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December 19, 2013

The Honorable Al Franken
309 Hart Senate Office Building
Washington, DC 20510

The Honorable Mark Kirk
524 Hart Senate Office Building
Washington DC, 20510

Dear Senators Franken and Kirk,

On behalf of the American Society for Clinical Oncology (ASCO), I am pleased to express our strong support for your bipartisan legislation, the Cancer Treatment Parity Act of 2013, which would require private health insurance plans offering intravenous cancer drug benefits to provide parity for orally administered and self-injectable cancer drugs. ASCO is committed to ensuring that the safeguards contained within your legislation become available to all Americans.

ASCO is the world's leading professional society representing physicians who care for people with cancer. With more than 34,000 members, our core mission is to ensure that cancer patients have meaningful access to high quality cancer care.

Due to scientific advances, oncologists are increasingly able to treat individuals with cancer with oral and other self-administered anticancer medications that provide clinical advantages over more traditional forms of cancer medications. In some instances, oral cancer drugs may represent the only or best treatment option. As health insurance products have evolved over time, however, some health plans have begun to impose significantly higher cost sharing requirements (copayments, coinsurance, etc.) on cancer patients for oral cancer drugs than for intravenous or injected cancer drugs. The cost sharing burdens imposed on patients for oral cancer drugs can create insurmountable financial barriers to optimal treatment, even as some of these treatments may have the potential to lower the overall cost of care.

As this important legislation moves forward, we recommend you consider two modest but important changes. First, the legislative language should be clarified to ensure that supportive care drugs are subject to the same safeguards as other drugs used within an anticancer regimen. Supportive care drugs play integral roles in patient care, helping to manage the side effects associated with many clinically important anticancer drugs and thereby improve adherence to anticancer treatment. Some supportive care drugs are expensive, creating the potential for excessive cost sharing requirements to be imposed on patients. Please consider clarifying or replacing the phrase "drugs that are designed to kill, slow, or prevent

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the growth of cancer cells” in a manner that clearly provides safeguards for patient access to supportive care drugs.

Second, the legislative language should be refined by replacing the word “chemotherapy” with the phrase “anticancer medication” to match the rest of the legislation. The word “chemotherapy” introduces ambiguity because this word may be interpreted to exclude recently developed and clinically important anticancer medications that kill, slow or prevent the growth of cancer cells through mechanisms that differ from traditional “chemotherapy” drugs.

ASCO stands ready to help you to enact the Cancer Treatment Parity Act of 2013 and protect individuals with cancer from excessive cost sharing requirements. If you have any questions or would like assistance from ASCO on any issue involving the care of individuals with cancer, please do not hesitate to contact Jennifer Brunelle at jennifer.brunelle@asco.org or (571) 483-1642.

Sincerely,

A handwritten signature in black ink that reads "Clifford Hudis MD". The signature is written in a cursive, flowing style.

Clifford A. Hudis, MD, FACP
President
American Society of Clinical Oncology