



MITA[®]
MEDICAL IMAGING
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August 3, 2020

Dr. Alex H. Krist, MD, MPH
Chairperson
United States Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: Screening for Lung Cancer: Draft Recommendation Statement

Dear Dr. Krist:

The Medical Imaging & Technology Alliance (MITA) is submitting the following comments on the United States Preventive Services Task Force (USPSTF) draft recommendation statement on lung cancer screening. As the leading trade association representing medical imaging device manufacturers, MITA has in-depth knowledge of the significant benefits that early detection and accurate diagnosis through medical imaging provides.

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Lung cancer is the leading cause of cancer death among American men and women.¹ For this reason screening programs which detect the disease earlier—when it is more treatable—are important in reducing mortality and disease burden.

In the draft recommendation statement issued on July 7, 2020, the USPSTF recommended “annual screening for lung cancer with low-dose computed tomography (LDCT) in adults ages 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.” The Task Force further recommended that screening should “be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.” If finalized as proposed, this recommendation statement would appropriately expand on the current recommendation for “annual screening for lung cancer with low-dose computed tomography (LDCT) in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.”²

¹ <https://www.cdc.gov/cancer/lung/statistics/index.htm>

² <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/lung-cancer-screening>

The USPSTF proposal is commendable in that it expands the population which is eligible for lung cancer screening. This will lead to improved outcomes for thousands of patients a year and will reflect the significant amount of new research which has been published since issuance of the current recommendation statement. MITA strongly supports expanding the eligibility criteria for lung cancer screening.

MITA is concerned, however, about potentially arbitrary limitations on the eligible population in the USPSTF draft recommendation statement. The USPSTF continues to recommend a 15-year smoking cessation quit date and an upper age limit of 80 years. MITA strongly recommends that the smoking cessation quit date and the upper age limit cut-off be removed. The decision to prescribe lung cancer screening should be left to a patient and their physician who best understand the individual patient's personal health history and overall health status.

We further recommend that USPSTF consider real-world evidence, post-market surveillance data, as well as other well-designed research approaches and refine their recommendation statement to address additional populations of smokers who may be sufficiently at-risk to be included in the recommendation statement. Amending and refining risk-based guidelines for low dose CT screening to address population segments known to be at greater risk would improve the health outcomes for these groups.

Additionally, we are concerned that the USPSTF continues to place undue emphasis on what it considers to be the "harms" of lung cancer screening, including ionizing radiation exposure and detection of "incidental findings." The Task Force should recognize the significant improvements made over the last decade in radiation dose optimization in CT technology. In particular, modern CT systems comply with NEMA XR 29-2013 "Standard Attributes on CT Equipment Related to Dose Optimization and Management" which identifies the key features of CT scanner which contribute to or help perform optimization and or management of doses of ionizing radiation while still enabling the system to deliver the diagnostic image quality needed by the physician.

Regarding "incidental findings", we would like to point out that improved "incidentaloma" management techniques and standardized reporting processes (i.e. Lung-RADS³) have been promulgated and more discerning software tools have been developed, enabling physicians and patients to make informed decisions about appropriate care.

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³ <https://www.acr.org/Clinical-Resources/Reporting-and-Data-Systems/Lung-Rads>

MITA welcomes this opportunity to comment on the lung cancer screening draft recommendation statement. Please contact Peter Weems, Senior Director, Policy & Strategic Operations, at pweems@medicalimaging.org or (703) 841-3238 if MITA can be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Hope". The signature is fluid and cursive, with a large initial "P" and a long horizontal stroke at the end.

Patrick Hope
Executive Director, MITA

MITA is the collective voice of medical imaging equipment and radiopharmaceutical manufacturers, innovators and product developers. It represents companies whose sales comprise more than 90 percent of the global market for medical imaging technology. These technologies include: magnetic resonance imaging (MRI), medical X-Ray equipment, computed tomography (CT) scanners, ultrasound, nuclear imaging, radiopharmaceuticals, and imaging information systems. Advancements in medical imaging are transforming health care through earlier disease detection, less invasive procedures and more effective treatments. The industry is extremely important to American healthcare and noted for its continual drive for innovation, fast-as-possible product introduction cycles, complex technologies, and multifaceted supply chains. Individually and collectively, these attributes result in unique concerns as the industry strives toward the goal of providing patients with the safest, most advanced medical imaging currently available.