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November 20, 2020

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Re: Colorectal Cancer Screening Draft Recommendation Statement

Dear USPSTF Coordinator:

The Cancer Support Community (CSC), an international nonprofit organization that provides support, education, and hope to cancer patients, survivors, and their loved ones, appreciates the opportunity to comment on the U.S. Preventive Services Task Force's (USPSTF) October 27, 2020 Draft Recommendation Statement updating its 2016 recommendations for screening for colorectal cancer. Specifically, CSC strongly supports the USPSTF's addition of a Grade B recommendation for colorectal screening in asymptomatic adults 45 to 49 years of age.

CSC is the largest direct provider of social and emotional support services for people impacted by cancer, and the largest nonprofit employer of psychosocial oncology professionals in the United States. Overall, CSC delivers more than \$50 million in free, personalized services each year to individuals and families affected by cancer nationwide and internationally. In addition to CSC's direct services, our Research and Training Institute and Cancer Policy Institute are industry leaders in advancing the evidence base and promoting patient-centered public policies to ensure that the patient voice is at the center of the national dialogue.

Individuals impacted by cancer benefit from policy and regulatory priorities that are evidence-based, with a strong research foundation being necessary to continue to advance innovative screening and diagnostic tools, therapies, and supportive care solutions. Similarly, individuals impacted by cancer must have access to a full range of health and cancer care services including, but not limited to, services related to prevention, screening, diagnosis, treatment, palliative care, and hospice. This includes psychosocial distress screening, social and emotional support services, and incorporation of the full spectrum of patient experience. While CSC recognizes that recommendations made by the USPSTF are independent of the U.S. government and should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services, we applaud USPSTF's work that led to this 2020 draft recommendation to include colorectal screening for asymptomatic individuals ages 45 to 49. USPSTF's actions amplify the evidence and, importantly, will assist in timely diagnosis, effective treatments, and even life-saving opportunities.

As stated in the Draft Recommendation Statement, colorectal cancer is the third leading cause of cancer death for both men and women, with an estimated 53,200 persons dying from colorectal cancer in the United States in 2020 (U.S. Preventive Services Task Force, 2020). Age is one of the most important risk factors for colorectal cancer, with incidence rates increasing with age and nearly 94% of new cases of colorectal cancer occurring in adults age 45 years and older (U.S. Preventive Services Task Force, 2020). While the greatest frequency of colorectal cancer diagnoses currently remains in people ages 65 to 74, the estimated 10.5% of new colorectal cases diagnosed in individuals younger than 50 years of age represents a significant number of people who would benefit from earlier detection and treatment (U.S. Preventive Services Task Force, 2020). In addition to this established data, the draft recommendations reference epidemiological data that suggest colorectal cancer incidence in 45-year-old adults now approaches the incidence for 50-year-old individuals prior to the introduction of routine screening for that population (U.S. Preventive Services Task Force, 2020).

USPSTF's previous 2016 Final Recommendation Statement for colorectal screening for asymptomatic adults did not include a Grade B recommendation (or any Grade recommendation) for colorectal screening of asymptomatic adults under the age of 50 (U.S. Preventive Services Task Force, 2016). Instead, the Grade A recommendation for colorectal screening for asymptomatic adults started at age 50 and continued until age 75, with Grade A meaning that the USPSTF recommends the service and there is a high certainty that the net benefit is substantial (U.S. Preventive Services Task Force Grade Definitions, October 2018). The 2016 recommendation also included a Grade C recommendation for colorectal screening in adults ages 76 to 85 (maintained in the 2020 draft recommendation), taking into account the patient's overall health and prior screening history (U.S. Preventive Services Task Force, 2016).

The Grade B recommendation included in the USPSTF's 2020 draft recommendation means the USPSTF recommends the service, with the USPSTF having concluded with moderate certainty that the net benefit of screening for colorectal cancer in asymptomatic adults ages 45 to 49 years is moderate when applied to stool-based tests with high sensitivity, colonoscopy, computed tomography colonography, and flexible sigmoidoscopy (U.S. Preventive Services Task Force, 2020). The ACA linkage to USPSTF's Grade A and B Recommendations requiring coverage with no cost sharing (Kaiser Family Foundation (KFF), 2015) will help increase access to colorectal screenings for asymptomatic adults ages 45 to 49, which modeling moderately suggests will decrease colorectal cancer cases and deaths when compared to screenings that begin at age 50 under the 2016 recommendations (U.S. Preventive Services Task Force, 2020).

The USPSTF's revised draft recommendation including colorectal cancer screening in asymptomatic adults ages 45 to 49 years old aligns with one of CSC's policy pillars discussed above – namely that individuals impacted by cancer must have access to a full range of health and cancer care services including but not limited to services related to prevention, screening, diagnosis, treatment, palliative care, and hospice.

CSC also appreciates the draft recommendation's particular recognition to the overall increased burden of black adults in connection with the incidence and mortality from colorectal cancer when compared to other races/ethnicities. Although recent trends do not show increased colorectal cancer incidence for Black or Asian/Pacific adults under the age of 50, the draft recommendation's summary importantly notes that Black adults across all age groups, including under 50, still have a higher incidence of, and mortality from, colorectal cancer than white adults. (U.S. Preventive Services Task Force, 2020). CSC is committed to racial justice, health equity, and nondiscrimination for all individuals impacted by cancer

and equitable access to quality care within the U.S. health care system. Understanding the ubiquitous nature of health disparities, we applaud and support the USPSTF's acknowledgment under the "Research Needs and Gaps" section in the Draft Recommendation Statement that states, "More research is needed to understand the factors that contribute to increased colorectal cancer incidence and mortality in Black adults, such as access and availability of care and characteristics of systems providing health care" (U.S. Preventive Services Task Force, 2020).

In conclusion, CSC would like to thank the USPSTF for its thoroughness in assessing the increased risk for colorectal cancer in adults age 45 and older and including its Grade B recommendation for colorectal screening in asymptomatic adults ages 45 to 49 years of age. We look forward to this important change driving increased screenings, coverage, and awareness to ultimately improve outcomes and reduce mortality from colorectal cancer. Please let me know if the Cancer Support Community may be of assistance upon approval of the 2020 recommendations.

Sincerely,

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Cancer Support Community
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References

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