



ENDING INJUSTICE AND
SAVING LIVES THROUGH AN
ALLIANCE OF ADVOCACY,
EDUCATION AND SUPPORT.

LungCancerAlliance.org

888 Sixteenth St. NW, Ste 150
Washington, DC 20006

October 25, 2013

VIA Electronic Delivery

Marilyn B. Tavenner
Administrator
Centers for Medicare and Medicaid Services
US Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: National Coverage Determination Review of Lung Cancer Screening

Dear Administrator Tavenner:

As the nation's leading patient advocacy organization devoted solely to those living with or at risk for lung cancer, Lung Cancer Alliance (LCA) is pleased to file this formal request for a National Coverage Determination (NCD) for lung cancer screening using low dose computerized tomography (lung cancer screening).

We base this request for coverage on the indisputable scientific evidence brought forward through the National Lung Screening Trial (NLST) and in anticipation of the release of final favorable recommendations by the United States Preventive Services Task Force (USPSTF), which we hope is completed by the end of this year. The draft recommendations issued by USPSTF on July 29, 2013 awarded lung cancer screening a B, which as you know, is one of its highest levels of recommendations. According to the USPSTF's draft recommendations, current or former smokers between age 55 and 79 with a 30-pack year smoking history should be screened for lung cancer. A substantial percentage of this USPSTF population is the Medicare population.

We are providing links to key medical and clinical data to support this [coverage request](#), along with links to important [actuarial analyses](#) prepared by Milliman, Inc., that show lung cancer screening will save tens of thousands of lives each year at a cost per life saved that is lower than other screenings currently covered by CMS. Additionally, we are pleased to provide information on LCA's National Framework of Lung Screening Excellence and Continuum of Care, launched in February 2012, to provide guidance for both consumers at risk as well as medical centers offering care. Now adopted by over [120 medical centers](#) nationwide, with over 100 more in process, [the National Framework](#) lays out guiding principles of responsible screening and care using multi-disciplinary teams and following best published practices.

Given the strength of the NLST's scientific evidence, the USPSTF's high level draft recommendation, the National Comprehensive Cancer Network (NCCN) [clinical guidelines](#) used in current practice, the Milliman, Inc. studies which demonstrate mortality and cost-benefit, and the existence of a growing national network of community based and academic medical centers adhering to the National Framework, our hope is that the NCD leading to approval of coverage of this procedure can move forward as expeditiously as possible. From our review of the CMS process, we believe it is possible to make a final determination on coverage within 6 months of launching the NCD.

Please let us know if any additional documentation or information is required in order to open this National Coverage Determination and/or expedite the review process. We look forward to being part of advancing this lifesaving benefit to those at risk in the most equitable and responsible way.

Sincerely,

A handwritten signature in black ink, reading "Laurie Fenton Ambrose". The signature is written in a cursive, flowing style.

Laurie Fenton Ambrose
President & CEO

Cc: LCA Board of Directors