

STATEMENT OF GEORGE W. SLEDGE, JR., M.D.
ON BEHALF OF
THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Thank you for the opportunity to submit testimony today before the Subcommittee on Health of the Committee on Energy and Commerce. My name is George Sledge, M.D., and I am a medical oncologist treating cancer patients in Indianapolis, Indiana where I serve as a Professor of Medicine at Indiana University's Simon Cancer Center. I have focused much of my professional career on the prevention, diagnosis and treatment of breast cancer, and I serve as the current President-Elect of the American Society of Clinical Oncology (ASCO).

ASCO is the leading specialty society in the United States and throughout the world for physicians who treat people with cancer and who conduct research that leads to improved patient outcomes. ASCO is committed to ensuring that high quality, evidence-based practices for the prevention, diagnosis and treatment of cancer are available to all Americans in every community throughout the United States.

ASCO works both to promote a strong national research enterprise (which is critical to the development of improved therapies) and to realize the promise of these discoveries through delivery of high-quality, evidence-based care. Today's hearing focuses on issues that are the cornerstones of ASCO's mission: cancer prevention, quality, access to care, and education.

ASCO supports the underlying goals of all four bills. Our Society has dedicated significant resources to pursuing many of their aims in the fight against cancer. We urge this subcommittee, as it deliberates, to ensure the resulting legislation is grounded in sound scientific evidence. Obtaining such evidence requires a robust national research enterprise able to conduct the rigorous research that will inform and improve cancer treatment, screening and prevention. To this end, ASCO has long advocated for predictable and consistent funding for the National Institutes of Health and the National Cancer Institute, and we will continue to pursue this overarching need with Congress in the weeks and months ahead.

In today's testimony, I will focus on three areas that span the continuum of cancer care and that underpin the bills that are the subject of today's hearing: patient access to

appropriate screening, patient education and public awareness, and quality measurement in cancer care.

Patient Access to Appropriate Screening

Screening tests that are based on solid scientific evidence can be useful in early diagnosis of cancer. Studies have shown the value of cancer screening tests in many settings, but there is still much to be learned. Although MRI, especially in expert hands, is a highly sensitive test, we should not overlook the potential risks of over-diagnosis that leads to utilization of additional diagnostic techniques, including biopsy. Tests and procedures cause anxiety—and can lead to harms—so we should be clear about their costs, risks and benefits.

The greatest utility for MRI appears to be present in women who are at heightened risk for breast cancer, including those who have a strong family history of breast cancer, those with BRCA1 and BRCA2 genetic mutations, or who are HER2 positive. In these situations, detection of abnormalities is less likely to result in the number of false-positive findings that would result from the use of these tests in women who are not in high risk categories. However, women undergoing screening MRI need to be informed about the odds of false-positive findings and the potential adverse consequences of those findings.

ASCO supports provisions that prohibit health plans from establishing policies or rules creating unnecessary barriers to medically appropriate testing. We strongly encourage providers to base their clinical decisions on high quality evidence and the same holds true for payers setting policies and procedures for covered services.

Patient Education and Public Awareness

ASCO is fully supportive of efforts to build an informed public and to educate health care consumers. With respect to educating young women on the causes and risks of breast cancer, we believe such an endeavor must be carefully constructed. Young women should have access to information that will help them determine whether they might be in a high-risk category for breast cancer. However, care should be taken to reduce the very real possibility of alarming individuals who are not at increased risk, which could inadvertently lead to unnecessary biopsies, tests and radiation exposure for such individuals.

ASCO has invested heavily in patient information programs, including an award-winning website, Cancer.Net. We have literally “put our money where our mouth is” by directing considerable resources and expertise to informing patients about issues related to the

continuum of cancer care, including prevention, screening, diagnosis, treatment and survivorship. As oncologists, we know that an informed patient has a critical advantage in cancer care treatment. We applaud efforts to make high quality information more available to women considering options and making decisions regarding screening, prevention and treatment.

Patient and public education programs, particularly in the case of cancer, face challenges in delivering constructive messages that educate without causing undue alarm or anxiety. ASCO supports a robust evaluation component that can help to determine the extent to which education programs are successful in reaching target audiences and the extent to which refinement is necessary to achieve relevance in targeted populations. Although we are focused on breast cancer today, ASCO is concerned about overall cancer awareness, and we encourage the subcommittee to consider this effort as part of a broader strategy to educate the public more generally about cancer prevention and risk.

