

Opinions / Editorial

Lung screening: a value-added tool for treating at risk patients?



Steve Renard

The imaging business has long recognized the usefulness of early detection for curing different forms of cancers. However, for many in the medical community “screening” was thought of as a gimmick and a dangerous way of exposing patients to needless radiation. Early boutique screening programs failed because they lacked confidence and support from both the medical community and payers. Twenty-five-year-old patients were getting scanned for the sake of keeping the light on. Fast forward five years and most boutique scanning shops have closed their doors, leaving legitimate imaging and oncology practices open to answer the calls of so many parties interested in a newly published study regarding lung screening for cancer.

A study published in October by I-ELCAP (International Early Lung Cancer Action Program), titled “Lung Screening Saves Lives,” surveyed 31,567 people and the results showed that computed tomography (CT) screening of 484 people were diagnosed with lung cancer; 412 of these were Stage 1. Of the Stage I patients who chose not to be treated, all died within five years. Overall, the estimated 10-year survival rate for the 484 participants with lung cancer was 80 percent. The high death rates are a consequence of lung cancer not being detected early enough for treatment to be curative. All patients 40 years of age and older were at risk for lung cancer because of their history of cigarette smoking, occupational exposure (to asbestos, beryllium, uranium or radon) or exposure to secondhand smoke.

Today, in less than 15 seconds, CT scanners can detect cancer at the earliest stage. The report finds that 85 percent of patients using annual low-dose CT screening, followed by prompt surgical removal, had a 92-percent 10-year survival rate. On October 26, The New England Journal of Medicine reported that such screening would dramatically decrease the number of deaths lung cancer — which is the number one cause of cancer deaths among both men and women in the United States.

The imaging industry has seen such incredible advances

in CT scanners and the software that drives them during the past seven years. Sub-millimeter “slicing” can now be applied to the entire chest in a single breath-hold, making payers think twice about what was perceived as a gimmick. To further its validity, treatment for Stage I lung cancer equates to less than half the cost of late-stage treatment. This is very attractive to payers. I-ECAP estimates that the cost-effectiveness of CT screening for lung cancer for patients and payers are similar or better than screening for breast cancer using mammography.

This dichotomy has left many providers on the fence as to the upgrade software of scanners to offer lung screenings. These faster scanners boast thinner slices, lower radiation dosages and possess better screening software (detection of lung cancers can be uncovered down to the size of a grain of rice). The scanner and software can run between \$500,000 and \$1.5 million depending on age, type and upgradeability of the scanner. These economics could prevent providers from purchasing the technology.

In closing, it is now proven that lung-screening effectiveness is very viable with Stage I lung cancer. This is the only stage at which surgical intervention can lead to an early cure. What makes screening even more exciting is the potential for survival. Approximately 95 percent of the 173,000 people diagnosed each year die from the disease — more than breast, prostate and colon cancer combined.

Although applications of Position Emission Tomography (PET) and newer treatments as well as cure rates have been climbing for other forms of cancer, unfortunately the survival rates for lung cancer have remained low. As long as over-zealous providers do not try to take advantage of the benefits of such lung screenings, this may be the only cure for this deadly disease and well worth it for patients, payers and providers alike.

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