

Lung Cancer Screening



Background

Lung cancer is the second most common cancer among men and women and is the leading cause of cancer death in the U.S., accounting for approximately 25% of all deaths.¹ In 2020, it is estimated that 228,820 cases of lung cancer will be diagnosed and 135,720 deaths will occur as a result of the disease.¹ The number of annual deaths due to lung cancer is higher than cancers of the colon, breast, and prostate combined. Although there has been a decline in lung cancer incidence in most adults over the last several decades due to reductions in the incidence of smoking, substantial racial and geographic disparities persist in lung cancer.²

In 2013, the American Cancer Society (ACS) and U.S. Preventive Services Task Force (USPSTF) issued an initial guideline for lung cancer screening, based on the results of the National Cancer Institute's National Lung Screening Trial.^{3,4}

Screening for Lung Cancer

ACS recommends annual screening for the early detection of lung cancer using a low-dose spiral computed tomography (LDCT) for those who meet the following criteria:⁵

- Aged 55 to 74 in relatively good health;
- Currently smoke or quit in the past 15 years;
- 30+ pack-year smoking history;
- ACS also recommends these individuals undergo informed shared decision making with a clinician, including a discussion of the potential benefits, limitations and harms of screening before screening, in addition to being counseled on smoking cessation.

The USPSTF recommends lung cancer screening for eligible individuals with a B grade. A "B grade" is representative of a medium to high certainty that the net benefit of clinicians providing or offering screening to eligible patients is moderate to substantial.⁶

Trends in Screening Incidence

Despite clear guidelines, the rates of lung cancer screening remain relatively low.

- In 2015, only 3.9% of at-risk adults between the ages of 55 and 80 had received a lung cancer screening.⁷
- In 2015, over 50% of smokers between the ages of 55 and 64 that met LDCT screening recommendations were uninsured or enrolled in Medicaid.⁸
- Only 19% of all individuals diagnosed with lung cancer (at all stages) are still alive five years later.⁵
- Barriers to low uptake of lung cancer screening may include lack of knowledge of the screening test by both patients and physicians, lack of access to the screening test, and limited access to a high-volume, high-quality radiology center typically required to complete the LDCT.⁸

Benefits of Screening-Getting Screened Early Saves Lives

- The risk of death from lung cancer is reduced by 20% through lung cancer screening using LDCT.⁷
- If an individual is diagnosed with lung cancer at a localized stage, the five-year survival rate increases to 57%, but only 16% of lung cancers are diagnosed at this stage.⁵

Coverage of Lung Cancer Screening

Eligibility criteria for initial lung cancer screening coverage varies by insurer. Required copays and other cost sharing, in addition to doctor or facility requirements to receive treatments, also vary significantly for individuals eligible for lung cancer screening.⁸

Private Insurance

Under current law, non-grandfathered private health insurance plans are required to cover preventive services that have an A or B rating from the USPSTF, including lung cancer screening, without cost sharing. An individual with a private plan must meet the following criteria to be eligible for initial lung cancer screening coverage:⁸

- Aged 55 to 80;
- 30+ pack-year smoking history; AND
- Currently smoke or quit in the past 15 years.

Medicare

In 2015, the Centers for Medicare and Medicaid Services (CMS) issued a National Coverage Determination requiring coverage of lung cancer screening. Under current law, preventive services that are covered by Medicare must be provided at no cost to the patient. An individual with a Medicare plan must meet the following criteria to be eligible for initial lung cancer screening coverage:⁸

- Aged 55 to 77;
- 30+ pack-year smoking history;
- Currently smoke or quit in the past 15 years; AND
- Have no signs or symptoms of lung cancer (a cough that won't go away, trouble breathing, chest pain, fatigue).

Medicaid

Coverage of lung cancer screenings vary significantly by state and by the populations eligible for coverage through Medicaid. This is partly due to states decisions regarding: (1) Medicaid expansion – which would allow low-income adults to enroll in the program and (2) the coverage available to traditional Medicaid enrollees.⁹

Medicaid Expansion Populations

Like private insurers, states that have expanded eligibility for their Medicaid program, providing coverage to low-income adults, are required to cover preventive services that have an A or B rating from the USPSTF, including lung cancer screening, without cost-sharing. A low-income individual in a Medicaid expansion state must meet the following criteria to be eligible for initial lung cancer screening coverage:⁸

