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Submitted to the Committee on Insurance and Real Estate  
In support of Raised S.B. 862  
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Good afternoon Mr. Chairmen and Members of the Committee.

I am Kirk Davis. I thank you for this opportunity to testify and to share my views and the views of the Lung Cancer Alliance on Raised SB 862.

We commend the co-chairs and members of this Committee for introducing this legislation and thank them for scheduling this hearing.

First, allow me to put this issue in context. Lung cancer is the leading cancer killer in the United States. Over 160,000 people die each year from lung cancer - nearly one in every three cancer deaths nationwide. Forty years ago when the so-called War on Cancer Act was passed, lung cancer had a survival rate of 13%. Today it is 15%. The stigma of smoking has curtailed lung cancer research funding to such an extent, that lung cancer among people who never smoked is now the sixth leading cause of all cancer deaths, causing more deaths than brain cancer, melanoma or leukemia.

In Connecticut an estimated 6900 people died of cancer in 2012, 480 from breast cancer, 210 from ovarian cancer, 380 from prostate cancer and 560 from colon cancer. Lung cancer, however, took 1790 lives in Connecticut last year - more than breast, ovarian, prostate and colon cancers combined.

Only 15% of lung cancers are being diagnosed at an early treatable state. Lung cancer generally has no obvious symptoms until it is too late and those diagnosed at late stage will suffer through difficult and expensive therapies that will, sadly inevitably, fail in practically all cases.

However, CT screening can change these grim statistics. I know because I was screened and my lung cancer was diagnosed at stage 1A and immediately treated. Today, I am a lung cancer survivor.

Lung Cancer Alliance is a national organization established in 1995. Located in Washington DC, it is the only national organization dedicated solely to advocacy for those already diagnosed, their families and caregivers, and for those at risk for the disease.

Lung Cancer Alliance has always been in the forefront of advocating that those at high risk for lung cancer be screened using low dose CT screening. In 2010, the Lung Cancer Alliance's advocacy was vindicated when the results from the National Cancer Institute's National Lung Screening Trial (NLST) -- one the largest clinical trials in NCI's history -- scientifically validated the power of low dose CT screening to detect lung cancer at early

stage in a high risk population and reduce mortality even more than breast cancer screening. This preventive benefit is now impossible to ignore.

To help insure that CT screening would be implemented safely, effectively and equitably, members of the Medical and Scientific Advisory Board of Lung Cancer Alliance in 2011 developed a National Framework for Excellence in Screening and the Continuum of Care. The National Framework lays out the rights of people to know if they are at risk, to understand the risks and benefits, and to know what to look for in a responsible screening site. Sites around the country, from top research centers to community hospitals are committing to the Framework, including Middlesex Hospital Center, Yale Medical Center, Norwalk Radiology Center and Stamford Hospital.

Survivors like me are pleased that the American Cancer Society recently joined the Lung Cancer Alliance in endorsing CT screening for those at high risk for lung cancer.

Lung Cancer Alliance and I support the concept of this legislation. We wholeheartedly believe that like mammography for the early detection of breast cancer and other screening services, the proven, life-saving benefit of low dose CT screening must be included in the essential health benefits package covered by state health exchanges across the country pursuant to the Affordable Care Act.

We have some concern that the lack of specificity in Raised S.B. 862 about the type of lung cancer screening may lead to misinterpretation and perhaps a delay in coverage for CT screening.

Raised S.B 862 stipulates that each individual health insurance policy (Section 1) and each group health insurance policy (Section2) provide coverage for lung cancer screening tests "...in accordance with the recommendations established by the American Lung Association, after consultation with the American Cancer Society..."

We would urge that the coverage be provided in accordance with the recommendations of the National Comprehensive Cancer Network (NCCN), the most authoritative, comprehensive and most frequently updated clinical practice guidelines available for the detection and treatment of cancer. The NCCN issued its lung cancer screening guidelines based on the NLST and other national and international studies in November, 2011. The NCCN, a network of 21 NCI endorsed cancer centers across the country, is the nationally recognized arbiter in establishing such medical professional guidelines.

By relying on NCCN guidelines, cancer patients like me can be assured that the lung cancer screening covered by this legislation will be medically sound, responsible screening of the highest quality.

If ALA and ACS remain in a consultive role, I would urge and respectfully request that Lung Cancer Alliance be included. It is the leading national advocacy and patient support organization focused exclusively on lung cancer and the trusted voice of lung cancer patients like me. Thank you for allowing me to share these views.