



A PATIENT-CENTERED FORUM OF NATIONAL ADVOCACY ORGANIZATIONS ADDRESSING PUBLIC POLICY ISSUES IN CANCER

September 24, 2003

Dear Conferee:

The undersigned organizations, representing cancer survivors, their caregivers, and researchers, would like to urge the conferees to include in the Medicare prescription drug bill a transition provision that would ensure cancer patients access to life-saving cancer therapies at the first available opportunity.

In their deliberations on the Medicare prescription drug bill, both the House and Senate acknowledged the need for transitional coverage for certain drugs from January 2004 until the comprehensive prescription drug benefit becomes effective in January 2006. The House addressed this issue with a demonstration project of limited geographic reach, and the Senate included a two-year transition benefit that covers only one category of drugs.

Instead of these limited provisions, the Conference Committee has the opportunity to craft a transition benefit that will make a significant difference in the lives of cancer patients, who are disproportionately represented among Medicare beneficiaries. For a cost of about one-tenth of one percent of the cost of the overall drug benefit, or only \$400 million, two-year transitional coverage of oral cancer drugs could be a reality. The Medicare program already covers those oral cancer drugs that have an injectable equivalent, and this transitional benefit logically extends coverage to those oral drugs that are available only in that form and have no injectable equivalent.

This group of cancer drugs includes new targeted therapies, drugs that prevent cancer recurrence, and other lifesaving therapies. For a very modest cost, Congress can:

- Provide women with breast cancer access to tamoxifen, a hormonal agent that prevents the recurrence of breast cancer;
- Ensure that those with chronic myelogenous leukemia and gastrointestinal stromal tumor suffer no financial obstacle to treatment with Gleevec, a targeted cancer therapy that effectively treats these two forms of cancer with virtually no side effects;
- Guarantee that Iressa is available for lung cancer patients, for whom treatment options are limited;
- Assist patients with multiple myeloma, which is frequently diagnosed among Medicare beneficiaries, in paying for thalidomide; and
- Remove cancer survivors' obstacles to access to drugs that might extend their lives and improve the quality of their lives.

We urge you to include a two-year transitional benefit for oral cancer drugs. We understand that, upon the implementation of the prescription drug benefit in 2006, this transitional benefit would terminate. For this very limited commitment of federal resources, the Conference Committee can immediately expand treatment options for beneficiaries with cancer.

Sincerely,

Cancer Leadership Council

Alliance for Lung Cancer
American Cancer Society
American Society of Clinical Oncology
American Society for Therapeutic Radiology &
Oncology, Inc.
Association of American Cancer Institutes
Cancer Care, Inc.
Cancer Research and Prevention Foundation
The Children's Cause, Inc.
Coalition of National Cancer Cooperative
Groups
Colorectal Cancer Network

Kidney Cancer Association
The Leukemia & Lymphoma Society
Lymphoma Research Foundation
Multiple Myeloma Research Foundation
National Coalition for Cancer Survivorship
National Prostate Cancer Coalition
North American Brain Tumor Coalition
Ovarian Cancer National Alliance
Pancreatic Cancer Action Network
Us Too! International – Prostate Cancer
Education and Support
The Wellness Community
Y-ME National Breast Cancer Organization

cc: Medicare Reform Conferees