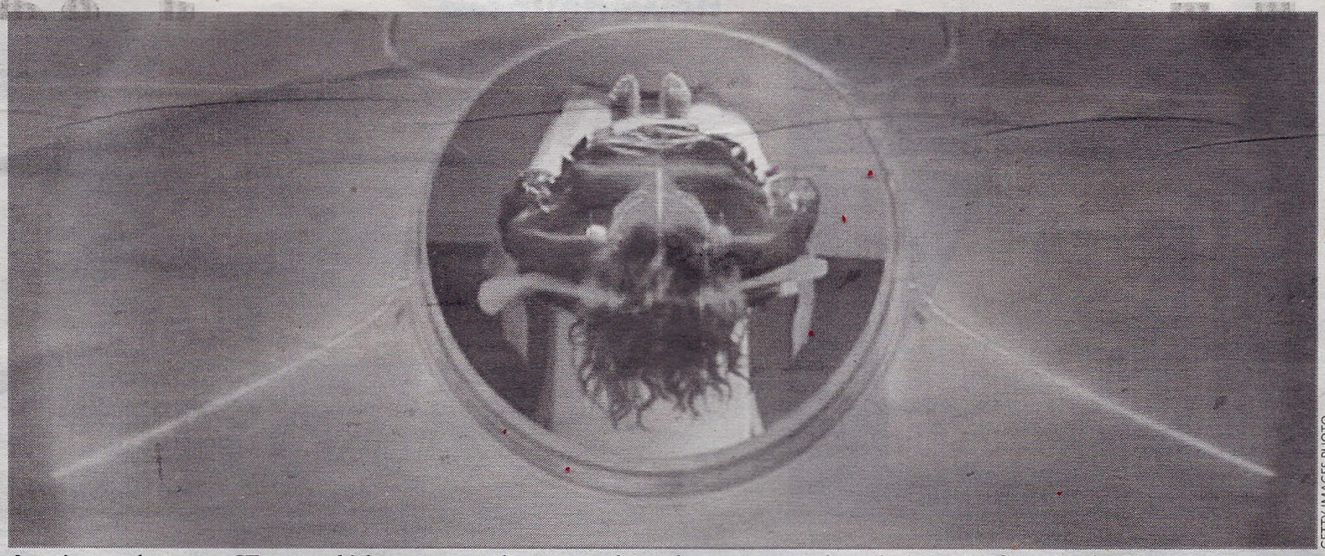

GETTY IMAGES PHOTO

A patient undergoes a CT scan, which new research says can detect lung cancer early, reducing mortality rates by 20 percent.

# Promise, problem

- **Lifesaving potential** of lung cancer CT scans hailed
- **But costs,** need for guidelines, may delay wide use

BY DELTHIA RICKS
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Doctors are poring over preliminary data from landmark research that demonstrated this week how CT scans can detect lung cancer early, reducing mortality the way other forms of screening have helped decrease death rates for breast, prostate and colorectal cancers.

Long Island doctors welcomed findings from the $250 million government project, which showed a 20 percent reduction in mortality through spiral, or helical, CT scanning.

But they could not say when their institutions would offer the test. They cited a range of obstacles, from a lack of formal screening guidelines to whether health insurers will start covering the scan, which costs about $300.

"CT screening is not yet recognized by insurance companies," said Dr. Thomas Bilfinger, Stony Brook University Medical Center's chief of thoracic surgery.

Neither government nor private insurers cover the scans for routine lung cancer screening, said Dr. Harold Varmus, director of the National Cancer Institute, which sponsored the CT-scanning research.

Mammography studies, also backed by the institute, show routine mammograms have helped reduce breast cancer mortality by a third since 1990. Insurers have paid for mammograms for nearly 30 years.

But the possibility of broad-scale lung cancer screening comes as some medical policy experts have begun questioning the costs of cancer screenings of all kinds, citing false positives and a host of other issues.

Without coverage for spiral CT, Bilfinger wonders whether many people would be able to foot the bill themselves.

Dr. Harry Raftopoulos, a medical oncologist at North Shore-LIJ's Monter Cancer Center, highlighted another concern: The lack of screening standards that go beyond protocols used in the study. Doctors, he said, need to know the best population group to be screened, a screening timetable and the most appropriate age groups.

"In the community, we have to have strict guidelines. How do you manage abnormal findings? In the study, 25 percent [of participants] had nodules in their lungs, but only 10 percent of those turned out to be actual cancers." He also worried about exposing patients to unnecessary biopsies.

Despite concerns, Bilfinger and Raftopoulos predicted their institutions would eventually develop CT screening protocols.

Dr. Gilbert Ross, medical director of the American Council on Science and Health in Manhattan, said prior to the new findings, he would not have recommended spiral CTs. Now, he thinks screening is a good idea.

Ross knows better than most about tobacco. He's a former smoker who said his history of cigarette use ran 25 years. He quit in 1990. "I have never personally had one of those screening CT scans," Ross said, adding that heavy or moderate smokers should think about screening.

Safety, however, is on the mind of Dr. Orlando Ortiz, chairman of Winthrop-University Hospital's radiology department. Even though the research project used low-dose scanning, that type of CT scanning isn't available everywhere. "I would like for them to do a little more data mining," he said of researchers who led the national study.

Still, his Winthrop colleague, Dr. Jeff Schneider, director of the lung cancer program, emphasized that good news only occasionally comes the way of people at risk of lung cancer.

"Lung cancer rarely has a high note to speak about," Schneider said. "This is groundbreaking. Basically, I think this is ready for prime time."

## One of the lucky ones

East Norwich lung cancer survivor Selma Rosen said the medical community should have realized the lifesaving benefits of CT screening years ago because people such as her are alive today.

Rosen, 66, said a small tumor was detected in 1995 after she had a CT scan for a benign lump in her neck. The lung cancer was found accidentally.

After surgery at a cancer center, she sought out doctors at New York-Presbyterian Hospital/Weill Cornell Medical Center, who posited as early as 1992 that CT screening for early lung cancer spared lives.

Rosen said 15 years of tests have not only provided her with peace of mind, but proof that lung cancer caught early is not a killer. "I am a long-term survivor, and that's thanks to screening."

She applauds the government study that proved screening reduces lung cancer mortality and noted her recent scans have shown no signs of the disease.

Selma Rosen's lung cancer was detected accidentally in a scan.

In 2001, Rosen and a few other local lung cancer survivors founded the Lung Cancer Society of Long Island, which supports CT screening. She is the only survivor of the original founders, she said, because tumors in the others were found too late. — DELTHIA RICKS