



**MITA**<sup>®</sup>  
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November 23, 2020

Dr. Alex H. Krist, MD, MPH  
Chairperson  
United States Preventive Services Task Force  
540 Gaither Road  
Rockville, MD 20850

**Re: Screening for Colorectal Cancer: Draft Recommendation Statement**

Dear Dr. Krist:

The Medical Imaging & Technology Alliance (MITA) is submitting the following comments on the United States Preventive Services Task Force (USPSTF) draft recommendation statement on colorectal cancer screening. As the leading trade association representing medical imaging device manufacturers, MITA has in-depth knowledge of the significant benefits that early detection and accurate diagnosis through medical imaging provides.

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Colorectal cancer (CRC) is the second most common cancer diagnosed in United States and the third leading cause of cancer death even though it has a roughly 90% 5-year survival rate when detected early.<sup>1</sup> Unfortunately, as indicated in a May 2015 report from the Centers for Disease Control and Prevention (CDC), CRC screening is dramatically underutilized.<sup>2</sup>

In this draft recommendation statement, the USPSTF proposes to expand the population for which it would recommend screening by assigning a “B” grade to screening for adults ages 45 to 49 years. An “A” grade is assigned to screening for populations in ages 50 to 75 years. The Task Force also discusses the value of a variety of screening exams, including computed tomography colonography (CTC). This enhanced recommendation follows on from the American Cancer Society which lowered its recommended age for screening from age 50 to age 45 in 2018.

MITA strongly supports this expanded recommendation and would suggest that assignment of the stronger “A” grade for ages 45 to 49 years may be appropriate.

CRC is somewhat unique in that certain tests—including CTC—can detect it in a pre-cancerous stage. For this reason, the USPSTF cited in its 2016 final recommendation statement for CRC, “the best screening

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<sup>1</sup> <http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-survival-rates>

<sup>2</sup> [https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a4.htm?s\\_cid=mm6417a4\\_w](https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6417a4.htm?s_cid=mm6417a4_w)

test is the one that gets done, and the USPSTF concludes that maximizing the total proportion of the eligible population that receives screening will result in the greatest reduction in colorectal cancer deaths.”

MITA strongly supports the principle that “the best test is the one that gets done.” We are concerned, however, that the public may not be fully aware of all of the screening options available, including CTC. For many, CRC screening is synonymous with colonoscopy, without knowledge of the availability and risks and benefits of other options. For this reason, we recommend that USPSTF partner with other public health agencies, professional societies, and patient groups to ensure that the public is fully aware of the available screening options. This would greatly enhance adherence to these guidelines.

We also strongly recommend that USPSTF—and other public health agencies—be discerning in communicating the actual value of screening options. Direct visualization screening exams—such as CTC—enable the detection of precancerous polyps, meaning that CRC can be prevented. Other exams, such as fecal DNA tests, detect CRC only once it has progressed, and are therefore not preventative.

USPSTF has recognized in this draft recommendation statement the prevalence of CRC in younger populations. We would encourage the Task Force to continue to investigate the epidemiology of this disease in increasingly younger populations. Though many of the studies done for CRC are for those over the age of 50, there has been an increase in the number of young people diagnosed with CRC. Among adults younger than 55 years old, there was a 51% increase in the incidence of CRC from 1994-2014 and an 11% increase in mortality from 2005-2015.<sup>3</sup>

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<sup>3</sup> <https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21457#caac21457-bib-0008>

MITA welcomes this opportunity to comment on the colorectal cancer screening draft recommendation statement. Please contact Peter Weems, Senior Director, Policy & Strategic Operations, at [pweems@medicalimaging.org](mailto:pweems@medicalimaging.org) or (703) 841-3238 if MITA can be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Patrick Hope". The signature is fluid and cursive, with a large initial "P" and a long horizontal stroke at the end.

Patrick Hope  
Executive Director, MITA

*MITA is the collective voice of medical imaging equipment and radiopharmaceutical manufacturers, innovators and product developers. It represents companies whose sales comprise more than 90 percent of the global market for medical imaging technology. These technologies include: magnetic resonance imaging (MRI), medical X-Ray equipment, computed tomography (CT) scanners, ultrasound, nuclear imaging, radiopharmaceuticals, and imaging information systems. Advancements in medical imaging are transforming health care through earlier disease detection, less invasive procedures and more effective treatments. The industry is extremely important to American healthcare and noted for its continual drive for innovation, fast-as-possible product introduction cycles, complex technologies, and multifaceted supply chains. Individually and collectively, these attributes result in unique concerns as the industry strives toward the goal of providing patients with the safest, most advanced medical imaging currently available.*