

Congress of the United States
Washington, DC 20515

January 17, 2012

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue Southwest
Washington, D.C. 20201

Dear Secretary Sebelius,

As Co-Chairs of the Prostate Cancer Task Force, we write to express our concerns over the United States Preventive Services Task Force's (USPSTF) recent draft recommendations on the use of the prostate-specific antigen (PSA) test for the early detection of prostate cancer, which was issued on October 7, 2011. We request that you explain and reexamine the draft recommendation laid out by the USPSTF, which advocates against the use of the PSA Test.

The USPSTF has recommended the downgrading of the PSA test to a "D" rating, which essentially discourages the use of this important service by telling patients "there is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits." This recommendation concerns us, as the PSA test, which the USPSTF deems unnecessary, is credited with saving the lives of thousands of men across our country.

Particularly, the USPSTF's recommendation will potentially negatively affect the three highest at-risk groups for developing prostate cancer: African Americans, men with a family history of prostate cancer, and veterans exposed to Agent Orange. The current statistics state that one in five African American men will be diagnosed with prostate cancer and that both men with a family history of prostate cancer and soldiers exposed to Agent Orange, especially Vietnam Veterans, face a two times greater risk of developing prostate cancer.

The USPSTF is also recommending that PSA screenings only be used when prostate cancer symptoms are apparent. However, when those symptoms are obvious, the disease has already reached an aggressive state, ultimately lowering the rate of survival. Using the PSA test before symptoms are apparent will catch early-stage prostate cancer, as opposed to late-stage prostate cancer, greatly increasing a man's chance of survival.¹

If the USPSTF's recommendation is adopted, this may send the wrong message to men across America. It may discourage men from asking their physicians about a PSA test and may influence the way physicians practice medicine. Physicians may soon decide not to include PSA screenings in their physical exams, and already, there are reports that some health care plans are

¹ Kathy Cronin, Ph.D. MPH and Angela Mariotto, Ph.D. "Understanding Prostate Cancer Disparities through NCI SEER Data." 7th Annual African American Prostate Cancer Disparity Summit. Washington, D.C. September, 2001. Conference Presentation.

dropping coverage of the PSA test to patients who do NOT exhibit obvious signs of prostate cancer.

Lastly, the USPSTF's final recommendation regarding prostate cancer screenings could affect future coverage of the PSA test under Medicare. The Department of Health and Human Services (HHS) has the discretion to modify or eliminate coverage for the PSA test and categorize the PSA test as non-diagnostic based on the Task Force's recommendations. If the PSA test were to have its classification changed from diagnostic to non-diagnostic, HHS would have the ability to eliminate coverage for this screening under Medicare. Further, if the PSA test is NOT included in the Affordable Care Act's basic prevention package, then states would have to foot the bill for this service. This could potentially result in states also dropping coverage of the PSA test.

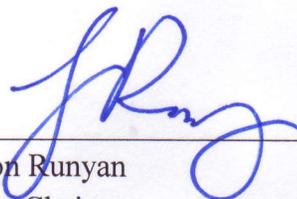
Prostate cancer is a disease that not only affects men, but also their families. Early detection has already helped men combat the disease and will continue to do so as long as educational awareness and screenings are made available. We ask that you please reexamine the recommendation and evidence brought forth by the USPSTF and evaluate the many benefits PSA screenings provide for men and their families.

Your staff may contact Kara Webster (Kara.Webster@mail.house.gov) with Congressman Jon Runyan's office at 202-225-4765 or Amber Aviles (Amber.Aviles@mail.house.gov) with Congressman Joe Baca's office at 202-225-6161 if we can be of any additional assistance.

Sincerely,



Joe Baca
Co-Chair
Prostate Cancer Task Force



Jon Runyan
Co-Chair
Prostate Cancer Task Force