

Attachment 2B

Summary of Public Comments and CDC Response

Public Comment #1



1414 Prince Street, Suite 204
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703.548.1225
www.FightColorectalCancer.org

October 19, 2012

Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

RE: Proposed Data Collections Submitted for Public Comment and Recommendations; CDC's Colorectal Cancer Control Program

Dear Dr. Frieden:

On behalf of Fight Colorectal Cancer, I appreciate the opportunity to comment on the Centers for Disease Control and Prevention's (CDC) proposed impact evaluation of the Colorectal Cancer Control Program (CRCCP).

Fight Colorectal Cancer is a colorectal cancer advocacy organization based near Washington, DC. We offer support for patients, family members, and caregivers, and we serve as a resource for colorectal cancer advocates, policymakers, medical professionals, and health care providers. Additionally, we do everything we can to increase and improve research – at all stages of development and for all stages of cancer.

Advocating for federal funding for the CRCCP has been a longstanding priority for Fight Colorectal Cancer and its volunteer advocates, and funding for colorectal cancer prevention has a long history of bipartisan support in Congress. However, federal budget constraints put the CRCCP and other cancer control programs at risk for funding cuts. We believe that understanding the impact that the CRCCP programs have had on colorectal cancer screening rates is vital to advocating for future funding for and expansion of the program. Further, as noted in the Office of Management and Budget's (OMB) Supporting Statement, because the CRCCP is the first cancer prevention and control program funded by the CDC that emphasizes both direct screening services for underserved populations and screening promotion for the at-large population, the CDC is presented with an important opportunity to evaluate this new public health model for potential application to other prevention

get behind a cure.

programs.

In addition to the 25 states and four tribal organizations that receive funds under the CRCCP, we hope our advocacy will lead to the expansion of the program so that additional statewide initiatives across the country are able to effectively implement programs to increase colorectal cancer among those 50-64 years of age. We strongly support the proposed impact evaluation of the CRCCP, as we believe that the findings will serve to inform the development, implementation, and refinement of future and ongoing colorectal cancer screening and education programs. We recognize that local cancer control divisions are facing difficult resource decisions in the coming years. We hope the findings from this report will help highlight effective systems to implement in colorectal cancer screening programs in unfunded CRCCP states.

We understand that CDC plans to conduct two cycles of information collection over a three-year period, with the first collection initiated in 2012 and the second in 2014. The OMB's Supporting Statement notes that at the close of the evaluation, findings will be presented to participating states as well as the other states and tribes in the CRCCP. The statement further notes that CDC will conduct presentations on the evaluation at professional conferences. We ask the CDC to consider an interim evaluation presentation with key colorectal cancer stakeholder organizations, such as Fight Colorectal Cancer and the American Cancer Society, following the first program evaluation cycle. Understanding the initial evaluation results can aid us in periodic refinement of our outreach and educational tools.

I applaud your leadership and vision to systematically address the challenges faced by communities and states to reduce the incidence and mortality due to colorectal cancer, a largely preventable disease. If you would like Fight Colorectal Cancer to assist your efforts by raising awareness of the survey in the targeted states, please let us know.

Fight Colorectal Cancer strongly supports the CDC's proposed CRCCP impact evaluation. Please do not hesitate to call upon my organization for future CRCCP endeavors. I can be reached at carlea@fightcolorectalcancer.org.

Sincerely,



Carlea Bauman
President

Response to Public Comment #1

CDC sent a letter to Carlea Bauman, President of Fight Colorectal Cancer, thanking her for the strong support offered by the organization for the CRCCP Impact Evaluation Study. In response to Ms. Bauman's specific request for an interim evaluation presentation based on wave one data collection, CDC agreed to convene a meeting of key stakeholders to present a summary of these data when they are available. A copy of the CDC letter is attached.



