

**Congress of the United States**  
**Washington, DC 20515**

November 7, 2011

The Honorable Kathleen Sebelius  
Secretary  
United States Department of Health  
and Human Services  
200 Independence Avenue Southwest  
Washington, D.C. 20201

Dear Secretary Sebelius:

We write to express our strong concern with the draft recommendation released by the United States Preventive Task Force (USPSTF) on October 7, 2011 that healthy men should not receive a blood test to screen for prostate cancer. For tens of thousands of American men over age 50 who rely on Medicare coverage, the choice to have a single blood test can mean the difference between living out their golden years with an opportunity for good health or enduring the curse of prostate cancer.

Should the Task Force finalize its recommendation regarding this crucial test without changes, Medicare's coverage of the P.S.A. test for millions of American men will be at risk. A doctor uses the P.S.A. test result in order to inform a recommendation for a course of action for the patient. Depriving a physician of that crucial information removes the ability of the doctor to make the best decision possible.

One in six men will be diagnosed with the disease during their lifetimes and more than 30,000 American men still die from it annually. The disease is especially deadly for three groups: African American men, those with a family history of the disease and men over age 65. Moreover, there is substantial evidence which shows that screening helps catch the presence of prostate cancer early. The test saves lives.

In its draft recommendation, the USPSTF claims that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75, and thus recommends against the test in otherwise healthy men. However, the panel's recommendations are based primarily on studies, some of which bear conclusions which are disputed by experts. For example, some of the studies were short-term which ignores the fact that prostate cancer is a slow-growing disease that may often take a decade or more to become lethal.

Though the P.S.A. test is one of the best tools available to assess risk for the disease, we recognize its limitations. An individual who tests positive for elevated levels of prostate specific antigen will not necessarily develop full-blown prostate cancer. There are recognized consequences to overuse of P.S.A. test which include unnecessary medical procedures which carry their own risk.

However the consequences of failing to cover the test are also potentially dire. Cost will take on an outsized role in the decision about whether a man should take the P.S.A. test, increasing the likelihood that the doctor will be denied the full complement of information needed to make the best possible

decision for the patient's individual circumstances. The decisions to use the P.S.A. test should be left in the hands of the doctor and the patient, not the USPSTF.

Until a more effective tool for detection of prostate cancer is developed, the P.S.A. test is among the best we have. Its elimination from the standard practice of physicians could have a strongly detrimental effect on public health. We urge you to maintain current coverage of the test by Medicare.

Sincerely,

Dennis J. Kucinich Paul Young Don Burton

Charles Stacks on Wm. Lantieri T. Hill

John Longmire Joe Poca Blam Smith

Donald M. Payne Steve Cohen Melanie Walker

Charles B. Rangel Yvette D. Clarke Miree Stepanovich

J. Roy Janet Hubert Mazie Hirono

Randy Neugebauer Raul M. Grijalva Nehal D. Mehta

Bill Posey <sup>VA 11th</sup> ~~Bill Posey~~ <sup>11-7</sup> Dan K. Davis

Marsha Buchanan ~~Marsha Buchanan~~ David Price

David Scott Jim Moran <sup>11-7</sup> Chuck Jackson Lee

Frank R. Woy Admiral B. Adair Ernie L. Engel

Alvin ~~Alvin~~ ~~Alvin~~ ~~Alvin~~ ~~Alvin~~

Louise Lane <sup>11-7</sup> ~~Louise Lane~~ <sup>11-7</sup> ~~Louise Lane~~

R <sup>11-7</sup> ~~R~~ <sup>11-7</sup> ~~R~~ <sup>11-7</sup> ~~R~~

~~Thompson~~ ~~Thompson~~