CANCER EARLY DETECTION ALLIANCE

July 13, 2022

President Joseph R. Biden
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear President Biden:

The Cancer Early Detection Alliance (CEDA) applauds the Administration's efforts to relaunch the Cancer Moonshot initiative with the ambitious goal of reducing the death rate from cancer by at least 50 percent over the next 25 years. We especially appreciate your Call to Action on Cancer Screening outlining a whole-of-government-approach to meet this challenge. We write today to share our vision for improving early cancer detection by increasing access to cancer screening tools, particularly for underserved and minority populations.

CEDA consists of national organizations representing a diverse group of stakeholders, 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.

Early cancer detection plays such a critical role in reducing cancer deaths in the United States, identifying cancer at an early stage often allows for life-saving interventions. We encourage the Administration to support the use and uptake of cancer screening tools by removing barriers that limit patient access to innovative cancer screening technologies. We call your attention to the role the United States Preventive Services Task Force (USPSTF) plays in facilitating access to these screenings.

As you know, the USPSTF operates as an independent, volunteer panel of national experts that issue evidence-based recommendations for clinical preventive services Americans should receive. All individual and group health plans must cover clinical preventive services that receive an A or B rating from the USPSTF with $0 cost-sharing for patients. The Agency for Healthcare Research and Quality (AHRQ), which oversees the USPSTF, has broad regulatory authority to make needed changes to the Task Force.

Under current law, the USPSTF is required to comply with a five-year review cycle for issuing recommendation updates, but they often fail to meet this timeline. While other guideline

developers have shifted toward more frequent real-time updates, the slower cadence of USPSTF updates does not keep pace with scientific and clinical innovation. With such an extensive time gap between recommendations, new interventions and technologies with the potential to dramatically change cancer outcomes are inaccessible to most patients.

In addition, the current process for reviewing scientific information to inform these recommendations has exposed research gaps that impact underserved communities. In your Call to Action, you highlight the importance of increasing access to and compliance with recommended cancer screenings and asked the private sector to step up to develop and test new screening modalities and treatments. Several companies have promising cancer screening technologies that are likely to be reviewed by the Food and Drug Administration (FDA) within the next few years. Unfortunately, these technologies must wait for USPSTF to recommend them – which could be years after FDA approval.

As new and more accessible screening technologies become available, the timeliness of USPSTF recommendations may become the limiting factor for when these innovations reach the broadest range of patients. While the Task Force members have the ultimate say in what is included in a final USPSTF recommendation, AHRQ has used its authority to direct the process and timelines by which the Task Force selects, reviews, updates, and finalizes topics for review. CEDA encourages AHRQ to use their authority to encourage a timeline that is responsive to the introduction of new interventions and technologies

Furthermore, USPSTF reviews evidence for preventive measures in a rather insular process. While members of the public can submit requests for review and comments on draft research plans and evidence reviews through the USPSTF website, there is no requirement in the operating manual that the Task Force respond to comments that are submitted by the public. There is also limited, if any, visibility into who submits what comments and what conflicts they may have. To enhance the transparency of decisions, CEDA encourages AHRQ to use its authority to review and publicly respond to comments in a process in the Federal Register akin to the rulemaking process followed by other agencies.

USPSTF can also improve transparency and support stakeholder engagement by working to engage stakeholder groups that are relevant to the preventive measure being reviewed. As USPSTF consists of only 16 it is impossible to have an expert for every preventive measure reviewed by the Task Force. To improve stakeholder engagement, CEDA encourages AHRQ to require that USPSTF establish a stakeholder panel of specialist clinicians who are experts in their relevant fields.

Regulatory inefficiencies should not prevent Americans from accessing proven life-saving technologies. We encourage the Administration to update the USPSTF procedures to refine its evidence review and development process, give the Task Force the ability to take early action in response to new scientific and clinical evidence, and improve data collection efforts to better address transparency in its evidence review and recommendations. These improvements would

better leverage private sector innovation and ensure patients have increased access to needed cancer screenings.

Sincerely,

American Osteopathic Association ♦ *American Urological Association* ♦ *Colon Cancer Coalition* ♦ *Freenome* ♦ *Guardant* ♦ *Ovarian Cancer Research Fund Alliance* ♦ *Prevent Cancer Foundation* ♦ *LUNGevity* ♦ *ZERO - The End of Prostate Cancer*

CC: Dr. Alondra Nelson

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