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 8, 2012

Carlea Bauman
President
Fight Colorectal Cancer
1414 Prince Street, Suite 204
Alexandria, Virginia 1225

Dear Ms. Bauman,

Thank you for your letter dated October 19, 2012 in response to a Federal Register announcement published on August 22, 2012 (Volume 77, Number 163, pages 50696-50697). The announcement invited comment on planned data collection for an impact evaluation of the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control Program (CRCCP). I sincerely appreciate Fight Colorectal Cancer's strong support for the CRCCP and for the planned impact evaluation.

Data collected through the impact evaluation, including surveys of the general population and primary care providers in six states, will provide much needed information to assess the effectiveness of the CRCCP and shape future prevention efforts aimed at improving colorectal cancer screening rates. In your letter, you requested that CDC provide a presentation of interim evaluation results to colorectal cancer stakeholder groups such as yours, Fight Colorectal Cancer, and the American Cancer Society. Following the first wave of data collection and analysis, CDC will be happy to share findings with you that may help refine current outreach and educational activities. As these data become available, CDC will contact you to organize a meeting.

Again, thank you for your support of the CRCCP and its evaluation. We value our partnership with you and with Fight Colorectal Cancer and look forward to sharing the results of the evaluation in the future. If you have any questions, please contact Dr. Amy DeGroff, CDC's lead investigator for the study, at adegroff@cdc.gov or 770-488-2415.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Plescia", written over a horizontal line.

Marcus Plescia, MD, MPH
Director
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and
Health Promotion
Centers for Disease Control and Prevention

cc: Amy DeGroff
Mike Mizelle
Faye Wong

Public Comment #2



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October 19, 2012

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Thomas R. Frieden, MD, MPH
Director
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30333

RE: Proposed Data Collections Submitted for Public Comment and Recommendations; CDC's Colorectal Cancer Control Program

Dear Dr. Frieden:

On behalf of the American Society for Gastrointestinal Endoscopy (ASGE), I appreciate the opportunity to comment on the Center for Disease Control and Prevention's (CDC) proposed impact evaluation of the Colorectal Cancer Control Program (CRCCP).

The ASGE is a 12,000-member, professional medical society whose mission is to advance patient care and digestive health by promoting excellence in gastrointestinal endoscopy. Among the primary services provided by gastroenterologists is colorectal cancer screening colonoscopy.

ASGE is dedicated to educating those between 50 and 75 years of age or who may be at high-risk for colorectal cancer about the importance of colorectal cancer screening. ASGE is also committed to fostering adherence to colorectal cancer screening guidelines, including performance of screenings at recommended intervals.

As a proponent of the CRCCP and as an advocate of program funding increases, ASGE strongly supports the proposed CRCCP impact evaluation. We hope the findings from the evaluation will serve to benefit existing and future colorectal cancer awareness and screening programs, as well as help ASGE and other stakeholder organizations understand where knowledge gaps exist for the purpose of improving educational and outreach efforts.

As stated in the August 22 *Federal Register* notice, the general population survey will include questions related to the barriers to screening. ASGE has been an aggressive advocate for removing financial barriers to colorectal cancer screening. The Affordable Care Act (ACA) waives the coinsurance for Medicare beneficiaries who receive a colorectal cancer screening. However, if a beneficiary chooses a screening colonoscopy and a polyp or other tissue is removed, the patient is liable for the coinsurance. Similarly, while cost sharing for colorectal cancer screening is now waived for most commercially insured patients as a result of the ACA,

cost-sharing policies are variable across payers and many patients face high out-of-pocket costs when their screening colonoscopy turns therapeutic. ASGE has been working to change current policies so the threat of an unexpected charge for this otherwise “free” preventive service does not serve as a financial barrier to screening. As the CDC prepares to conduct its surveys, it would be helpful to know whether primary care providers are counseling patients regarding potential cost-sharing obligations and whether the prospect of a financial obligation is a deterrent to colorectal cancer screening colonoscopy.

