

October 8, 2014

Tamara S. Syrek Jensen, J.D.
Acting Director, Coverage and Analysis Group
Centers for Medicare & Medicaid Services
Mail Stop C1-09-06
7500 Security Boulevard
Baltimore, MD 21244

Re: National Coverage Analysis for Lung Cancer Screening with Low Dose Computed Tomography (CAG-00439N)

Dear Ms. Syrek Jensen:

Recently, you received a letter signed by a group of over 70 professional societies, medical centers and universities ("Joint Societies Letter") that outlined for the Centers for Medicare and Medicaid Services (CMS) a thoughtfully considered and responsible path forward for Medicare coverage of annual screening for lung cancer for high risk individuals as recommended by the United States Preventive Services Task Force. The Joint Society Letter specifically responded to concerns previously raised related to the quality of lung cancer screening.

As representatives of the nation's leading lung cancer organizations, we are profoundly committed to ensuring that those at risk for lung cancer receive the highest quality of preventive screening. For this reason, we write today to add our collective support for the recommendations set forth in the Joint Societies Letter which include data collection protocols to track elements of high quality screening such as patient selection criteria, radiation exposure, equipment protocols, smoking cessation, and which emphasize the importance of shared decision making between doctor and patient. These quality elements are detailed in the American College of Radiology (ACR) Lung Cancer Screening Center designation process and have been incorporated into Lung Cancer Alliance's National Framework for Excellence in Lung Cancer Screening and Continuum of Care.

As you know, lung cancer is the leading cause of cancer death in this nation, taking approximately 156,000 lives each year. It is the leading cancer killer of women and the leading cancer killer in every racial and ethnic subgroup. Lung cancer also disproportionately impacts military men and women, including our veterans. The majority of lung cancer cases are diagnosed late stage and the lethality of the disease is directly linked to this late stage of diagnosis. The ability to detect lung cancer early will dramatically increase survival rates *for the first time* since the landmark *Surgeon General's Report on Smoking and Lung Cancer* was released half a century ago. The majority of people diagnosed with lung cancer today had already heeded the call to quit smoking as urged to do in that Report. Yet they still have lung cancer. Many others who will be diagnosed with lung cancer this year have never smoked at all. But our ability to understand their unknown risk will be more rapidly advanced as we decipher the initiation and progression of the disease through screening of those with known risks.

Lung cancer screening's lifesaving promise will only be achieved if it is deployed responsibly and equitably. Because of the Affordable Care Act's mandates regarding coverage of Essential Health Benefits, coverage for this new lifesaving screening is already assured for those with private

insurance. It is difficult for us to imagine a scenario where lung cancer screening would be an Essential Health Benefit for some, but not for those in the Medicare population who are of heightened risk for the disease.

For all of these reasons, we call on CMS to approve national coverage for high quality lung cancer screening of high risk patients expeditiously.

Respectfully submitted,

Addario Lung Cancer Foundation

American Lung Association

Beverly Fund Lung Cancer Foundation

Cancer Survivors Against Radon (CanSAR)

CancerCare

Caring Ambassadors Program

Citizens For Radioactive Radon Reduction

Dusty Joy Foundation

Free ME from Lung Cancer

Free to Breathe

Lung Cancer Alliance

Lung Cancer Foundation of America

Lung Cancer Initiative of North Carolina

LUNGevity Foundation

Respiratory Health Association

Uniting Against Lung Cancer

Upstage Lung Cancer

We Wish