INCREASING THE PUBLIC'S AWARENESS OF THE NEED FOR AND AVAILABILITY OF LUNG CANCER SCREENING

Call for advocacy, education and promotion directed to affected populations and other parties to educate and promote the use of Low Dose Computed Tomography and other methods as new research develops for early detection of lung cancer.

Adopted by the SOPHE Board of Trustees

April 22, 2015

WHEREAS lung cancer is the most common cancer across the world and is the leading cause of cancer death in the United States[1,2]; and

WHEREAS there are approximately 157,499 annual deaths (i.e. 432 deaths each day) caused by lung cancer and bronchitis in the United States, and it is estimated that 221,200 new lung cancer cases will be diagnosed in 2015[2-5]; and

WHEREAS lung cancer and bronchitis kill more people than breast, colon and pancreatic cancers combined (157,499 vs. 132,382)[4]; and

WHEREAS in FY 2014, the federal government spent more than $1.5 billion in research for breast, prostate, pancreatic, colo-rectal and lung cancer, yet only 16% of that money was allocated to lung cancer despite a high mortality rate of 27%[2,6]; and

WHEREAS 80.9% of lung cancer patients are current or former smokers[2,7] and almost 20% of lung cancer cases are among those who have never smoked[2,7]; and

WHEREAS there are significant health disparities in lung cancer incidence and lung cancer survival rates across gender, race/ethnicity, and sexual orientation[2,8-10]. For example, lung cancer kills more black men and women than any other cancer. Blacks have a higher incidence rate than whites for lung cancer--especially among men and among younger age groups--and a higher mortality rate [2,9]; and

WHEREAS the National Cancer Institute (NCI) states that lung cancer screenings can find abnormal tissues or lung cancer at an early stage, before a person has symptoms, and can make lung cancer easier to treat and achieve higher survival rates. Waiting to treat until after symptoms appear, may increase the likelihood the cancer has already metastasized[12]; and

WHEREAS the U.S. Centers for Disease Control and Prevention (CDC) states that the sole recommended lung cancer screening test is low dose computed tomography, also called low-dose CT scan or LDCT[13]; and

WHEREAS the U.S Preventive Services Task Force (USPSTF) recommends LDCT for individuals between the ages of 55 and 80, with a history of smoking at least 30 pack years (i.e., 1 pack of cigarettes per day for 30 years or an equivalent), current smokers, or those who have quit within the past 15 years[14,15]; and

WHEREAS it is estimated that USPSTF annual screenings of the aforementioned populations would lead to 50% (45 to 54%) of cancers being detected at an early stage (I/II); 575 screens per lung cancer death averted; a 14% reduction in (8.2 to 23.5%) lung cancer mortality; 497 lung cancer deaths averted; and 5,250 life-years gained per the 100,000-member cohort[16]; and

WHEREAS the USPSTF's rated lung cancer screenings as a grade B (i.e., a recommendation made with a high level of certainty of effective prevention), thus making it an Essential Health Benefit under the Patient Protection and Affordable Care Act (PPACA)[14] and therefore all health plans (i.e., private, self-insured or any plan in the federal or state marketplaces, except for grandfathered plans as defined by the PPACA[15]) are now, or will be by the end of 2015, mandated to cover lung cancer screening without co-pay, co-insurance or deductible for the priority population identified by the USPSTF[17,18]; and

WHEREAS Medicaid participants in states that have not expanded Medicaid pursuant to the PPACA (and who are not covered by both Medicare and Medicaid) may not receive coverage of lung cancer screenings since those state Medicaid programs do not have to offer Essential Health Benefits[18]; and

WHEREAS the Centers for Medicare & Medicaid Services (CMS) has agreed to cover annual lung cancer screenings for Medicare recipients for those between the age of 55 and 77 (3 years shorter time span than recommended by the USPSTF), have smoked for at least 30 pack years, are current smokers or have quit within the past 15 years and receive a written order from a clinician within the definition of Sections 1861(r)(1) or 1861(aa)(5) for LDCT lung cancer screening[19];

THEREFORE BE IT

RESOLVED that SOPHE will advocate for local and regional SOPHE chapters to adopt their own resolutions addressing awareness and availability of lung cancer screening; and be it further

RESOLVED that SOPHE will actively participate, along with the chapters, in coalitions at national and local levels to educate the public about lung cancer and the availability of screening; and be it further

RESOLVED that SOPHE will work with health educators through webinars, toolkits, and local chapter communications to present evidence-based methods of communicating to the priority population on this topic; and be it further

RESOLVED that SOPHE urges federal, state, and local government agencies, city and state health departments, U.S. Public Health Service, CDC, and the Health Resource and Services Administration (HRSA) to fund evidence-based health education and prevention programs targeted at lung cancer and addressing racial, ethnic and gender disparities of the disease; and to create a health communication campaign about LDCT and its no cost availability; and be it further

RESOLVED that SOPHE will appeal to its membership, all primary care providers, allied health practitioners, clinical social workers, community health educators, and all media to be informed about the serious health implications that can be avoided through the use of LDCT; and be it further

RESOLVED that SOPHE will advocate with its national partners, coalitions, and chapters to government agencies and lawmakers for more equitable distribution of research dollars being allocated to lung cancer and, in particular, for research to better understand health disparities; and be it further

RESOLVED that SOPHE will advocate to all appropriate federal and state officials for this Essential Health Benefit to be offered at no cost by all Medicaid plans; and be it further

RESOLVED that SOPHE and its chapters will continue to build on its existing resolutions[20-22] related to tobacco prevention and control and the legacy of the 1964 Surgeon General's Report on Smoking and Health[23] through its health promotion activities described herein.

