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August 26, 2013

Dr. Robert Cosby
U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: USPSTF Draft Recommendation Statement Screening for Lung Cancer

Dear Dr. Cosby:

The American Lung Association appreciates the opportunity to comment on the U.S. Preventive Services Task Force (USPSTF) Draft Recommendation Statement on Screening for Lung Cancer.

Lung cancer is the leading cancer killer in the United States and has one of the lowest five-year survival rates of any cancer at 15 percent. This is partially due to the fact that close to 75 percent of lung cancer patients are diagnosed in the later stages of the disease when treatment is not as effective. Statistics indicate that lung cancer found in the early stages is associated with five-year survival rates at around 50 percent. The need to implement a comprehensive clinical strategy that assists in increasing the low survival rates associated with the disease is imperative.

As such, the American Lung Association strongly supports the USPSTF recommendation on screening for lung cancer as a way to reduce mortality attributed to disease and to save the lives of those at high risk.

American Lung Association Lung Cancer Screening Recommendations

The American Lung Association has been influential in strengthening laws and policies that protect everyone from secondhand smoke, preventing young people from starting and helping smokers quit with our smoking cessation programs and advocacy work in an attempt to prevent lung cancer. However, once damage from smoking occurs, there is no primary prevention available to reduce lung cancer deaths.

We believe that secondary prevention in the form of screening to find the disease in an early curable stage will significantly improve survivability. In 2012, the American Lung Association released guidelines, based on the findings of the National Cancer Institute's National Lung Screening Trial (NLST), to assist physicians and their patients in discussions about lung cancer screening. The USPSTF draft recommendations mirror the 2012 [Lung Association guidelines](#).

The Lung Association urges the USPSTF to add a statement to its recommendations emphasizing the need for health professional education and to enhance public awareness and education about the benefits of screening as well as the risks. While smoking cessation is the best way for a smoker to reduce his or her risk for lung cancer, it does not reduce the lung cancer risk as much as, for example, the risk of cardiac disease. More public awareness of this and other benefits and risks is needed.

We are hopeful that the USPSTF will move with all deliberate speed to finalize these recommendations so that individuals who meet the guidelines for annual lung cancer screenings can begin to receive this preventive treatment with no cost-sharing. This American Lung Association agrees that lung cancer screening is a promising clinical strategy for the detection of pre-symptomatic lung cancer in individuals at the highest risk.

Our comments are respectfully submitted and intended to wholeheartedly support the proposed recommendations and help reduce mortality for those at risk for lung cancer.

Sincerely,

A handwritten signature in black ink that reads "Harold Wimmer". The signature is written in a cursive style with a light blue rectangular highlight behind it.

Harold Wimmer
National President and CEO

Attachment



Providing Guidance on Lung Cancer Screening To Patients and Physicians

April 23, 2012

Executive Summary

Lung cancer is the leading cause of cancer death in both men and women in the United States. The disease has been closely associated with smoking since 1964, when the first Surgeon General's report concluded that tobacco smoke was a cause of lung cancer. Today, smoking is thought to cause up to 80-90 percent of lung cancer cases.

The American Lung Association (ALA) has been influential in strengthening laws and policies that protect everyone from secondhand smoke, preventing young people from starting and helping smokers quit with our smoking cessation programs. However, there remains the need to implement a comprehensive clinical strategy that assists in reducing the burden of lung cancer and increasing the significantly low survival rates. The five-year survival rate for lung cancer currently stands at 15.6 percent as compared to an over 90 percent survival rate for breast, colon and prostate cancers.

A clinical strategy for lung cancer that has showed promise is low dose computed tomography (CT) screening. The purpose of a CT screening test is to identify the presence of cancer in an individual that does not demonstrate any symptoms. In August of 2011, the National Cancer Institute released results from its National Lung Screening Trial (NLST), a randomized clinical trial that screened at-risk smokers with either low dose CT or standard chest x-ray. The study found that screening individuals with low dose CT scans could reduce lung cancer mortality by 20 percent compared to chest x-ray.

These exciting results led the ALA to reexamine their organization's current policy on lung cancer screening. As such, the ALA convened a Lung Cancer Screening Committee, chaired by Jonathan Samet, MD, MS, to review the current scientific evidence on cancer screening in order to assist the ALA in offering the best possible guidance to the public and those suffering from lung disease. This document is the first report of the American Lung Association Lung Cancer Screening Committee.

This report provides a comprehensive review of the available evidence on both the benefits and risks of lung cancer screening, as well as highlights areas where more research is needed. The Committee acknowledges that cancer screening is associated with both benefits and risks and unfortunately, the NLST could not answer a number of questions on the advantages and safety of screening in the general population. In spite of this, the Committee provides the following interim recommendations:

- The best way to prevent lung cancer caused by tobacco use is to never start or quit smoking.
- Low-dose CT screening should be recommended for those people who meet NLST criteria:
 - current or former smokers, aged 55 to 74 years
 - a smoking history of at least 30 pack-years

- no history of lung cancer
- Individuals should not receive a chest X-ray for lung cancer screening
- Low-dose CT screening should NOT be recommended for everyone
- ALA should develop public health materials describing the lung cancer screening process in order to assist patients in talking with their doctors. This educational portfolio should include information that explains and clarifies for the public:
 - the difference between a screening process and a diagnostic test
 - the benefits, risks and costs (emotional, physical and economic)
 - that not all lung cancers will be detected through use of low dose CT scanning
- A call to action should be issued to hospitals and screening centers to:
 - establish ethical policies for advertising and promoting lung cancer CT screening services
 - develop educational materials to assist patients in having careful and thoughtful discussions between patients and their physicians regarding lung cancer screening
 - provide lung cancer screening services with access to multidisciplinary teams that can deliver the needed follow-up for evaluation of nodules.

Our hope is that this report will serve ALA well in its mission to guide the public on this very important personal and public health issue. We believe that the report, and the educational materials that stem from it, will be invaluable to the tens of million people at risk for lung cancer.

Lung Cancer Screening Committee

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