



Senators Feinstein, Brownback, 35 Others Urge
Additional PET Scan Coverage for Medicare Beneficiaries
April 29, 2004

Washington, DC – U.S. Senators Dianne Feinstein (D-Calif.) and Sam Brownback (R-Kansas) along with 35 of their Senate colleagues today released a letter that was sent to U.S. Health and Human Services Department Secretary Tommy Thompson urging the Department to make Positron Emission Tomography (PET) available to Medicare beneficiaries for diagnosis of seven cancers, in addition to the cancers already covered. Senators Feinstein and Brownback are co-chairs of the Senate Cancer Coalition.

The other 35 Senators joining Senators Feinstein and Brownback in sending this letter include: Lamar Alexander (R-TN), Evan Bayh (D-IN), Barbara Boxer (D-CA), Robert C. Byrd (D-WV), Ben Nighthorse Campbell (R-CO), Maria Cantwell (D-WA), Thad Cochran (R-MS), Norm Coleman (R-MN), John Cornyn (R-TX), Jon S. Corzine (D-NJ), Tom Daschle (D-SD), Mark Dayton (D-MN), Christopher J. Dodd (D-CT), Elizabeth Dole (R-NC), Richard J. Durbin (D-IL), Bob Graham (D-FL), Orrin G. Hatch (R-UT), Ernest F. Hollings (D-SC), Kay Bailey Hutchison (R-TX), Tim Johnson (D-SD), Edward M. Kennedy (D-MA), John F. Kerry (D-MA), Joseph I. Lieberman (D-CT), Blanche L. Lincoln (D-AR), Barbara A. Mikulski (D-MD), Patty Murray (D-WA), Mark Pryor (D-AR), Rick Santorum (R-PA), Paul S. Sarbanes (D-MD), Charles E. Schumer (D-NY), Arlen Specter (R-PA), Debbie Stabenow (D-MI), Ted Stevens (R-AK), John Warner (R-VA), and Ron Wyden (D-OR).

Following is the text of the letter:

“We are writing to you on an issue of great importance to Medicare beneficiaries with cancer. Over the past several years, Centers for Medicare and Medicaid Services (CMS) has greatly expanded Medicare coverage of Positron Emission Tomography (PET) for many of the leading cancer indications. CMS is presently considering a national coverage determination on PET for use with seven additional cancer indications: pancreatic, brain, small cell lung, cervical, ovarian, testicular and multiple myeloma. PET is an incredibly powerful tool in the battle to treat these cancers, and we hope it will be available to Medicare beneficiaries for those and other cancer indications.

PET displays the biological basis of function in the organ systems of the human body unobtainable through any other means. In oncology, PET is the most accurate non-invasive way to show whether or not a mass is malignant or benign. PET reveals metastatic disease other imaging techniques cannot detect because it can inspect all organs of the body in a single examination to determine whether a primary cancer has spread to other parts of the body. Anatomic imaging tends to identify disease at later, more advanced stages, is less accurate in separating malignant from benign processes, and misses disease identified by PET. PET is also

cost-effective for the Medicare program. PET can eliminate unnecessary surgeries, and reduce the number of diagnostic procedures.

Clinicians from leading academic medical centers have submitted data and evidence to CMS on the benefit of PET for diagnosis of pancreatic, brain, small cell lung, cervical, ovarian, multiple myeloma and testicular cancer. PET is equally effective for these less prevalent cancers as it is for covered indications like lung and breast cancer. We are hopeful that CMS will issue a national coverage decision on PET for use with these seven cancers so it will be available to Medicare beneficiaries.

Because PET was a new technology, CMS appropriately undertook an extensive coverage review for cancer on an indication by indication basis. Over the past five years CMS has made numerous national coverage decisions on PET for cancer. This has been a lengthy process for CMS and providers. Now that the majority of cancers are covered by CMS, it would be impracticable to submit individual coverage requests for all of the dozens of remaining rare cancer indications. We believe that for the seven additional cancer indications: pancreatic, brain, small cell lung, cervical, ovarian, testicular and multiple myeloma, CMS should lift the national non-coverage status, and leave coverage of PET up to local Medicare carrier medical policy.

We thank you for your attention to this matter, and look forward to working with you on matters of importance to Medicare beneficiaries.”

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