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JOHNS HOPKINS
M E D I C I N E
THE SIDNEY KIMMEL
COMPREHENSIVE CANCER
CENTER

April 22, 2019

The Honorable Maria Cantwell
511 Hart Senate Office Building
Washington, DC 20510

The Honorable Janice D. Schakowsky
2367 Rayburn House Office Building
Washington, DC 20515

Dear Members of Congress:

As the largest Comprehensive Cancer Center in the State of Maryland, we at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins University thank and applaud your sponsorship of the Lymphedema Treatment Act (S518/HR1948). Lymphedema is a condition that affects up to 60% of women with a history of breast cancer, and this piece of legislation is poised to improve coverage for compression supplies for lymphedema treatment.

NIH-funded research conducted by faculty at our institution underscores the importance of reducing barriers to lymphedema treatment, especially for breast cancer survivors. Patients with lymphedema face great short-term and long-term financial and emotional costs. Previous research estimates lymphedema costs to be \$15,000 annually in the first two years.[1]

A 2018 study by our own Dr. Lorraine T. Dean in the *Journal of Supportive Care in Cancer* suggested high costs have long-term impacts. Her study estimated that women with breast-cancer related lymphedema face up to over double (112%) of annual out-of-pocket healthcare costs as women without breast-cancer related lymphedema, even 10 years after cancer treatment (\$2,306 versus \$1,090).[2] Patient interviews affirmed that these excess expenditures have implications for jobs and consumer credit that affect them for generations.

The Lymphedema Treatment Act requests an amendment of Title XVIII of the Social Security Act (Medicare) to cover certain lymphedema compression treatment items as durable medical equipment, thus alleviating the patient out-of-pocket costs for an item that is critical to lymphedema self-management. This legislation can lower costs for patients, with negligible short-term and long-term financial impact to insurers. A 2016 report found that expanding insurance coverage to include lymphedema treatment in one state had a less than 0.1% impact on insurance claims, and less than 0.2% impact on insurance premiums after 10 years, while lowering costs for lymphedema treatment and lymphedema-related hospitalizations.[3]



A Comprehensive Cancer
Center Designated by the
National Cancer Institute

Thank you for your leadership on this important issue that can improve lives for those with a history of cancer.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Nelson', with a stylized flourish at the end.

William G. Nelson, M.D., Ph.D.

CC: Rep. Anthony G. Brown, Rep. David Trone, Rep. A. Dutch Ruppersberger, Rep. Andy Harris, Rep. Steny Hoyer, Rep. Jamie Raskin, Rep. John B. Sarbanes, Rep. Elijah Cummings, Sen. Benjamin L. Cardin, Sen. Chris Van Hollen

1. Shih, Y.-C.T., et al., *Incidence, Treatment Costs, and Complications of Lymphedema After Breast Cancer Among Women of Working Age: A 2-Year Follow-Up Study* *Journal of Clinical Oncology*, 2009. **27**(12): p. 2007-2014.
2. Dean, L.T., et al., "It Still Affects Our Economic Situation" *Long-Term Economic Burden of Breast Cancer and Lymphedema*. *Journal of Supportive Care in Cancer*, 2018: p. [in press].
3. Weiss, R., *Cost of a lymphedema treatment mandate-10 years of experience in the Commonwealth of Virginia*. *Health economics review*, 2016. **6**(1): p. 42.