



Radiological Society of Connecticut

statement of support for

SB 923, AAC Health Insurance coverage and Certain Cancer Screenings

February 22, 2011

Sen. Crisco, Rep. Megna and members of the committee:

My name is Gary Dee. I am a Medical Doctor, practice the profession of Radiology here in the state and serve as president of the Radiological Society of Connecticut. We strongly support Senate Bill 923 and offer a few suggested changes to the language.

Our General Assembly has been at the forefront of protection of our citizens with respect to screening for cancers, such as breast and colon.

Can you imagine a test that could save the lives of all people who die from breast cancer each year? That is what Dr. Bruce Johnson, an official from the American Society of Clinical Oncology and Director of Thoracic Oncology at the Dana Farber Cancer Institute, points out that is the likelihood if we had a test that would detect lung cancer early. WE NOW HAVE THAT TEST.

Until now, there has been no such test which had been generally accepted as effective for screening for lung cancer, by far the most fatal of cancers. Thus, with respect to sections 1 and 2, as regards screening for lung cancer, this bill will likely facilitate the adoption of the first test that will save many lives. Lung cancer, most frequently caused by cigarette smoking, is the leading cause of cancer-related deaths in the United States. It is expected to have claimed 157,300 lives in 2010. There are more than 94 million current and former smokers in the United States, many of whom are at high risk of lung cancer. Connecticut is in the third highest quartile among the states for incidence of lung cancer, according to the Website of the Centers for Disease Control and Prevention. (<http://www.cdc.gov/cancer/lung/statistics/state.htm>)

In early December 2010, the National Cancer Institute (NCI) decided to prematurely end a huge multi-center research study because its results were so definitive that it could not in good conscience withhold the right test from the participants. The study, begun in 2002, enrolled more than 53,000 current and former heavy smokers ages 55 to 74 into the National Lung Screening Trial (NLST) at 33 sites across the United States. The NLST, a randomized clinical trial, compared the effects of lung cancer screening with CT and X-ray on lung cancer mortality and found 20 percent fewer lung cancer deaths among trial participants screened with low-dose helical CT. By the usual standards of clinical testing, this is a huge benefit.

The American Cancer Society and the American College of Radiology are working on screening recommendations, which are likely to be based on NLST criteria and application of cost-benefit analysis, and these may be published in the next few months. Consequently, the Radiological Society of Connecticut supports this bill, but suggests

that the language in lines 6-8 and lines 17-19 be changed from: "... recommendations established by the American Lung Association, after consultation with the American Cancer Society and the American College of Radiology, based on the ages, family histories ..." to "...recommendations established by the American Cancer Society and/or the American College of Radiology, based on the ages, histories ..." The reasons for these changes are that the two organizations specified are the ones that generally recommend radiological screening criteria. Secondly, we suggest deleting the word "family" because it is generally a personal (not family) history of exposure to cigarette smoke or other environmental factors that determine a person's risk for lung cancer.

With respect to Sections 3 and 4, which deal with screening for colon cancer, the Radiological Society of Connecticut supports the inclusion of the American College of Radiology on lines 33-34 and 48-49. We would ask, however, that the language be changed from "... recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society and the American College of Radiology..." to "... recommendations established by the American College of Gastroenterology, the American Cancer Society and/or the American College of Radiology..." The reason for this change is that since passage of Section 38a-518k of the general statutes, there has been developed and proven effective a CAT scan screening test for colon cancer. This test, sometimes referred to as "Virtual Colonoscopy," has been shown in some studies to be more effective than traditional colonoscopy, and is less invasive. As with the lung cancer screening test discussed above, and as with breast ultrasound upon which the Assembly relied for its mandate for coverage, the virtual colonoscopy data were obtained from a large, multi-center trial sponsored by the NCI. The study enrolled more than 2,600 patients at 15 sites nationwide. It is the largest multi-center study to compare the accuracy of state-of-the-art CT colonography to the gold standard of conventional colonoscopy. The results of this study are published in the Sept. 18, 2008, issue of the *New England Journal of Medicine*, and showed results comparable to those of traditional colonoscopy. Thus, as with mammography and as proposed for lung screening, above, it is appropriate to include the American Cancer society and American College of Radiology as organizations with primary roles in guidelines for screening for colon cancer.

(http://www.acr.org/MainMenuCategories/media_room/FeaturedCategories/Videos/CTC-Trial.aspx)

Thank you for your attention.