

July 31, 2020

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Administrator Verma:

The undersigned organizations are writing to urge your cooperation as we work to address the significant drop in colorectal cancer screening due to the COVID-19 pandemic. Though the primary focus of the federal government has been responding to acute needs of the pandemic, and rightfully so, it is important to remember that colorectal cancer has not stopped during this time.

Due to the risks associated with COVID-19, most cancer screening, including colonoscopies, were postponed during March and April. While we agree that this was the right approach at the time, we are concerned that even as screening is now resumed in many parts of the country, addressing the delayed evaluation of symptomatic and high risk patients resulting from this temporary halt will lead to continued delays in access to screening for many average risk people, with persistent impacts on colorectal cancer screening rates and ultimately diagnoses.

According to recent research conducted by Komodo Health, the number of performed colonoscopies and biopsies fell by nearly 90% from mid-March to mid-April, compared with the same period last year. New colorectal cancer diagnoses declined more than 32% over the same time period. Colorectal cancer is the second leading cause of death for men and women combined, and there is a real risk that we will see an increase in more difficult to treat, late-stage diagnoses as a result of COVID-19. The National Cancer Institute predicts that this confluence of factors will lead to thousands of excess deaths from colorectal cancer over the next decade¹.

We appreciate CMS guidance on patients seeking access to health care at this time, and agree that individuals should not postpone necessary care, including cancer screenings, and should talk with their health care providers about the precautions they are putting in place to keep patients safe. However, colorectal cancer screening is unique in that at-home, non-invasive screening tests are available that can mitigate the backlog of screenings. At a time when many patients still cannot or may not be willing to go into a doctor's office for screening, we believe that encouraging the use of at-home, non-invasive screening tests is a good solution to help keep those at average risk for colorectal cancer up to date on screening during this challenging time.

¹ <https://science.sciencemag.org/content/368/6497/1290>

While it is important for people to consult their doctor about which test is best for them, non-invasive, at-home tests such as high sensitivity guaiac-based fecal occult blood test (hs-gFOBT), fecal immunochemical tests (FIT), and multitarget stool DNA test (i.e., Cologuard) are a key way we can continue to screen those at average risk, particularly in areas where access to screening colonoscopy remains limited. .

All patients who receive a positive result on a non-invasive colorectal cancer screening test such as those mentioned above should receive a follow-up colonoscopy to complete the colorectal cancer screening process. We urge you to take steps to ensure that the follow-up colonoscopy is indeed part of the screening process and is covered with no cost-sharing for the patient. Patients should be able to utilize non-invasive testing options and complete their screening with a colonoscopy if necessary, without the fear of out-of-pocket costs, particularly during these difficult times.

Through increased screening we have made great strides towards decreasing the incidence and mortality of colorectal cancer. Unlike many other cancers, colorectal cancer can be detected early and prevented through the removal of precancerous polyps during colonoscopy. We can't afford to take any steps backward.

We urge you to waive cost-sharing for colonoscopies following a positive non-invasive colorectal cancer screening test so we can continue to take steps towards preventing this deadly cancer during this global pandemic. We appreciate your timely attention to this matter and look forward to working with you to prevent colorectal cancer.

Sincerely,

American Cancer Society Cancer Action Network
Cancer Action Coalition of Virginia
Colon Cancer Alliance
Colon Cancer Coalition
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
GI Cancers Alliance
Hitting Cancer Below the Belt
Michael's Mission
Nebraska Cancer Coalition
Prevent Cancer Foundation
Raymond Foundation
The Colon Club
The Society of Gastroenterology Nurses and Associates, Inc.
Virginia Colorectal Cancer Roundtable
Washington Colon Cancer Stars