THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGT0N, D.C. 20201

February 14, 2012

The Honorable Jon Runyran
U.S. House of Representatives
Washington, DC 20515

Dear Representative Runyran:

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 with me about the evidence base used to support the Task Force's recommendation.

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 impact 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.

In its recent update of the evidence on screening for prostate cancer, the Task Force reviewed more than 8,000 abstracts of articles discussing screening or treatment for prostate cancer, including 5 clinical trials of screening, 14 cohort studies, and 2 clinical trials on treatment. The evidence reviews used by the Task Force were peer-reviewed by experts in the field, including urologists.

The members of the Task Force are committed to increasing the transparency of their processes and engaging the public in the development of their evidence-based recommendations. The Task Force posted its draft recommendation on screening for prostate cancer for public comment for six weeks, starting in October 2011, and invited the public to review the evidence for accuracy and fairness. I recognize your concern regarding the scientific evidence on African American men and other high risk groups, and I have encouraged the Task Force to include a specific explanation of their decision regarding African American men and other high risk groups as they finalize their recommendation.

I recognize your concern that the Task Force's final recommendation on screening for prostate cancer could affect coverage of PSA tests under Medicare. While the Department has discretion

to modify or eliminate coverage for the PSA test based on the Task Force's recommendation, I do not intend to eliminate coverage of this screening test under Medicare 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. 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 response to the cosigner of your letter.

Sincerely,

(signed)

Kathleen Sebelius