



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Senate Bill 1033 - An Act Providing Resources For Early Detection, Diagnosis and Treatment of Lung Cancer

The Department of Public Health provides the following information with regard to Senate Bill 1033. The purpose of this bill is to improve early detection and diagnosis of lung cancer by establishing, through the Department of Public Health, a pilot program that provides grants and financial incentives to hospitals for the development and implementation of lung cancer screening projects for a specific mix of patients based upon race and income. The bill further specifies that the hospitals be selected based upon the availability of CT scanning and whether it serves low-income and underserved areas or populations. While all 8 counties in Connecticut have some underserved designations based upon federal criteria, the largest number of medically underserved area or population designations occur in Fairfield, Hartford, and New Haven counties, making the hospitals in these counties the most likely candidates for this pilot program¹.

It is true that lung cancer is the number one cause of cancer deaths in Connecticut with an average of 1,847 deaths per year between 1999 and 2003. However, the evidence is lacking to support the use of technologies available for early detection of lung cancer for routine screening purposes. In May 2004, the U.S. Preventive Services Task Force (USPSTF) concluded, "the evidence is insufficient to recommend for or against screening asymptomatic persons for lung cancer with either low dose computerized tomography (LDCT), chest x-ray (CXR), sputum cytology, or a combination of these tests." More recent evidence, published in the New England Journal of Medicine in October 2006, suggests the efficacy of using low dose computerized tomography to diagnose lung cancer at earlier stages. However, the question of whether earlier diagnosis actually leads to reduced mortality has not yet been determined. Concerns that screening procedures also lead to false-positive test results and potential harms associated with invasive diagnostic testing has led the National Cancer Institute to recommend caution, suggesting that further evidence is needed to justify screening of asymptomatic individuals on a routine basis².

We have learned from experiences with other public health screening programs that a means to provide follow-up services for those testing positive is a critical component to achieving the desired outcomes of improved health and survival.

Thank you for your consideration of the Department's views on this bill.

References:

1. Healthcare for Connecticut's Underserved Population: Identifying and Assisting the Medically Underserved in Connecticut. Connecticut Department of Public Health, November 2005. http://www.dph.state.ct.us/PB/HISR/Medically_Underserved_FactSheet.pdf
2. Lung cancer screening study spurs optimism, caution. Posted to the National Cancer Institute website, November 21, 2006. <http://www.cancer.gov/cancertopics/screening/spiral-CT-study1106>

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