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The Honorable Kathleen Sebelius
Secretary
United States Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Dear Secretary Sebelius:

In November 2010, the National Lung Cancer Screening Trial (NLST) -- the largest and most expensive cancer randomized controlled trial ever conducted by the National Cancer Institute (NCI) -- provided conclusive evidence that CT screening can diagnose lung cancer at its earliest, most curable stage and significantly reduce deaths.

Lung cancer is the leading cause of all cancer deaths, taking more lives each year than breast, prostate, colon and pancreatic cancers combined. Its 5-year survival rate of 15% has changed little in the past forty years. Without screening, the majority of lung cancers will continue to be diagnosed at a late stage, when treatment options are extremely expensive and ultimately futile in almost all cases.

Currently lung cancer is the leading cause of cancer costs under Medicare by every economic metric. Screening will shift the time of diagnosis to a younger, commercially insured population at early stage when treatments are far more successful and half the cost of late stage treatments.

Given its proven lifesaving benefit and cost effectiveness, we are concerned that two and a half years after the scientific validation of lung cancer screening by the NLST, the U.S. Preventive Services Task Force (USPSTF) has still not issued its recommendation. The USPSTF's authority has been greatly expanded by the Affordable Care Act. Today, it determines not only what preventive services will be covered by Medicare and Medicaid, but which services will be considered as an Essential Health Benefit. Preventive services receiving less than an A or B recommendation are not required to be covered by the health plans offered through the state and federal health care exchanges. The USPSTF's delay in making this recommendation is a de facto denial of coverage now.

The delays in USPSTF's recommendations regarding lung cancer screening are indicative of a broader systemic challenge -- the lack of consistency, transparency and oversight in light of USPSTF's expanded authority. The credibility of the nation's health care system is more dependent than ever on the public's trust in our government's work.

I urge you to exercise your authority under ACA to intervene and to insist that USPSTF meet its previous pledges to Congress that it will act more efficiently, consistently and transparently.