The Office of Management and Budget (OMB) Supporting Statement notes that at the close of the evaluation, findings will be presented to participating states, as well as the other states and tribes in the CRCCP. The statement further notes that CDC will conduct presentations on the evaluation at professional conferences and prepare articles for submission to peer-reviewed journals. ASGE invites the CDC to consider submission of its evaluation and findings to the journal *Gastrointestinal Endoscopy*.

ASGE believes that there would be value in including additional intervention states in the impact analysis; however, we understand that budget constraints limit the evaluation to three intervention states and three control states. We believe it is important, as proposed, that the population survey includes a state-based, representative, cross-sectional sample of adults aged 50-75. We suggest that the benefits of the CRCCP extend beyond the populations that are targeted by many of these programs. For example, a beneficiary of a CRCCP-funded screening may tell friends and family about his/her experiencing, making them more inclined to receive a screening.

ASGE thanks the CDC for undertaking this important evaluation of the CRCCP. Please do not hesitate to call upon ASGE should you have any questions or require assistance on this or future CRCCP endeavors. Please direct any communications to Lakitia Mayo, ASGE’s Assistant Director of Health Policy and Quality, at lmayo@asge.org or (630) 570-5641.

Sincerely,

A handwritten signature in cursive script that reads "Tom Deas Jr".

Thomas M. Deas, Jr., MD, MMM, FASGE
President
American Society for Gastrointestinal Endoscopy

Response to Public Comment #2

CDC sent a letter to Dr. Thomas Deas, President of the American Society for Gastrointestinal Endoscopy, thank her for the strong support offered by the organization for the CRCCP Impact Evaluation Study. Dr. Deas made a specific request for the inclusion of question(s) on the provider survey related to primary care physicians' counseling of patients on financial obligations (e.g., co-pays) for colorectal cancer screening using colonoscopy. In response, CDC contacted the organization and enlisted their assistance in crafting appropriate questions to include on the provider survey. These questions have been added to the provider survey.



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

November 8, 2012

Thomas M. Deas, Jr., MD, MMM, FASGE
President
American Society for Gastrointestinal Endoscopy
1520 Kensington Rd., Suite 202
Oak Brook, Illinois 60523

Dear Dr. Deas,

Thank you for your letter dated October 19, 2012 in response to a Federal Register announcement published on August 22, 2012 (Volume 77, Number 163, pages 50696-50697). The announcement invited comment on planned data collection for an impact evaluation of the Centers for Disease Control and Prevention (CDC) Colorectal Cancer Control Program (CRCCP). I sincerely appreciate the strong support for the CRCCP and for the planned impact evaluation study offered by the American Society for Gastrointestinal Endoscopy (ASGE). As you know, your organization invited and published a manuscript about the CRCCP in your journal *Gastrointestinal Endoscopy* titled, "The Colorectal Cancer Control Program: partnering to increase population level screening," published in 2011 (volume 73, number 3, pages 429-434). CDC and ASGE, a professional medical society with over 12,000 members, share an important goal in advancing colorectal cancer screening.

Data collected through the impact evaluation, including surveys of the general population and primary care providers in six states, will provide much needed information to assess the effectiveness of the CRCCP and shape future prevention efforts aimed at improving colorectal cancer screening rates. In your letter, you suggested that CDC consider including additional questions to better understand whether primary care providers are counseling patients on potential cost-sharing obligations related to colonoscopy screening. These costs may pose an important barrier to screening. In response, CDC staff contacted you and enlisted your assistance in drafting questions related to this issue. Additional questions have been added to the provider survey.

Again, thank you for your support of the CRCCP and its evaluation. We value our partnership with you and with ASGE and look forward to sharing the results of the evaluation in the future. If you have any questions, please contact Dr. Amy DeGross, CDC's lead investigator for the study, at adegross@cdc.gov or 770-488-2415.

Sincerely,

Marcus Plescia, MD, MPH
Director
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and
Health Promotion
Centers for Disease Control and Prevention

cc: Amy DeGross
Mike Mizelle
Faye Wong