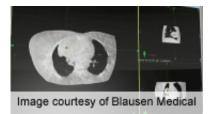


## Strategies presented to avoid overzealous lung CA screening

24 June 2014



"To avoid the hard lessons learned from overzealous implementation of prostate cancer screening, we must get implementation of LDCT screening right from the outset," the author writes.

More information: Editorial

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(HealthDay)—The benefits and harms of low-dose computed tomography (LDCT) screening for lung cancer should be carefully considered before Medicare decides on its coverage policy, according to an editorial published online June 24 in the *Annals of Internal Medicine*.

Noting that on April 30, 2014, the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) gave a vote of low confidence in the benefits versus harms of LDCT screening, Renda Soylemez Wiener, M.D., M.P.H., from Boston University School of Medicine, discussed Medicare's options for coverage. The author notes that LDCT screening can be safely and effectively implemented in the community using carefully designed screening programs with precautions to minimize harms and maximize benefits. The implications of the MEDCAC vote could mean that LDCT will not be covered by the Centers for Medicare and Medicaid Services (CMS), which would potentially increase the socioeconomic- and age-based disparities in lung cancer outcomes. An alternative approach would be a CMS determination of coverage during a period of evidence development. Perhaps an optimal option would be for CMS to offer LDCT screening coverage when conducted in certified facilities that provide comprehensive, patientcentered programs, designed to maximize benefits and minimize harms.



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