



December 30, 2021

The Honorable Diana DeGette  
United States House of Representatives  
2111 Rayburn House Office Building  
Washington, DC 20515

The Honorable Fred Upton  
United States House of Representatives  
2183 Rayburn House Office Building  
Washington, DC 20515

Dear Representatives DeGette and Upton,

Thank you for the opportunity to comment on H.R. 6000, *Cures 2.0 Act* (Cures 2.0), which was recently introduced in the U.S. House of Representatives. The organizations below represent millions of patients confronting serious health conditions across multiple diseases that understand the importance of capturing and incorporating patients' perspectives, preferences, and priorities in the development of safe and effective treatments.

We applaud the introduction of Cures 2.0 and support the language included in Title II, Section 204, Patient Experience Data, Subsection (b), Collection, Submission, and Use of Data that will ensure standardized patient experience data (PED) are consistently collected, submitted, and considered in clinical trials.

Passage of the *21<sup>st</sup> Century Cures Act*, as amended by the *Food and Drug Reauthorization Act of 2017* (FDARA) recognized and elevated the importance of patient experience data (PED), which goes beyond the physical symptoms or side effects of a disease, therapy, or clinical investigation, to also address the psychosocial concerns, needs, and preferences of patients. The Food and Drug Administration (FDA), too, acknowledges that patient experience data provide unique insights that contribute to important patient preference information for identifying relevant clinical trial endpoints to ultimately inform medical product development that best meet patients' needs. Notwithstanding the consensus by Congress, the FDA, patient advocacy organizations, and other stakeholders on the importance of PED, there is no imperative to ensure that PED is consistently collected, submitted, and used in the drug development process as intended.

PED is defined in Title III, Section 3001 of the *21<sup>st</sup> Century Cures Act* (Pub. L. 114-255), as amended by section 605 of the 2017 FDARA (Pub. L. 115-52), as "data that: (1) are collected by any person (including patients, family members and caregivers of patients, patient advocacy organizations, disease research foundations, researchers, and drug manufacturers); and (2) are intended to provide information about patients' experiences with a disease or condition including (A) the impact (including physical and psychosocial impacts) of such disease or condition, or a related therapy or clinical investigation on patients' lives, and (B) patient preferences with respect to treatment of such disease or condition." Subsection (b) of Title II, Section 204 in Cures 2.0 will help actualize the intent behind the *21<sup>st</sup> Century Cures Act* and the 2017 FDARA by:

- requiring drug manufacturers/sponsors to collect standardized PED as part of a clinical trial;
- requiring the application for approval or licensing of the drug to include the standardized PED collected; and
- requiring the consideration of the PED submitted in deciding whether to approve or license the drug.

Embracing a consistent process that standardizes the collection, submission, and consideration of PED will allow us to better understand and address the full range of patients' needs and concerns which will, in turn, encourage increased participation in trials generally and enhance diversity among trial participants specifically, lead to greater trial adherence and retention, improve the shared decision-making process by better informing patients, caregivers, and providers about which treatment pathways may be best, and help inform future clinical trial design. The importance of collecting, using, and sharing PED that encompasses patients' psychosocial well-being is illustrated by The Institute of Medicine concluding in 2008 that comprehensive cancer care must include psychosocial care. To date, the sporadic, random, and selective nature of PED collected and considered has limited sponsors' and the FDA's opportunity to better understand the physical and psychosocial impact of an investigation and, most importantly, denied patients and providers access to meaningful and comparative information to better inform the patient-provider shared decision-making process.

On behalf of the patients and caregivers we represent, we express our full support for the Patient Experience Data provisions. Should you have any questions, please reach out to Phylicia L. Woods, Executive Director, Cancer Policy Institute at the Cancer Support Community at [pwoods@cancersupportcommunity.org](mailto:pwoods@cancersupportcommunity.org).

Sincerely,

Cancer Support Community  
Academy of Oncology Nurse & Patient Navigators (AONN)  
American Kidney Fund  
Arthritis Foundation  
Association of Oncology Social Work (AOSW)

Brem Foundation to Defeat Breast Cancer  
CancerCare  
Cancer and Careers  
Child Neurology Foundation  
Children's Cancer Cause  
Colorectal Cancer Alliance  
EveryLife Foundation for Rare Diseases  
Fight Colorectal Cancer  
GO2 Foundation for Lung Cancer  
Hemophilia Federation of America  
Leukemia and Lymphoma Society  
National Alliance on Mental Illness (NAMI)  
National Eczema Association  
National Hemophilia Foundation  
National Kidney Foundation  
National Multiple Sclerosis Society  
Ovarian Cancer Research Alliance (OCRA)  
Sick Cells  
Susan G. Komen  
The AIDS Institute  
UsAgainstAlzheimer's