



July 15, 2009

The Honorable Kathleen Sebelius  
United States Secretary of Health and Human Services  
The U.S. Department of Health and Human Services  
200 Independence Avenue, N.W.  
Washington, D.C. 20201

Dear Madame Secretary:

ASTRO strongly supports the Administration's priority of comprehensive healthcare reform. The country has waited too long for access to high quality healthcare for all Americans. We also strongly agree with and support the President's commitment to curing cancer as was outlined in his February speech to Congress, which called for a plan to double cancer research.

Your focus on access to care has made the recent proposed CY 2010 Medicare Physician Fee Schedule Rule with respect to radiation oncology particularly puzzling. The rule proposes 19 percent overall cuts to radiation oncology services, which will have a devastating effect on cancer patient's access to care. New technology and improved techniques allow radiation oncologists to improve how they target radiation and more effectively eliminate cancer cells while protecting healthy tissue. It is imperative that the continued achievements of radiation therapy not be stymied by inappropriate cuts.

While CMS projects the overall impact at a 19 percent reduction, the rates for certain needed cancer services would be reduced by up to 44 percent, which will have a particularly deleterious effect on freestanding and community-based cancer centers. Cuts of this magnitude would harm cancer care, especially in rural areas, and would lead to many treatment centers closing their doors.

In order to fully understand the impact of these cuts on our members and the patients they serve, ASTRO launched a survey of our members to tell us about the impact the proposed cuts would have on their facilities. Within hours, 150 of our physicians completed the survey, and we now have over 500 responses from cancer treatment centers from across the country. Large percentages have said these proposed cuts would have extremely negative impacts on their patients. Depending on their specific services and case mix, as many as half the rural centers responding said they would shut their doors. Even at the lower impact number of 20 percent, 54 percent of all respondents said they would limit the number of Medicare patients that they would treat and 30 percent said they would no longer be able to accept these patients. In rural areas, practices reported that 75 percent of their patients would have to travel more than 50 miles and 31 percent said that their patients would have to travel more than 100 miles for their cancer care, which for radiation therapy is usually on a daily basis.

AMERICAN SOCIETY FOR RADIATION ONCOLOGY


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Even if some of these practices were able to remain open after laying off clinical and support staff including supportive care providers such as social workers and nutritionists, patients would likely face long waits for treatment and most practices would not be able to upgrade their equipment. In the words of one of our respondents: “We run an efficient and cost-effective practice. With past cuts I have been able to avoid cutting the level of service and care I provide to my patients, including a significant amount of unreimbursed indigent care. Cuts of this magnitude would force me to change the practice of oncology at my center. Indigent care, Medicaid and a meaningful percentage of Medicare patients would no longer have access to care at my center.” A physician from suburban Wichita, whose practice treats over 1,000 patients a year, responded that he would have to eliminate jobs at every level which will “translate into longer delays for access to cancer treatments, extended waits before patients can see their doctor and a dangerous and predictable decline in the quality of care that patients receive.”

Every year over one million patients receive radiation therapy as they battle cancer. These patients deserve access to quality cancer treatment where ever they live. Cutting needed cancer services will result in less access to care, lower cure rates and more suffering for patients. ASTRO, its members, and the cancer patients we treat urge you to weigh in to stop these cuts from being adopted in the final Medicare Physician Fee Schedule Rule.

Sincerely,



Laura I. Thevenot  
Chief Executive Officer

Cpy: Senator Max Baucus  
Senator Christopher Dodd  
Congressman Charles Rangel  
Congressman Henry Waxman  
Congressman George Miller  
Ms. Nancy-Ann Min DeParle  
Ms. Charlene Frizzera