

Congress of the United States
Washington, DC 20515

December 10, 2013

Dr. Robert Cosby, Ph.D.
USPSTF Senior Project Coordinator
540 Gaither Road
Rockville, MD 20850

Dear Dr. Cosby:

We greatly appreciate the opportunity to comment on the United States Preventative Services Task Force (hereafter referred to as USPSTF or the Task Force) Draft Research Plan for Breast Cancer Screening. We write today to strongly urge the Task Force to expand the population studied under the research plan to include women and men known to be at a high-risk for developing breast or ovarian cancer, such as those with a family history of the disease or a known mutation in *BRCA1* or *BRCA2*.

The current language of the Draft Research Plan indicates that the Task Force intends to study the effectiveness of routine mammography, 3D/digital mammography, MRI, ultrasound, and the benefits of screening starting at age 40 in preventing the incidence and morbidity of breast cancer. However, the research plan specifically excludes people at a high risk of developing breast cancer, such as those with an extended family history, personal history of disease, or known *BRCA* mutation.

Exclusion of these populations is deeply concerning for several reasons:

- USPSTF is not examining the populations most at risk of actually developing breast cancer. Research has suggested that increased screening with mammogram and MRI leads to earlier detection and better outcomes in this patient population^{1,2}. Refusal to consider this population in this research and any subsequent rating is inconsistent with USPSTF's mission of promoting effective disease prevention.
- We are aware that some insurance companies are currently charging high co-pays for breast cancer screening due to the lack of a USPSTF letter grade for these interventions. If high-risk people are not included in the recommendation following from this research plan, we fear that USPSTF will inadvertently limit high-risk patient access to these services.

¹ Burke W, Daly M, Garber J, et al. Recommendations for follow-up care of individuals with an inherited predisposition to cancer. II. *BRCA1* and *BRCA2*. Cancer Genetics Studies Consortium. *JAMA* 1997; 277(12):997–1003.

² Kriege M, Brekelmans CT, Boetes C, et al. Efficacy of MRI and mammography for breast-cancer screening in women with a familial or genetic predisposition. *New England Journal of Medicine* 2004; 351(5):427–437.

new primary cancers (e.g. women with *BRCA*-related ovarian cancer may be at risk for developing breast cancer and could greatly benefit from increased screening). It is critical that these women be afforded the same access to screening as women at average risk.

Therefore, as USPSTF finalizes its Draft Research Plan on breast cancer screening, I strongly urge the Task Force to include women and men at high-risk of developing breast cancer, including those with a previous personal/family history of breast or ovarian cancer and those with a known *BRCA* mutation. It is only by including these people in any guidance that USPSTF can ensure it is maximizing its goal of effective disease prevention.

Sincerely,



Louise M. Slaughter
MEMBER OF CONGRESS



Debbie Wasserman Schultz
MEMBER OF CONGRESS