

# POPULATION SCIENCE

## Better Accessibility to Lung Cancer Screening Will Be a ‘Game-Changer’

by Tony Astran

During the signing of a [landmark New York State bill](#) to improve access to lung cancer screenings, **Dr. Mary Reid** [looked positively ebullient](#) just feet away from the right side of Governor Kathy Hochul. As chief of cancer screening, survivorship and mentorship at Roswell Park Comprehensive Cancer Center, Dr. Reid had every reason to smile.



“This bill will prove to be a game-changer for lung cancer outcomes,” she said. “It will help so many more eligible people gain access to screenings.”

The newly signed bill will require health insurance policies to provide coverage for follow-up screening or diagnostic services for lung cancer and prevent insurance policies from imposing cost-sharing for those services. According to Dr. Reid, only 13 to 18 percent of eligible New York State residents currently get screened for lung cancer.

“For those who do go through lung cancer screening, co-pays for multiple follow-up visits create a financial burden,” she added.



unit and more robust [community collaborations](#) with primary care providers, survivorship is improving.

“The death rate from lung cancer in Western New York is on track to be down another 30 percent from current rates by 2030,” said Dr. Reid. “The more commonplace lung cancer screening becomes, the more lives we will save and the more communities we will improve.”

According to Dr. Reid, 51 percent of lung cancer screenings at Roswell Park this past year were considered early detection, which greatly increases survival rates and improves the quality of life for patients. Early detection and the removal of nodules can mean little to no chemotherapy or radiation in future years.

A secondary benefit of increased lung cancer screenings is financial. Dr. Reid believes better access will generate cost-savings for New York State and for patients themselves.

“Without screening, 70 to 80 percent of diagnosed lung cancers are late-stage, which costs \$150,000 a year to treat – potentially 10 times more expensive compared to catching and treating lung cancer early” she said. “We could potentially save \$75 million in New York State costs for Medicaid each year by implementing early screenings. Early and quicker treatment also leads to continued workforce productivity, creating a positive ripple effect for the economy.”

Dr. Reid hopes the landmark bill is just the start of improved lung cancer screening accessibility locally, statewide, and even nationally. She is already thinking ahead to tackle the next related challenge: eligibility criteria.

“The current criteria for lung cancer screening are to be at least 50 years old and currently use tobacco products, but this misses potentially half of lung cancers,” she said. “Some people with lung cancer have never smoked, lived in a polluted environment, or became tobacco-free many years ago.”

At the current moment, Dr. Reid understands lung cancer and commercial tobacco product use are still highly correlated. That’s why she believes lung cancer screenings provide opportunities for healthcare professionals to discuss [cessation](#).

“There’s a stigma that many cases of lung cancer are self-induced as a result of smoking,” Dr. Reid said. “The bottom line is no one deserves cancer, no matter what life choices they made.”

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*[View Dr. Reid’s bio.](#)*