



Congress of the United States  
House of Representatives

BARBARA CUBIN

WYOMING—AT LARGE

October 24, 2008

WASHINGTON OFFICE:  
1114 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-2311  
FAX: (202) 225-3057

WYOMING OFFICES:  
100 EAST B STREET  
SUITE 4003  
P.O. Box 44003  
CASPER, WY 82602-5014  
(307) 261-6595  
FAX: (307) 261-6597

2120 CAPITOL AVENUE  
SUITE 2015  
CHEYENNE, WY 82001  
(307) 772-2595  
FAX: (307) 772-2597

2515 FOOTHILL BOULEVARD  
SUITE 204  
ROCK SPRINGS, WY 82901  
(307) 362-4095  
FAX: (307) 362-4097

Kerry N. Weems, Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard, Room 314G  
Baltimore, MD 21244-1850

Dear Mr. Weems:

We write to request that the Centers for Medicare and Medicaid Services propose coverage under a national coverage determination for computed tomography colonography (CTC). We fully support national Medicare coverage of CTC as a minimally-invasive screening test for colorectal cancer.

Colorectal cancer is the third most diagnosed cancer in the United States and the second leading cause of death from cancer. This loss of life is especially tragic considering that the disease is almost always curable when caught early through routine screening. Unfortunately, many patients shy away from traditional screening colonoscopies because of their discomfort. Patients must use pain medicine and sedatives for these procedures, which can last up to an hour. The Centers for Disease Control and Prevention estimate that up to 60 percent of colorectal cancer deaths could be prevented if everyone age 50 and older were screened regularly.

Already available under Medicare local coverage determinations as a diagnostic procedure, CTC provides patients a more comfortable, safer and cost-effective screening alternative. Unlike traditional colonoscopy, CTC is minimally-invasive and does not require a sedative. Moreover, the risk of a colon tear is almost non-existent. While the cost of the procedure varies nationwide, CTC exams cost as little as one-fourth as much as traditional colonoscopies. If more patients get screened for colorectal cancer, fewer will get sick and incur the up to \$100,000 that may be necessary for surgery, chemotherapy and doctor visits alone.

Among the ample evidence supporting CTC coverage under Medicare, we would like to take this opportunity to highlight two important developments in the last year. In March of 2008, in conjunction with the American College of Radiology and the United States Multi-Society Task Force, the American Cancer Society released "*Screening and Surveillance for Early Detection of Colorectal Cancer and Adenomatous Polyps.*" These joint guidelines support CTC screening

for cancer in average-risk individuals 50 years of age and older. On September 28, 2007, the American College of Radiology Imaging Network released the results of its multi-site National CTC trial (ACRIN 6664), which demonstrates CTC's clinical efficacy and potential to enhance patient compliance with colorectal screening recommendations. The full manuscript of these results was published on September 18, 2008 in the New England Journal of Medicine.

We appreciate your consideration of this unique opportunity to save lives from cancer as well as taxpayer dollars. We look forward to working with you to provide our nation's seniors with the many benefits that CTC has to offer.

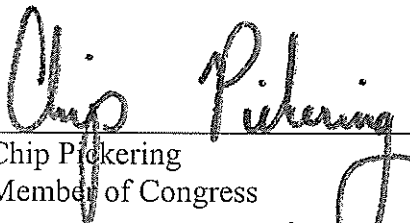
Sincerely,



Barbara Cubin  
Member of Congress



Ed Towns  
Member of Congress



Chip Pickering  
Member of Congress



Charlie Wilson  
Member of Congress



John Sullivan  
Member of Congress



Tammy Baldwin  
Member of Congress