



**Insurance and Real Estate Committee  
February 22, 2011**

**Testimony of the American Cancer Society**

The American Cancer Society is unable to support **SB 923, An Act Concerning Health Insurance Coverage And Certain Cancer Screenings.**

It is often hard to find lung cancer early. Usually symptoms of lung cancer do not appear until the disease is already in an advanced stage. Even when symptoms of lung cancer do appear, many people may mistake them for other problems, such as an infection or long-term effects from smoking. This may delay the diagnosis even further.

Screening is the use of tests or exams to detect a disease in people without symptoms of that disease. For example, the Pap test is used to screen for cervical cancer. Because lung cancer usually spreads beyond the lungs before causing any symptoms, an effective screening test for lung cancer could save many lives.

Until recently, no lung cancer screening test had been shown to lower the risk of dying from this disease. Earlier studies of 2 possible screening tests, chest x-ray and sputum cytology, did not find that these tests could detect lung cancers early enough to improve a person's chance for a cure. For this reason, major medical organizations have not recommended routine screening with these tests for the general public or even for people at increased risk, such as smokers.

A newer type of CT scan, known as low-dose spiral CT (or helical CT) has shown some promise in detecting early lung cancers in heavy smokers and former smokers. Spiral CT provides more detailed pictures than a chest x-ray and is better at finding small abnormalities in the lungs.

The National Lung Screening Trial (NLST) is a large clinical trial that compared spiral CT scans to chest x-rays in people at high risk of lung cancer to see if these scans could help lower the risk of dying from lung cancer. The study included more than 50,000 people aged 55 to 74 who were current or former smokers with at least a 30 pack-year history of smoking (equivalent to smoking a pack a day for 30 years). People in the study got either 3 spiral CT scans or 3 chest x-rays, each a year apart. They were then observed for several years to see how many people in each group died of lung cancer.

Early results from the study, announced in November 2010, found that people who

got spiral CT had a 20% lower chance of dying from lung cancer than those who got chest x-rays. They were also 7% less likely to die from any cause than those who got chest x-rays, although the exact reasons for this are not yet clear.

The full results of the study have not yet been published, and there are some questions that still need to be answered. For example, it's not clear if screening with spiral CT scans would have the same effect on different groups of people, such as those who smoked less (or not at all) or people younger than age 55. It's also not clear what the best screening schedule might be (how often the scans should be done, how long they should be continued, etc.).

Spiral CT scans are also known to have some downsides that need to be considered. One drawback of this test is that it also finds a lot of abnormalities that turn out not to be cancer but that still need to be tested to be sure. (About 1 out of 4 people in the NLST had such a finding.) This may lead to further, sometimes unnecessary tests such as CT scans, or even more invasive tests such as biopsies or surgery in some people. Spiral CT scans also expose people to a small amount of radiation with each test. It is less than the dose from a standard CT, but it is more than the dose for a chest x-ray.

These factors, and others, need to be taken into account by people and their doctors who are considering whether or not screening with spiral CT scans is right for them.

While the American Cancer Society reviews new data and evidence on a regular basis and we await the final results from the NLST, we do not recommend routine lung cancer screening at this time, either for all people or for those at increased risk. In the meantime, however, some people who are at higher risk (and their doctors) may decide that screening is appropriate for them.

The American Cancer Society recommends that, as much as possible, people who were smokers, are current smokers, have been exposed to secondhand smoke, or have worked around materials that increase the risk for lung cancer, be aware of their lung cancer risk. These people should talk with their doctors about their likelihood of developing lung cancer and about the potential benefits, risks, and limitations of lung cancer screening. After discussing what is and is not known about the value of testing for early lung cancer detection, if you and your doctor decide in favor of testing, then be sure to have it done at a center that has experience in lung scanning and that supports a multidisciplinary program for testing people at high risk.

The United States Preventive Services Task Force (USPSTF), a group of experts gathered together by the US government, has concluded that there's not enough evidence at this time to recommend for or against lung cancer screening in people

without symptoms.

The American College of Chest Physicians (ACCP) does not recommend routine lung cancer screening at this time, advising "individuals undergo screening only when it is administered as a component of a well-designed clinical trial."

Even with the promising results from the NLST, people who are current smokers should realize that the best way to avoid dying from lung cancer is to stop smoking.

Please take no action on SB 923. Thank you.

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