



August 10, 2022

The Honorable Rosa L. DeLauro
Chair
House Appropriations Committee and
Appropriations Subcommittee on Labor, HHS-
Education
Washington, DC 20515

The Honorable Kay Granger
Ranking Member
House Appropriations Committee
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
Subcommittee on Labor, HHS-Education
Appropriations Committee
United States House
Washington, DC 20515

Dear Chair DeLauro and Ranking Members Granger and Cole:

The Cancer Early Detection Alliance (CEDA) writes to you today in support of the House Labor, Health and Human Services, Education, and Related Agencies (LHHS) Fiscal Year 2023 Appropriations Bill and accompanying Report that supports innovation to and improvements of cancer early detection innovation and implementation through meaningful increases in funding levels and requests for further information. We support efforts to advance and improve innovation in early cancer screening by several agencies including the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), and the U.S Preventive Services Task Force (USPSTF).

About CEDA

CEDA represents a diverse group of national organizations including patient advocacy organizations, healthcare professional societies, and industry leaders, all with 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.

FY 2023 Line and Report Language Requests

CEDA supports funding increases that will advance efforts to improve cancer screening, which is particularly crucial as we assess the impact of COVID-19 on cancer early detection. The American Cancer Society estimates that in 2020 alone there was an estimated 9.4 million



missed cancer screening tests across the United States.¹ Pandemic-related delays in the diagnosis and treatment of various forms of cancer will lead to unnecessary deaths over the next decade. This next fiscal year will be crucial for supporting and investigating how to improve cancer screening.

We write to thank you for including following key provisions on cancer screening in the House LHHS FY 2023 budget and report.

Cancer Moonshot Funds

CEDA is supportive of the Administration's efforts to revitalize the Cancer Moonshot and its mission to reduce the death rate from cancer by at least 50 percent over the next 25 years to improve the experience of people and their families living with and surviving cancer. Cancer screening will play a critical role in achieving this mission. We are supportive of increased funding for efforts to research and implement new cancer screening technologies that will help to identify cancer at an earlier stage and improve outcomes. We are supportive of the following funding increases and transfers for this purpose:

CDC, Cancer Prevention and Control

LHHS appropriations line item: an increase of \$32,250,000 in support of the Administration's inclusion of CDC in the Cancer Moonshot initiative, recognizing the importance of public health efforts in cancer prevention, screening, early detection, and reducing disparities in quality of care.

National Institutes of Health (NIH), National Cancer Institute (NCI)

The Committee directs NIH to transfer \$216,000,000 from the NIH Innovation Account to NCI to support the Cancer Moonshot initiative.

USPSTF

As you know, USPSTF plays an important role in patient access to cancer screening because it makes recommendations that directly influence coverage of preventive services by Medicaid, Medicare, and private insurance. However, CEDA is concerned that the current USPSTF process creates regulatory hurdles that slows the timeline for patient access to crucial and innovative cancer screening tools. USPSTF aims to review and update existing cancer screening recommendations every five years, but multi-year delays are common. With rapid developments in biomedical research and new technologies, the current USPSTF five-year update cycle can lead to a significant lag in the adoption of a new, promising screening technology.

¹ Joung, RH et al. "A national quality improvement study identifying and addressing cancer screening deficits due to the COVID-19 pandemic." ACS Journals (2022).

<https://acsjournals.onlinelibrary.wiley.com/doi/full/10.1002/cncr.34157>
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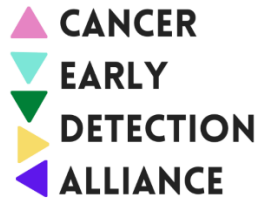
Further, USPSTF's review and recommendation process should be more transparent and responsive to all relevant stakeholders, especially patients and providers. For example, in 2012, USPSTF issued a recommendation against routine prostate-specific antigen (PSA)-based prostate cancer screening for healthy men without engaging urologists and other medical specialists. To ensure that USPSTF is accountable and responsive to stakeholders, the review and recommendation process must be updated.

The House LHHS FY 2022 report included language that highlighted several concerns and recommendations for improving the USPSTF process, including more timely recommendations, greater transparency and public comment periods, engagement of experts, and incorporation of additional evidence types to advance health equity. CEDA agrees with these concerns and recommendations and would like to see further action taken by USPSTF. As such, we are supportive of the FY 2023 LHHS Report language that re-emphasizes last year's suggestions for improvements to the USPSTF.

Agency for Healthcare Research and Quality (AHRQ), United States Preventive Services Task Force (USPSTF)

In fiscal year 2022, the Committee expressed its initial concerns about significant deficiencies in the process and structure of the USPSTF, as illustrated by its recommendations concerning screening mammography and cervical cancer screening. The Committee addressed the need for comprehensive USPSTF reform to ensure that its recommendations further public health for all Americans and address health inequities by outlining several recommendations. Within 120 days of enactment of this Act, the Committee requests an update from USPSTF on its implementation of the recommendations identified to reform its process for developing recommendations. The Committee also is concerned about the ability of the USPSTF to keep pace with medical innovation. Emerging and innovative screening modalities can further public health for all Americans and address health inequities by increasing access to and compliance with USPSTF recommended screenings. The Committee encourages USPSTF to utilize the Early Topic Update process described in the USPSTF procedure manual to review a recommendation on an enhanced timeframe upon a showing of new evidence. The Committee also encourages USPSTF to prioritize review of any new screening test or preventive medication approved or cleared by the FDA that is a preventive strategy or modality pertaining to but not included in a previous Task Force recommendation. In addition to prioritization, the Committee encourages the Task Force to act on such prioritization in a timely manner. Within 120 days of enactment of this Act, the Committee requests an update from USPSTF on its use of the Early Topic Update process.

Now, more than ever, robust funding to support early cancer screening is needed as we look to address the impacts of COVID-19 on cancer screening and mortality. Thank you for the work you have already done to include language and funding that is supportive of cancer early detection. We look forward to working with you as the appropriations process moves forward.



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

Sincerely,
CEDA

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