August 10, 2022

The Cancer Early Detection Alliance (CEDA) writes to you today in support of the Senate 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. 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.

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We write to support the following key provisions on cancer screening in the Senate 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 and 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 line item for this purpose:

*The Committee includes an increase of $10,000,000 to advance the goals of the Cancer Moonshot Initiative through CDC’s cancer prevention, early detection and treatment, survivor support, and health equity activities. CDC is urged to use a portion of this increase to expand evidence-based cancer survivorship programs by State health departments in partnership with community-based organizations.*

**USPSTF**
As you know, USPSTF plays an important role in patient access to cancer screening because they make 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.

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. As such, we are supportive of the FY 2023 LHHS Report language that highlights improvements to the USPSTF process.

**Agency for Healthcare Research and Quality (AHRQ), Medical Innovations**
*The Committee encourages the U.S. Preventive Services Task Force [USPSTF] to keep pace with medical innovation. Emerging and innovative screening modalities can further public*
health for all Americans and address health inequities by improving timely 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.

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