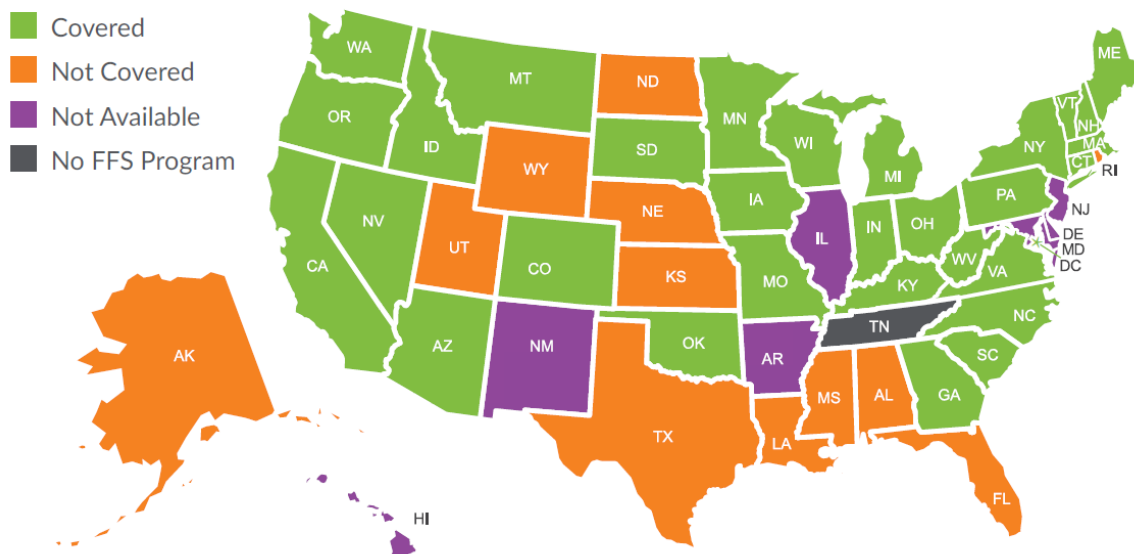
- Aged 55 to 80;
- 30+ pack-year smoking history; AND
- Currently smoke or quit in the past 15 years

- 37 states and the District of Columbia have expanded Medicaid eligibility as of April 2020.¹⁰

Traditional Medicaid

States are not required to cover USPSTF A or B rated services for their traditional Medicaid populations, and each state is given the flexibility to determine the coverage available to program enrollees.⁸ For example, as of January 2019, 31 Medicaid fee-for-service programs provide lung cancer screening coverage, 12 programs do not provide screening coverage, and seven states did not have information available on their coverage policy.⁹

Coverage of Lung Cancer Screening in State Medicaid Fee-for-Service Programs



Source unless otherwise noted: ⁹American Lung Association. Lung Cancer Screening and Coverage in State Medicaid Programs; 2019.

*Data collected December 2018 – January 2019.

*States that only cover Medicare crossover claims (claims for dual eligibles where Medicaid pays remaining cost-sharing not covered by Medicare) are included in the “not covered” category.

*Data is not available for Tennessee because all Medicaid enrollees are covered through managed care plans.

ACS CAN's Position

The American Cancer Society Cancer Action Network (ACS CAN) recommends that all plans provide a comprehensive benefit for lung cancer screening according to recommended guidelines, without enrollee cost sharing or other barriers. While enrollees in Medicare, most private insurance plans, and Medicaid expansion states provide coverage for lung cancer screening, there are still considerable gaps in coverage for enrollees in traditional Medicaid. Requiring states to provide lung cancer screening coverage for their traditional population, without barriers, is key to helping people be properly screened for lung cancer. Ultimately this public health intervention will save money and lives.

¹ American Cancer Society. *About Lung Cancer: Key Statistics for Lung Cancer*. Updated October 1, 2019. Accessed February 2020. <https://www.cancer.org/cancer/lung-cancer/about/key-statistics.html>

² Siegel RL, Miller KD, Jemal A. *Cancer Statistics, 2020*. *CA Cancer J Clin*. 2020; 0:1-24.

³ Wender, R., Fontham, E. T., Barrera, E., Jr, et al.. (2013). *American Cancer Society lung cancer screening guidelines*. *CA: a cancer journal for clinicians*, 63(2), 107–117. <https://doi.org/10.3322/caac.21172>

⁴ U.S. Preventive Services Task Force. *Final Recommendation Statement Lung Cancer: Screening*. Updated September 25, 2014. Accessed April 2020. <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/lung-cancer-screening>

⁵ American Cancer Society. *Cancer Facts and Figures 2020*. Atlanta: American Cancer Society; 2020.

⁶ U.S. Preventive Services Task Force. *Grade Definitions*. Updated October 2018. Accessed April 2020. <https://www.uspreventiveservicestaskforce.org/uspstf/grade-definitions>

⁷ National Cancer Institute. *Cancer Trends Progress Report: Lung Cancer Screening*. Updated February 2019. Accessed February 2020. https://progressreport.cancer.gov/detection/lung_cancer

⁸ Jemal A, Fedewa SA. *Lung Cancer Screening with Low-Dose Computer Tomography in the United States – 2010 to 2015*. *JAMA Oncol*. 2017; 3(9): 1278-81.

⁹ American Lung Association. *Lung Cancer Screening and Coverage in State Medicaid Programs; 2019*

¹⁰ The Kaiser Family Foundation. *Status of State Medicaid Expansion Decisions: Interactive Map*. Updated March 13, 2020. Accessed April 2020. <https://www.kff.org/medicaid/issue-brief/status-of-state-medicaid-expansion-decisions-interactive-map/>.