Bioengineering (NIBIB). In this testimony I will briefly describe four examples of how robust NIH funding has improved radiology patient care.

ACR has historically been a leader in the radiology clinical trial space, helping to develop and implement new prevention, diagnosis, and treatment approaches at a faster pace for a variety of diseases and disorders. One of the most successful examples of advancing imaging practices through clinical research is the ACR-led National Lung Screening Trial (NLST). NLST was conducted by the American College of Radiology Imaging Network, a medical imaging research network focused on the conduct of multicenter imaging clinical trials, and the Lung Screening Study group established by the NCI to examine the feasibility of improving survival of lung cancer patients.[1]

The NLST study compared two ways of detecting lung cancer: low-dose computed tomography (CT), and standard chest X-ray. The study found that participants who received low-dose CT scans had a 15 to 20 percent lower chance of dying from lung cancer than participants who received standard chest X-rays. The NLST study confirmed that screening with the use of low-dose CT reduces mortality from lung cancer, confirming the effectiveness of imaging for patients at risk for lung cancer. Thanks to the NLST study, low dose CT screening for lung cancer is now a widely available and critical tool in the early diagnosis of this deadly disease, helping to save thousands of lives each year.

Heart disease is the leading cause of death in the United States, accounting for 1 in every 5 deaths in 2020.

morbidity and mortality of women who develop breast cancer. TMIST is a multi-faceted study that uses integrated diagnostics to attempt to

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