ASCO urges support of public education programs that leverage the latest information and insights from behavioral science to target selected audiences in the most effective ways. Messages should be narrowly tailored to resonate with culturally and ethnically diverse groups, underserved populations, and women who have genetic or other factors placing them at high risk.

Quality Measurement and Reporting

ASCO has a deep and abiding concern for the quality of cancer care. In response to a study published by the Institute of Medicine more than a decade ago, ASCO began a series of initiatives to evaluate the care of patients with breast and colon cancer in the United States. These efforts have given rise to a strong culture of self-examination, quality measurement and continuous improvement throughout ASCO's membership. More than 500 practices across the United States now participate in our Quality Oncology Practice Initiative, QOPI.

QOPI provides a system for practicing oncologists to submit clinical data, using a secure electronic interface, to a central database where practice-specific and comparative data reports are generated.

QOPI reports allow oncologists to systematically assess the quality of care they provide and engage in data-driven practice improvement activities. The majority of the 80 quality measures assessed through QOPI are applicable to breast cancer patients, and 14 are specific to breast cancer treatment.

QOPI, together with a breast cancer registry pilot made possible by generous support from Susan G. Komen for the Cure, will provide tremendous insight into how breast

cancer patients receive their care, where improvements are needed, and strategies for addressing issues in care coordination, doctor/patient communication and clinical quality in breast cancer care.

With this demonstrated commitment, ASCO supports use of performance measures to assess and improve quality, including enhancing our ability to understand and address disparities in cancer care. Implementation of a 6-year project that uses well-designed and implemented quality measures in breast cancer would move the field well forward. Cancer care is extraordinarily complex. It relies on the collaboration of multiple medical specialties across the health care system. Although value based purchasing and public reporting are appealing concepts, designing an effective system requires extreme caution and the recognition that an intricate web of providers is involved in the care of each patient.

Performance measures need to be carefully developed, especially measures that assess care across settings. Development and testing of quality measures requires significant time, resources and expertise. ASCO has both a long history of work in this area and the infrastructure in place for ongoing development and testing. Some measures developed by ASCO have been endorsed by the National Quality Forum, but the number of NQF-endorsed measures for cancer remains limited. Significant work will be required to expand this portfolio to include the full range of measures required by H.R. 2279. ASCO has the expertise, commitment and track record, both through QOPI and in working with professional societies, patient advocacy groups, and other stakeholders, to develop a useful set of performance measures for breast cancer.

To ensure that doctors devote their time and resources where most needed—to their patients—quality measurement and reporting systems must maximize useful data and minimize burden. Systems currently in place to collect data on cancer were designed to meet a variety of goals. ASCO’s quality registries are actively collecting clinical data, analyzing and reporting quality measures, and are well positioned to report the disparities-focused quality data specified in this bill. Focusing on enhancing and linking existing systems, and expanding to electronic health records-based reporting, will be the best use of resources.

Implementation of provider reporting requirements for breast cancer will require careful review and evaluation as well as appropriate funding to support these activities. It will be crucial to maintain flexibility regarding the content and strategy for public reporting of quality information, allowing time to ensure the system is functioning correctly and providing appropriate, reliable and meaningful information.

Reductions in payment for low quality providers (rather than rewarding high quality providers) may have the unintended consequence of further stressing systems that already

are struggling. Evidence to date has not demonstrated a clear benefit for the punitive use of performance measures. Studies of quality performance suggest that the most important elements are the act of measuring and sharing outcomes with physicians coupled with an iterative process for continuous quality improvement. Rewarding desirable efforts and providing support tools through high functioning systems are likely to have much more dramatic impacts on quality than punishing outliers.

ASCO is a strong advocate for quality reporting and practice improvement. To achieve buy-in from providers, people with cancer, and the public, it is crucial for the information provided in any quality measurement and reporting program to be trustworthy and meaningful.

In closing, ASCO appreciates the tremendous thought and attention the subcommittee and sponsors of the four bills have devoted to the care of women with breast cancer. Many of the issues addressed today are relevant to all types of cancer. Developing the best evidence to guide clinical decisions, supporting the research that develops such evidence, assuring cancer care is delivered based on consideration of the resulting guidelines, and educating patients about prevention and treatment, are at the core of ASCO's mission. We look forward to working with Members of Congress, the Administration, colleagues who are represented here today, and partners throughout the cancer community to achieve these goals. On behalf of ASCO and its members, I thank you for the opportunity to be part of today's discussion.

