How Can We Encourage Insurance Companies To Do Routine CT Scans?

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Susan Leclair:
Okay. Do we have one from the audience here?

Leslie:
Hi. My name is Leslie Malinario. I am from Chicago—15 years ago, I got lung cancer. I was very fortunate. It was stage I. And I've been cancer free for all of these years. My father had lung cancer, 59, died at 60.

My mother had bone cancer. My question is I've been cancer free for 15 years, although I'm still very concerned that lung cancer is such a quiet killer that without knowing it, without some kind of checkup, you could be caring cancer. So when for every three years or four years, I would like a CT. and I approach my insurance carrier, which has been a very good one, but they deny—they deny the CT. I'll—I can get an—an X-ray. That they can give me yearly, but not a CT. and I'm wondering I don't think I'm the only one in this situation, because I'm wondering if there's a general view that, after you're 10 years out, you're not a risk anymore.

I think I've heard that. But I'm wondering if there's any work with insurance companies to make these exams possible.

Dr. DeCamp:
Well, I'll tackle that one. I think, yeah, we know that significant tobacco exposure is the number one risk factor for lung cancer. But, actually, the population and highest risk for lung cancer is someone who has previously had it. And the incidents and variety of publications varies between 1 and 3 percent per year. So you're 15 years out. If you linearize that, you know, there is, you know, 15 percent chance you'd have another one. I personally CT my patients with stage I disease forever and haven't had anybody denied if I put lung cancer in the diagnosis. So I'd be happy to chat with you after about that.

But I do see them for the first two years with CT every six months, and then years 3 to 5, once a year. And then when I get to the fifth year, I usually go every other year. There's a paper from my colleague's institution at Memorial [Sloan Kettering Cancer Center] in the last year or two that looked at their second lung cancers in a large series of patients. And the fact is that, if you do look for them, you find them in an actionable stage and can do important things to even fix that second lung cancer. So I—I would completely support that you ought to be—we'll use the word screened. But your population is probably more important to screen than even the heavy smokers.

Mary Ellen Hand:
And I would say we see the same. I think that the battle all of us have probably every day is with insurance companies about what's approved in terms of imaging, what's approved in terms of treatment. But if you're working under an umbrella of what's—you know, the guidelines exist, you should be able to get that.

And so whether it's a peer-to-peer review or something else, I mean, it's not a PET scan. It's a CT scan.

Dr. DeCamp:
But it may be as simple as who is ordering it and what indication they're putting on it. And if they put screening, and you don't fill in the – fit into the screening things, you're right. It's not going to get paid for unless you're a heavy smoker.

Dr. Paik:
That's right, yeah.

Susan Leclair:
I'd actually like to enlarge that a bit. Again, I'm—I'm not picking on you, Denise, but you had some wonderful quotes earlier about the fact that—that it's always in the back of your mind. You know, it doesn't matter how many times people say to you, "Everything is clean. Everything is clear. Go live your life. It's a wonderful thing." So Sarah, how do you attack that—the elephant in the room? Or in this particular instance, the elephant in the back of your head who is saying watch out, be careful, was that a cough? Did I just cough twice in one day? How do you handle that level of anxiety?

Sarah Rosenbloom:
And that's, I think, what it is, which is also very, very normal to feel that level of anxiety. And I think it's important to kind of distinguish, I guess, between a natural monitoring that everybody should have and hyper vigilance over any symptom that occurs. And you might know if you've got a pain in your toe, you might think it's bone metastasis. And, you know, anything can be very, very frightening.

And I think trying to minimize your overall level of anxiety is a really good first step towards that because, if you can kind of decrease your startle response, decrease all of your natural sort of intense reaction to those kinds of stimulants, I think that can really help you figure out what are real concerns, what are concerns that are real but less intrusive and less pressing, and how do I—how do I deal with them? I think one of the most important things is exactly what this woman mentioned, which is I'm going to seek out information, and I'm going to continue to get screening and support medically. And you know, as everyone here agreed, that's an important thing, an important first step.