THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 14, 2012

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter regarding the U.S. Preventive Services Task Force's (Task Force) draft recommendation on prostate–specific antigen (PSA) based screening for prostate cancer. I appreciate your taking the time to share your concerns for the men and families who have suffered with prostate cancer, as well as men who are at risk of developing prostate cancer.

As you are aware, this Task Force is an independent panel of non-federal, volunteer experts, most of whom are practicing clinicians whose focus and expertise are screening and prevention. The Task Force develops evidence-based recommendations on clinical preventive services to inform America's primary care professionals and the patients and families that they serve. The recommendations provide valuable guidance to the health care community and the American people.

The Task Force recognizes that each of its recommendations may have an impact on individual patients, primary care clinicians, and clinical practice overall. As such, the Task Force undertakes a rigorous process for gathering and reviewing evidence, developing recommendations, and engaging experts and stakeholders in the review of its work. The Task Force bases all recommendations on a systematic review of published medical evidence; cost is not a factor in the Task Force's recommendations.

In your letter, you noted that the Task Force evaluated five studies. In its recent update of the evidence on screening for prostate cancer, the Task Force reviewed more than 8,000 article abstracts discussing screening or treatment for prostate cancer including 5 clinical trials of screening, 14 cohort studies, and 2 clinical trials on treatment. The evidence review used by the Task Force was peer-reviewed by experts in the field, including urologists.

In making its draft recommendation, the Task Force weighed the potential benefits and harms of screening and concluded that scientific evidence does not support the common perception that PSA-based early detection of prostate cancer reduces deaths from prostate cancer or prolongs lives. According to the evidence, most men who are treated for PSA-detected localized prostate cancer will receive no benefit from treatment, while a few will die, and some will have serious complications of treatment including impotence and/or incontinence.

The members of the Task Force are committed to increasing the transparency of all of their processes and to engaging the public in the development of their evidence-based

recommendations. As a result, the Task Force posted its draft recommendation on screening for prostate cancer for six weeks, starting in October 2011, and invited the public to review the evidence and provide comment on whether the Task Force assessed the evidence accurately and fairly, and whether their draft recommendation could be improved. I recognize your concern that the Task Force may lack sufficient scientific evidence on African American men and other high risk groups in making its recommendation, and I have encouraged the Task Force to include a specific explanation of their decision regarding high risk groups as they finalize their recommendation in response to the public comments.

I also recognize your concern that the final recommendation on screening for prostate cancer could affect coverage of PSA tests. While the Department has discretion to modify or eliminate Medicare coverage for the PSA test based on the Task Force's recommendation, I do not intend to propose any changes to Medicare coverage of this screening test at this time. With respect to private plans, the Affordable Care Act permits plans or issuers to provide coverage for services in addition to those recommended by the Task Force. Plans and issuers can therefore opt to continue covering PSA screening.

I believe the most important lesson from the work of this Task Force is that the men and families of our nation deserve better and more effective screening tests and treatments for prostate cancer. I am pleased that the National Cancer Institute is engaged in research to improve prostate cancer screening and treatment methods. It is my hope that in the future we will discover new, more effective tests and safer treatments.

Again, thank you for sharing your concerns about recommendations related to prostate cancer screening. I appreciate your leadership on this important issue and look forward to continuing our work to improve the health of all Americans. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide a copy of this letter to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

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