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Someone to talk to . . .
who understands

March 24, 2008

The Honorable Barack Obama
United States Senate
Senate Hart 713
Washington, DC 20515

Dear Senator Obama:

I am writing today on behalf of members of the Us TOO International Prostate Cancer Education and Support Network about our concerns with recent developments regarding the interpretations of the Least Costly Alternative (LCA).

In essence, LCA limits Medicare reimbursement for a class of drugs to the allowable of the least costly agent in the class. **We are aware that Congress is addressing physician payment reform in a Medicare bill, and we urgently request that language be included to eliminate this ill-conceived policy.**

Us TOO is a voluntary health organization founded in 1990 by prostate cancer survivors and their family members concerned about the lack of education, support and advocacy for those affected by prostate cancer. Our organization is headquartered in Illinois. We have grown to be an international network of 325 support groups providing support and education on prostate cancer issues. We know thousands of people are active in our network.

Us TOO maintains no paid staff in Washington, but our volunteers are active in Washington on a variety of fronts. For example, Us TOO is a member of the One Voice Against Cancer and the Cancer Leadership Council. Us TOO is also a member of the National Health Council and is actively engaged in important Federal issues with the NHC.

Among the many problems created by LCA is that it ties treatment to costs, instead of to the benefit of the individual patient's medical needs and their physician's choice. Upon being given a cancer diagnosis, we are immediately forced to make many life-altering decisions; the decision on the purchase of a drug that may not be the drug of choice for purposes of quality should not be among them.

However, this is exactly what the LCA policy does. It drives physicians to make decisions based on economic factors rather than clinical ones.

This year, more than half a million Americans are projected to die of cancer. That's equivalent to nearly the entire population of Washington D.C., and losing more than the entire population of New Orleans in 2003. In men, cancers of prostate, lung, colon and rectum represented about half of all newly diagnosed cancers; prostate cancer alone accounted for one-quarter of the total new cancer cases in men. Prostate cancer also disproportionately impacts the elderly and African American community.

In Illinois, there are approximately 1.6 million total Medicare beneficiaries, of which nearly 600,000 are males, and therefore, at higher risk for this deadly disease. Not only is Illinois' incidence rate of prostate cancer slightly above the national rate, but compared with their white counterparts, the rate among African American males is 38 percent higher.

I have to tell you that I continue to hear stories from the men in our support groups and from their doctors about their concerns and difficulties related to patient care and access. I feel compelled to tell you that in a recent meeting I heard a very disturbing story that indicated that patient choice is not only affected for medication, but in this case surgical castration was employed as the treatment option on a patient who reported being uninformed.

We, of course are seeking more information on this distressing story, but it demonstrates the need for further action in this area. **Accordingly, as both an Illinois constituent and base for our headquarters, I respectfully request that you champion language in the Medicare bill that would prohibit CMS from applying least costly alternative to prostate cancer drugs.**

Sincerely,



Thomas Kirk
President and CEO