References

1. World Health Organization. (2012). International Agency for Research on Cancer. GLOBOCAN 2012: estimated cancer incidence, mortality and prevalence worldwide in 2012. Retrieved from http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx
2. American Lung Association. (n.d.). Lung cancer fact sheet. Retrieved from http://www.lung.org/lung-disease/lung-cancer/resources/facts-figures/lung-cancer-fact-sheet.html
3. Centers for Disease Control and Detection. (2012). Deaths: national vital statistics reports, final data for 2012. National Vital Statistics Report. Volume 63, Number 9. Retrieved from http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_09.pdf
4. Lung Cancer Alliance. (2015). 2015 Lung Cancer Facts. Retrieved from http://www.lungcanceralliance.org/2015%20General%20Lung%20Cancer%20Fact%20Sheet%20%20.pdf
5. American Cancer Society. (2015). Cancer facts & figures 2015. Atlanta: American Cancer Society. Retrieved from http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf
6. National Institutes of Health. (2015). Estimates of funding for various research, condition, and disease categories (RCDC). Retrieved from http://report.nih.gov/categorical_spending.aspx
7. Centers for Disease Control and Prevention. (2007). Cigarette smoking among adults -United States, 2006. *Morbidity and Mortality Weekly Report*, 56(44): 1157-1161, Table 2. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5644a2.htm
8. American Lung Association. (n.d.) The LGBT Community: A priority population for tobacco control Retrieved from http://www.lung.org/stop-smoking/tobacco-control-advocacy/reports-resources/tobacco-policy-trend-reports/lgbt-issue-brief-update.pdf
9. Harvard School of Public Health. Lung Cancer Disparities Center (2011). Persisting disparities. Retrieved from http://lungcancerdisparities.org/index.php/cancer-tobacco-and-disparities/persisting-disparities

10. Brigham and Women's Hospital. (2010). *Out of the shadows: Women and Lung Cancer*. Retrieved from http://www.brighamandwomens.org/departments_and_services/womenshealth/connorscenter/images/womenandlungcancerfinal-april22,2010pdf.pdf
11. Siegel, R., Ma, J., Zou, Z., & Jemal, A. (January 01, 2014). Cancer statistics, 2014. *Ca: a Cancer Journal for Clinicians*, 64, (1), 9-29. Retrieved from http://dx.doi.org/10.3322/caac.21208
12. National Cancer Institute (2012). Lung cancer screening: what is screening? Retrieved from http://www.cancer.gov/cancertopics/pdq/screening/lung/Patient
13. Centers for Disease Control and Prevention. (2014). Lung cancer: basic information. Retrieved from http://www.cdc.gov/cancer/lung/basic_info/screening.htm
14. American Lung Association. (2013). U.S. preventive services task force recommends screening for those at high risk of lung cancer. Retrieved from http://www.lung.org/press-room/press-releases/lung-diseases/USPSTF-LC-Screening-Statement.html
15. American Lung Association (2014). Individuals at high risk should get screened for lung cancer. Retrieved from http://www.lung.org/press-room/press-releases/lung-disease/LC-Screening-coverage-Jan1-No-Copay.html
16. Moyer, V. A. (2014). Screening for lung cancer: U.S. preventive services task force recommendation statement. *Annals of Internal Medicine*, *160*(5), 330–340. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4116741/
17. American Lung Association. (2015). Lung cancer screening: coverage in health insurance plans. Retrieved from http://www.lung.org/assets/documents/lung-disease/lung-cancer/lung-cancer-screening-implementation.pdf
18. Centers for Medicare & Medicaid Services. (2015). Decision memo for screening for lung cancer with low dose computed tomography (LDCT) (CAG-00439N). Retrieved from http://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274
19. Health coverage rights and protections: Grandfathered health insurance plans. (n.d.). Retrieved from https://www.healthcare.gov/health-care-law-protections/grandfathered-plans/
20. Society for Public Health Education (2014). 50th Anniversary of the Surgeon General's Report on Tobacco and Health. Retrieved from http://www.sophe.org/50th_Anniversary_Surgeon_General_adopted.pdf
21. Society for Public Health Education. (2011). To Promote a Comprehensive, Evidence-Based National Tobacco Control Policy. Retrieved from http://www.sophe.org/Sophe/PDF/TobaccoResolution_adopted2.pdf
22. Society for Public Health Education. (1997). Resolution to Promote a Comprehensive, Responsible Tobacco Control Policy. Retrieved from http://www.sophe.org/sophe/PDF/1997_Resolution%20to%20Promote%20a%20Comprehensive,%20Responsible%20National%20Tobacco%20Control%20Policy.pdf
23. U.S. Department of Health, Education and Welfare. (1964). Smoking and Health: Report of the Advisory Committee of the Surgeon General of the Public Health Service. Retrieved from http://profiles.nlm.nih.gov/NN/B/B/M/Q/