



November 29, 2016

The Honorable Joseph Pitts
420 Cannon House Office Building
Washington, DC 20515

The Honorable Gene Green
2470 Rayburn House Office Building
Washington, DC 20515

Dear Chairman Pitts and Ranking Member Green,

The National Breast Cancer Coalition (NBCC) is a grassroots advocacy organization that links hundreds of groups and thousands of individuals from across the country into a dynamic, diverse coalition that gives breast cancer a meaningful voice in laboratories, health care institutions, and in local communities everywhere. Our mission is to end breast cancer through the power of action and advocacy. We support evidence based approaches to all areas of breast cancer. NBCC trains advocates to understand the process, concepts and language of scientific research. In addition, the coalition analyzes scientific information for our members and the general public from the perspective of lay advocates. We support evidence based approaches to health care and policy.

Today, I write on behalf of NBCC, out of concern for the proposed changes to the United States Preventive Services Task Force (USPSTF) that would result from passage of H.R. 1151, USPSTF Transparency and Accountability Act of 2015. We support the current process and makeup of the Task Force. It serves as a respected and objective voice that brings scientific expertise to health care without political or financial conflicts of interest. It is important to recognize that the USPSTF is responsible for analyzing and reporting on public health matters. Their primary concerns are directed towards reducing deaths from preventable disease in healthy populations, and they must have the appropriate expertise to fulfill this mission. These skills are embodied in the perspective and expertise of primary care physicians, epidemiologists, and methodologists. They possess the specialized training in analysis and interpretation of clinical trials results to assess the benefits and harms of these services. Specific disease specialists focus best on diagnosing and treating their individual patients facing a particular disease such as cancer, and providing expert input to the complex analytic work of the USPSTF. Their participation on the Task Force could unduly bias this important public health process.

Key points on the benefits of the current structure of the USPSTF include:

1. Throughout the development of recommendations and guidelines, the Task Force has a highly transparent process for engaging the public, clinical and research communities. The USPSTF has established a process with numerous opportunities for stakeholders- including specialty experts and consumers- to provide input, peer reviews and public comment. In addition, media

engagement is also outlined in the extensive Procedure Manual for USPSTF in an effort to reach a wider audience and further encourage community engagement.

2. Transparency and accountability are at the forefront throughout the USPSTF process. Currently, the USPSTF publishes its draft research plans to guide its review of scientific evidence relating to the effectiveness of preventive services. The Task Force requires that the draft research plan be posted on its website for 4 weeks for public comment. All of the public comment statements are shared with the full membership of the Task Force. Similarly the Task Force shares its evidence reviews, research statements and draft recommendation statements for public comment.
3. There is an established and methodical process for grading preventive care set forth by the Task Force. The Task Force uses a grading system of A, B, C, D and I. It periodically refines that system; this occurred most recently in 2014. The definitions of the grading designations currently used by the USPSTF are listed below:

A- The USPSTF recommends the service. There is high certainty that the net benefit is substantial.

B – The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.

C –The USPSTF recommends against routinely providing X service for Y population. There may be considerations that support providing the service in an individual patient. (This statement has been changed the most).

D – The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.

I – The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality or conflicting, and the balance of benefits and harms cannot be determined.

The new recommendation statement which was updated in 2014 includes 9 sections and responds to a variety of clinician needs. This includes making the documents user friendly; in particular, the new Clinician One Page Summary was developed in response to clinician feedback. Other changes include standardization of the format of the summary statement to clarify what service is recommended in which population, new language in the C recommendation and I statement, and a new section called “Other Considerations.”

4. Presently, through rigorous public engagement, all sectors are encouraged to nominate members to the Task Force. The Task Force is appropriately composed of 16 primary care clinicians in pediatrics, nursing, family medicine, internal medicine and obstetrics/gynecology. In addition to their clinical expertise, the members have highly specialized training and expertise in statistical data analysis, clinical trials, meta analysis, prevention and guidelines. They, therefore, possess the methodological training and the clinical expertise to deal with a broad range of topics and populations. In addition, given the diverse range of content areas the Task Force reviews and for which it develops guidance documents, it is important for the Task Force to be composed of primary care specialists with strong public health, epidemiologic and research methodology backgrounds. This assures their balanced and unbiased perspectives that focus on the public’s health versus sectarian medical concerns. The Task Force also consults and encourages input from experts and advocates in the fields pertinent to the specific guidelines at every step in the process.

Furthermore, there is a rigorous conflict of interest procedure currently in place for all members of the Task Force and financial and non- financial potential areas of conflict are updated prior to each meeting on all topics.

The recommendations of the USPSTF have consistently reflected our evolving knowledge and understanding of the science around screenings. The Task Force- rather than individual belief or bias - must be allowed to guide the public and healthcare professionals in protecting the public's health.

Key points on the recommendations set forth by the USPSTF, with the input from the public section include:

1. All of the recommendations set forth by the USPSTF are publicly available online. The recommendations can be viewed here: <https://www.uspreventiveservicestaskforce.org>.
2. The public, research and clinical communities are encouraged to nominate new topics for consideration or updating of current topics. When it comes to interpreting the scientific evidence and applying it to preventive services, counseling and testing in the primary care setting, the public and health care providers seek a trusted source that is unbiased, objective and has the required expertise. That source, since 1984, has been the USPSTF. The task force is unique in that it does not inherit agency bias when reviewing research and providing recommendations.
3. In its scientific literature review and analyses, the Task Force thoroughly considers the impact of its recommendations on morbidity and mortality rates. Recommendations are based on an assessment of the benefits, minus the harms the service will have on specific populations of healthy people. Individuals are free to access services that are not recommended by the Task Force, but they do so knowing that they will derive little or no net benefit and may be exposed to unnecessary harm and cost.
4. The USPSTF does not prohibit HHS or any other private insurance company from reimbursing for services that have not been reviewed by the Task Force. Furthermore, as previously stated the task force solicits recommendations from the public to review previously made recommendations and to select new topics for review.

Instead of undermining science and evidence based approaches to care, we urge Congress to support our efforts to teach the public how to make well informed decisions based on sound scientific evidence and to continue to safeguard the health of the American public by supporting the crucial work of the dedicated, objective and skilled members of the Task Force. If you need any additional information, please do not hesitate to contact Margarita Valdez, Director of Government Relations at (202) 973-0595 or via e-mail at mvaldez@breastcancerdeadline2020.org.

Sincerely,

A handwritten signature in cursive script that reads "Fran Visco".

Fran Visco
President
National Breast Cancer Coalition