

August 31, 2012

Administrator Marilyn Tavenner
Centers for Medicare & Medicaid Services
The Hubert H. Humphrey Building
Mail Stop 314G
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Administrator Tavenner:

We are writing to you on behalf of the millions of patients who are fighting cancer or will battle cancer in the future and who stand to suffer the most if the proposed cuts to reimbursement for Intensity-Modulated Radiation Therapy (IMRT) are finalized in the 2013 Medicare Physician Fee Schedule (MPFS). Enacting a significant reduction in Medicare reimbursement for this treatment would be devastating to patients with cancer, who have come to depend on this state-of-the-art treatment to cure them.

A cut in reimbursement to freestanding radiation therapy centers this massive would put serious financial strain on community radiation oncology practices, resulting in a serious negative impact on patient access to life-saving cancer treatment, particularly in rural communities. Although you are hearing from many in the medical community who will be adversely impacted by the cuts in reimbursement, it is the cancer patient who will ultimately bear the brunt of these drastic cuts. The cuts proposed by CMS will limit patients' access to IMRT, which currently is the patient-selected treatment for approximately 33% of all actively treated newly diagnosed prostate cancer and 21% of all head and neck cancers.

Radiation therapy is one of the leading tools in the fight against a variety of cancers, and, according to the National Comprehensive Cancer Network (NCCN), for many cancers IMRT has become the standard of care. The use of IMRT can conform a radiation dose to the contour of the tumor while minimizing the impact on surrounding healthy tissue or organs, which greatly improves outcomes for patients and limits exposure to radiation. This has led to the use of IMRT in treating head and neck cancer, brain tumors, and localized prostate cancer. In certain cases, such as in head and neck tumors, it allows for the treatment of multiple targets with different doses, while simultaneously minimizing radiation to uninvolved organs. As the National Cancer Institute noted, the previous traditional radiation therapy techniques (such as three dimensional conformal, or 3DRT) "do not provide a method for sparing critical structures that push into and are partially or fully surrounded by a target or combination of targets." IMRT has also become an integral part of treating breast cancer, with some studies showing a four times higher chance of relapse without the use of radiation therapy. IMRT has also been used in limited situations to treat thyroid, lung, gastrointestinal, gynecologic malignancies, and certain types of sarcomas.

In addition to the proposed cuts in the Physician Fee Schedule, CMS has proposed an increase in IMRT reimbursement under the proposed 2013 Medicare Hospital Outpatient Prospective Payment System (HOPPS). This proposed payment increase, combined with the proposed payment decrease on the physician side, will force patients into the more expensive

hospital setting, increasing costs both to the Medicare program and to patients through higher co-pay and co-insurance payments.

As community-based cancer practices targeted for cuts in the 2013 MPFS are forced to limit services and potentially close, Medicare beneficiaries and other patients with cancer will face increased obstacles to care. Forcing cancer patients to travel outside of their communities for radiation therapy services can result in increased physical and emotional suffering in a population that is already vulnerable. It will also place an increasing burden on patient populations in minority communities who are already underserved and face barriers in access to care. According to the National Patient Advocate Foundation, hundreds of medical practices have already been forced to close in response to continuing Medicare reimbursement difficulties, and the 2005 Geographic Access to Care study found that 45% of all rural counties have no oncology service providers. Any further cuts to IMRT could prove devastating to patient access to critical life-saving cancer treatments.

We all share the goal of ensuring that cancer patients have access to affordable, high quality cancer care. Although we are at a time of great promise in cancer treatment, we face an increasing incidence of cancer as our population ages. We need to strengthen the nation's cancer care delivery system, not weaken it. On behalf of millions of cancer patients and their families, we ask you to withdraw these debilitating cuts to IMRT reimbursement in the proposed 2013 Medicare Physician Fee Schedule.

Thank you for your consideration of this request.

Signed,

AIDS Institute
Alliance for Aging Research
Bladder Cancer Advocacy Network
Blue Ribbon Advocacy Alliance
Community Oncology Alliance
H.E.A.L.S. of the South
Kidney Cancer Association
Lung Cancer Alliance
Men's Health Network
Prostate Cancer Foundation
Prostate Conditions Education Council
Prostate Health Education Network, Inc.
US TOO International Prostate Cancer Education and Support Network
Veterans Health Council
Vietnam Veterans of America
Women Against Prostate Cancer
ZERO – The End of Prostate Cancer
Amigos por la Salud
Elder Care Advocacy of Florida
Florida CHAIN
Florida Transplant Survivors Coalition, Inc.