



December 20, 2021

U.S. Preventive Services Task Force
Attn: Chairwoman Dr. Davidson
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Dear Dr. Davidson,

The Cancer Early Detection Alliance (CEDA) applauds the United States Preventive Services Task Force's (USPSTF) recent announcement to address healthcare disparities in their evidence-based recommendations about clinical preventive services. The proposed updates to USPSTF's methodology to reduce systemic racism and increase gender inclusivity have the potential to greatly improve access to cancer screening for historically marginalized populations.

CEDA consists of national organizations representing a diverse group of stakeholders, including patient advocacy organizations, healthcare professional societies, and industry leaders, all of whom have significant expertise in cancer care and early detection. CEDA's mission is to promote and expand access to quality, equitable early cancer detection and care, with a specific focus on reaching underserved communities and addressing racial and ethnic disparities. We seek to engage patients, providers, and other allies to promote legislation and regulation for the early detection of cancer, remove barriers to cancer care, and support and advance targeted and meaningful funding opportunities geared toward early detection.

We write today to share our support for USPSTF's proposal to implement an iterative approach to transform its methodology. At the same time, we urge the Task Force to extend these measures beyond its pilot programs as soon as possible so that the impact of these updates can be felt more broadly by all patients.

The processes that USPSTF has proposed to combat systemic racism in clinical preventive service recommendations, including consideration of health equity as a key component of topic prioritization, are critical steps to improving equitable access to cancer screening. CEDA appreciates USPSTF's acknowledgement that unequal implementation of preventive services is a key driver of health inequities and supports the proposal to incorporate evidence on the reach and delivery of clinical preventive services, including implementation outcomes. We caution the USPSTF not to allow gaps in evidence to limit access to existing screening tools, especially for disproportionately impacted groups and underserved populations, in the time it takes to conduct new research. The

Task Force must be cognizant of the impact of its recommendations on access to and utilization of clinical preventive services and protect disproportionately impacted populations from unintended consequences in the implementation of any new methodology. Evaluating preventive cancer screening recommendations in the context of racial disparities in both cancer risk and effectiveness of interventions will provide important opportunities to address critical evidence gaps, enhance the impact of early cancer screening tools, and improve access to care.

We also support USPSTF's commitment to assess evidence through a sex and gender lens and identify gaps in research related to gender and sex. Little is known about how gender non-conforming or transgender individuals are impacted by early cancer screening, but perceived and real discrimination by medical professionals impacts how individuals seek medical care, including regular and recommended cancer screenings.¹ By identifying evidence gaps and understanding sex differences in cancer screening and outcomes, we can help to better target cancer prevention efforts for specific populations.² USPSTF's inclusive and specific approach represents important progress and is the first step in ensuring equitable and accessible cancer screening options are made available to all individuals.

We commend USPSTF for initiating these important updates to its recommendation process to address disparities in preventive healthcare, and we eagerly await their expansion beyond a pilot program. While we acknowledge that transforming the USPSTF methodology to address systemic racism, sex, and gender is both time- and resource-intensive, these efforts have the potential to dramatically improve access to cancer screening and improve health outcomes when applied broadly. We look forward to working with you as you continue to move towards addressing disparities in cancer prevention.

Please contact Peggy Tighe at Peggy.Tighe@PowersLaw.com or Taryn Couture at Taryn.Couture@PowersLaw.com if you have any questions.

Sincerely,

CEDA

◆ *American Urological Association* ◆ *Colon Cancer Coalition* ◆ *Freenome* ◆ *Guardant* ◆ *Prevent Cancer Foundation* ◆ *LUNgevity* ◆ *ZERO - The End of Prostate Cancer*

¹ <https://ascopost.com/issues/december-25-2020/reducing-disparities-in-cancer-care-for-sexual-and-gender-minority-patients/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7719817/>