



*Stop Cancer Before It Starts!*

Carolyn R. Aldigé  
*President & Founder*

**BOARD OF DIRECTORS**

Scott McIntyre  
*Chairman*

Gary Lytle  
*Vice Chairman*

James L. Mulshine, M.D.  
*Vice Chairman,*  
*Scientific Director*

Kathryn A. West  
*Secretary*

Brock R. Landry  
*Treasurer*

Katherine Kennedy Allen  
Frantz Alphonse  
Ron Christie

Drew Figgdr

Jeremy Hardy FitzGerald  
Kimberley Fritts  
Joyce H. Gates

Gordon (Don) Hutchins, Jr.  
Joann Piccolo  
Sharon Stark  
George Swygent

*Sustaining Directors*  
Betty Alewine  
Michael F. Brewer  
Ron Doornink  
Karen D. Fuller  
Joel Jankowsky  
Marcelle Leahy  
Jon Mittelhauser

Jean Perin  
Andrea Roane  
David Tutera  
Margaret Vanderhye  
Virginia A. Weil

*Emeritus Directors*  
David S. Alberts, M.D.  
Catherine P. Bennett  
Margaret Bush

Marcia Myers Carlucci  
Elmer E. Huerta, M.D., M.P.H.  
Alexine C. Jackson

*Founding Directors*  
Alan P. Dye  
Harold M. Keshishian\*

**MEDICAL ADVISORY BOARD**  
David S. Alberts, M.D.  
*Chairman*

**SCIENTIFIC REVIEW PANEL**  
James L. Mulshine, M.D.  
*Chairman*

\*Deceased

December 10, 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

***By Online Submission***

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

Dear Ms. Syrek Jensen:

On behalf of the Prevent Cancer Foundation, the only national nonprofit organization solely dedicated to cancer prevention and early detection, we appreciate the opportunity to comment on the proposed National Coverage Determination for Lung Cancer Screening with Low Dose Computed Tomography (LDCT) (CAG-00439N). We were pleased to see the proposed decision of the Centers for Medicare & Medicaid Services (CMS) to ensure that Medicare beneficiaries will have access to this critical service.

CT lung scans are proven, effective screening measures that save lives. We have long advocated for these services to be available to individuals at high risk for lung cancer. At an average cost of \$300 to \$400, this test is too expensive for many older Americans in need and once finalized, this decision will help to eliminate that disparity.

However, there are some additional recommendations that the Prevent Cancer Foundation also supports. These include changes related to: (1) the age range for individuals eligible to receive LDCT screens; (2) the definition of asymptomatic patients; (3) the requirement of provider visits to obtain an order for annual follow-up screening; and (4) the 15-year smoking cessation threshold.

***Age Range***

The Prevent Cancer Foundation encourage CMS to consider a broader age range for coverage of LDCT scans. As written now, the proposal would provide coverage for individuals aged 55 to 74 years old. As the median age of diagnosis for lung cancer is 70 years, this age range is too restrictive. We

Ms. Syrek Jensen  
December 10, 2014  
Page Two

encourage CMS to adopt the United States Preventive Services Task Force (USPSTF) recommendation of an age range from 55 to 80 years.

***Definition of Asymptomatic Patients***

The proposal defines “asymptomatic” as “no signs or symptoms of lung disease.” The Prevent Cancer Foundation recommends that this language be deleted and replaced with “symptoms suggestive of lung cancer.” This change will ensure that patients would not be inadvertently excluded from LDCT screening. It will also protect against potential retrospective denial of payment.

***Requirement to Obtain an Order for Annual Follow-Up Screening***

The proposal states that a written order for LDCT screening must meet the following criteria: For subsequent LDCT lung cancer screenings: the beneficiary must receive a written order, which may be furnished during any appropriate visit (for example: during the Medicare annual wellness visit, tobacco cessation counseling services, or evaluation and management visit) with a physician (as defined in Section 1861 (r)(1) of the Act) or qualified non-physician practitioner (physician assistant, nurse practitioner, or clinical nurse specialist as defined in Section 1861(aa)(5) of the Act).

While an initial screen is appropriate, it is unnecessary to require future orders for LDCT screens. The Prevent Cancer Foundation encourages CMS to implement the written order requirement and provider shared decision-making visit only for the initial screen. This will eliminate avoidable and excessive cost and burden.

***15 Year Smoking Cessation Threshold***

The Prevent Cancer Foundation recommends the elimination of language within the current proposal which requires a 15 year smoking cessation eligibility criteria. This arbitrary time period might unintentionally incentivize patients to restart their smoking habit to either become eligible or retain eligibility for the screening benefit. There is no evidence that lung cancer risk drops substantially after 15 years smoking cessation. This component does not contribute to successful prevention policy.

Thank you for your consideration of these comments. If we can provide further information, please feel free to call upon us as a resource. I can be reached at [Carolyn.Aldige@PreventCancer.org](mailto:Carolyn.Aldige@PreventCancer.org) or 703-519-2114.

Sincerely,

*Carolyn Aldigé*

Carolyn Aldigé  
President and Founder