

Bill 862

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I have been in the practice of pulmonary medicine in Middletown, CT since 1979. The diagnosis of lung cancer and treatment of complications has been a significant part of my practice. During those 34 years there has been remarkably little change in the presentation and prognosis of this dreaded disease despite a plethora of new diagnostic and treatment procedures. We are able to get images of the disease that would have been unbelievable just a few years ago. We can biopsy material for diagnosis and establish the stage of the cancer with safer and less invasive techniques. Treatment with radiation therapy and chemotherapy is done with much greater precision and less toxicity. But, at the end of the day, the death rate from lung cancer has changed little.

Somewhere in the middle of my tenure, lung cancer overtook breast cancer as the leading cancer killer of women. Tobacco use has declined but has now reached a plateau that remains too high. I should add parenthetically that the state has not used the money from the tobacco settlement to put on a full court press against the use of tobacco. This would be the single most effective thing we could do to decrease lung cancer deaths.

About the time I started practice several large lung cancer screening trials were either completed or underway. John's Hopkins and the Mayo Clinic among others, tried to see if annual routine chest X-rays could make a dent in this epidemic. Results were uniformly disappointing in that, even though asymptomatic tumors were identified, they were found at too late a stage, and the death rate did not change in the studied groups compared to "usual care". It was clear that, in order to have an impact, we would have to find the cancer at an earlier stage before it had spread to other parts of the body.

So for 25 years not much happened in this field until last year when the National Cancer Institute published results of a trial started a few years earlier to see if CT scans could do just that. The trial was stopped early because interim data showed there was already a 20% improvement in the studied group. CT scans, with their greatly improved resolution and precision could identify tumors that were only millimeters across. And when found at that size, the chance of cure increases greatly.

Jumping on these findings, Middlesex Hospital started offering screening CT scans following NCI guidelines a year ago. We have already had some very exciting results. To facilitate access to a screening scan, since Medicare and Insurance companies do not offer this coverage, the hospital along with its radiology group has a greatly reduced \$125 charge for the study. And in some special circumstances such as Veteran's Day, there was no charge for any veteran who showed up at our screening sites. Screened patients are followed by our lung cancer nurse navigator so that suspicious findings do not fall through the cracks.

My colleagues at the Middlesex Hospital Cancer Center will report some of our specific results and I think you will see that a screening chest CT scan is the first thing in decades that can significantly improve the death rate from lung cancer. For a middle aged smoker, a chest CT is right up there with colonoscopy, mammography and cervical pap smears as a screening tool. We feel this is solid science that will save lives and should be a covered procedure.