher mortality reduction but it was halted early once the 20% endpoint was reached. Subsequent modeling studies indicate that today's advanced technology and updated protocols would lead to a 35-60% reduction in lung cancer deaths. To put lung cancer screening's extraordinary mortality benefit into context, mammography currently provides a 15% overall mortality benefit.

Since the NLST data were published, major professional organizations, such as the National Comprehensive Cancer Network (NCCN), American Association of Thoracic Surgeons (AATS), American Society of Clinical Oncology (ASCO), and International Association for the Study of Lung Cancer (IASLC) have endorsed CT

screening for high-risk individuals. Indeed, it has been hailed as one of the most important cancer breakthroughs in our time.

Lives, quite literally, hang in the balance. Lung cancer is the leading cancer killer in the United States taking 160,000 lives each year. It is the leading cause of cancer deaths among men and women, and in every racial and ethnic group. The story is the same in New York. Of the 34,140 cancer deaths in New York this year, more than a quarter (8,880) will be from lung cancer. That is more than breast, prostate and colon cancers combined. If lung cancer screening is not immediately and equitably deployed across the nation, tens of thousands of lives will be needlessly lost simply because the cancer will not be caught at its earliest, most treatable stage.

Lung cancer screening will not only save lives, it will do so cost effectively. A recent peer reviewed actuarial study by Milliman, Inc., considered the cost effectiveness of lung cancer screening from a commercial payers perspective. The study demonstrated that CT screening of those at high risk for lung cancer not only reduces lung cancer mortality more profoundly than mammography does for breast cancer, or PSA testing for prostate cancer, but it does so at lower cost per member, per month, than any cancer screening test.

We are confident that the time will come when lifesaving lung cancer screening of high-risk populations will be as routine as mammography and other screenings are today. But until that time comes, we fear that tens of thousands of people who could be saved today through lung cancer screening are being held hostage to the arbitrary timing of a bureaucratically set clock that could unfairly delay coverage of this lifesaving and cost effective benefit for nearly four years.

As we actively engage in the redesign the health care system of this great nation, we *must* do better than this.

Thank you for considering our views.

Sincerely,



Laurie Fenton Ambrose  
President and CEO  
Lung Cancer Alliance



Phyllis Goldstein  
Chapter Director  
Lung Cancer Alliance-New York State