

January 25, 2011

The Honorable Hal Rogers  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Norm Dicks  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Denny Rehberg  
Chairman  
Labor Health and Human Services Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Rosa DeLauro  
Ranking Member  
Labor Health and Human Services Subcommittee  
Committee on Appropriations  
U.S. House of Representatives  
Washington, D.C. 20515

Dear Chairman Rogers, Ranking Member Dicks, and Chairman Rehberg, and Ranking Member DeLauro:

The undersigned organizations are committed to reducing the incidence of illness and death attributed to colorectal cancer. We therefore respectfully request that the Centers for Disease Control and Prevention's (CDC) Colorectal Cancer Control Program (CRCCP) be funded, at a minimum, at its current level of \$45 million for the remainder of FY2011. Funding the CRCCP at current levels would at least allow the education and screening programs currently underway in 25 states and four tribes to continue.

The CRCCP began in 2005 as a demonstration program in five sites across the country. Based on the success of implementing the demonstration program, the CDC received funds to formally establish the CRCCP in 2009 with the goal of increasing colorectal cancer screening rates among those aged 50 years and older to 80 percent in each of the participating states and tribal nations by 2014.

Colorectal cancer is the second leading cause of cancer-related deaths in the United States. In 2007, 53,219 people in the United States died of colorectal cancer. These statistics are deeply troubling because colorectal cancer is largely preventable. During a colorectal cancer screening colonoscopy, precancerous polyps (abnormal growths in the colon or rectum) can be found and removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure. According to the CDC, if everyone aged 50 or older had regular screening tests and all precancerous polyps were removed, as many as 60 percent of deaths from colorectal cancer could be prevented.

In 2008, the U.S. Preventive Services Task Force recommended that persons aged 50-75 years at an average risk of colorectal cancer be screened using one or more of the three following methods: fecal occult blood testing (FOBT) every year, sigmoidoscopy every five years, and colonoscopy every 10 years.

Although the use of colorectal cancer screening has been shown to reduce the incidence of, and deaths from, this disease, utilization rates still lag behind other well accepted preventive services. According to a report released on Jan. 14, 2011 by the CDC, as of 2008, only 64 percent of the U.S. population had been screened for colorectal cancer as recommended. However, the report, which analyzed data from the 2002, 2004, 2006, and 2008 Behavior Risk Factor Surveillance System surveys, found that disparities continue to exist in colorectal cancer test use among certain groups. The greatest disparity exists among those without health insurance, those with lower household incomes, and those with less than a high school education.

The CDC colorectal cancer screening programs were established specifically to address disparities in colorectal cancer screening rates and to improve access to underserved populations. The majority of program funds are dedicated to screening promotion, while the remaining funds are used to provide screening and follow-up care to low-income men and women aged 50-64 years who are underinsured or uninsured.

Federal funding for colorectal cancer screening programs is a wise investment; not only does it save lives, it also saves money. According to estimates, a one-year treatment cost for a patient with late-stage colorectal cancer can be as high as \$310,000. A study conducted by The Lewin Group in 2007 found that by investing in programs that increase colorectal cancer screening in those aged 50-64 years, there are downstream cost benefits to the Medicare program because the earlier regular screening begins, the larger the benefit to Medicare in terms of cancer treatment cost avoided.

We appreciate the fiscal challenges facing the 112th Congress. However, we respectfully request that funding be preserved for the CRCCP, which is already underfunded. Even the slightest funding reduction for the remainder of FY2011 would have severe negative implications for the current 29 programs. Thank you in advance for your consideration of our request.

Sincerely,

American College of Gastroenterology  
American Gastroenterological Association  
American Society for Gastrointestinal Endoscopy  
Colon Cancer Alliance  
C3: Colorectal Cancer Coalition  
Digestive Disease National Coalition  
Prevent Cancer Foundation  
Society of Gastroenterology Nurses and Associates, Inc