

American Cancer Society Position on Lung Cancer Screening for Medicare Beneficiaries

**MEDCAC Meeting—Lung Cancer Screening with
Low Dose Computed Tomography
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Disclosure

- No financial conflicts of interest
- Chaired the ACS Screening Guidelines Committee; Chaired the ACS Lung Cancer Screening Guidelines Panel; first author on the publication of ACS Lung Cancer Screening Guidelines

Lung cancer screening guidelines have high areas of overlap with some important differences

Organization	Age to start	Age to stop
ACS	55 NLST*	74
USPSTF	55 NLST	80, or once 15 years since year quit is reached
NCCN	55 NLST	No stopping age
NCCN High Risk**	50	No stopping age
AAFP	Insufficient evidence to recommend for or against lung cancer screening	

*NLST Criteria: Current or former smoker (quit within 15 years) ages 55-74 with 30 pack year or greater smoking history

**NCCN High Risk: Current or former smoker ≥ 50 years with ≥ 20 pack year history and one additional risk factor (asbestos, radon, family history, etc.)

Some additional considerations

- At this time, most U.S. organizations endorse NLST entry criteria for lung cancer screening
- Some caveats:
 - High bar in terms of near-term absolute risk (1.34% over 6 years)
 - USPSTF recommendations withdraw eligibility when years from cessation > 15
 - Eligibility based only on smoking history.
Combinations of risk factors that elevate absolute risk at or above smoking history only considered by NCCN

ACS Recommends

ACS recommends that Medicare beneficiaries should be covered for annual lung cancer screening without co-pays or deductibles if they meet ACS criteria for age (55-74) and smoking exposure (30 pack year history; current smoker or former smoker who quit \leq 15 years earlier). This recommendation also applies to all surveillance exams following a positive finding on CT screening.

ACS Recommends

- The ACS has considered the recommendation of the USPSTF to extend the screening age to 80 years and can support coverage for otherwise healthy 80 year old individuals who meet established criteria.
- Any refinements which expand the eligible population for lung screening should be based on existing evidence of significant benefit with acceptable risk or through a carefully designed “coverage with evidence” program.

Thank you