

**Testimony of  
F. Scott Gray, MD**

**In Support of  
SB 396, An Act Concerning Insurance Coverage for Certain Therapies and Prescription Drugs  
for the Treatment of Prostate Cancer**

**Insurance and Real Estate Committee  
February 10, 2011**

Senator Crisco, Representative Megna and Members of the Insurance and Real Estate committee, thank you for the opportunity to present this testimony in SUPPORT of Senate Bill 396, an act concerning insurance coverage for certain therapies and prescription drugs for the treatment of Prostate Cancer.

I am an Orthopedic Surgeon practicing in Danbury and Ridgefield CT. and I am also a Prostate Cancer patient. In March of 2009 I was diagnosed with Prostate Cancer by blood test screening and prostate biopsy. After much self reflection and research I decided to undergo a surgical remedy called nerve sparing total prostatectomy. This can be done in an open fashion, by laparoscopy or in my case by robotic assisted surgery. The common theme is an attempt to spare sympathetic nerve function that controls erectile ability.

My surgery was performed by Dr. Joseph Wager a prostate cancer surgical expert we are lucky and blessed to have practicing in CT with the Hartford Surgical Associates. I was properly informed by Dr. Wager and confirmed by my independent research that a large majority of men post operatively have some degree of temporary or permanent impotence as a result of either necessary surgical removal of sympathetic nerves in order to obtain clear surgical margins, or as a result of careful manipulation of these nerves by manual protection in order to preserve them. If the nerves are by necessity removed on both sides of the prostate or unintentionally injured beyond their ability to recover spontaneously with time, permanent inability to function sexually can occur.

I learned that it has become standard post operative management for a year post surgical treatment in nerve sparing surgery for men to be treated with low dose Phosphodiesterase inhibitor medication better known as Viagra however other brands are also available when Viagra is not tolerated. Their function when utilized in this manner is to keep the sexual organ at a baseline functional condition so that when nerve function returns to a greater or lesser degree there is a much better chance of satisfactory sexual function without medication or minimal medication supplementation.

There is voluminous medial/urological literature supporting this post operative management however in CT, there is universal denial for prescription coverage by the managed care insurance industry. In my case it required a three level appeal process; the first two of which did not and never will involve a urological cancer specialist. Only on the third level appeal did that occur. It took me 4 months to manage the paperwork, a burdensome amount of phone calling and many hours of anxiety let alone the out of pocket cost which for these medications runs many hundreds of dollars per month.

I am a physician who fortunately knows how to manage this process and is used to the adversarial environment. Imagine how difficult the average male prostate cancer patient feels when he is faced with this problem let alone the cost of this medicine each month. I have another physician colleague who went through the same process with ultimate approval...so on a case by case basis it can be

approved however never guaranteed, and always unacceptably burdensome. I have many patients whom I have identified as having prostate cancer surgery when I obtain a history who have told me they just gave up on this process. It is interesting that the insurance industry may cover implant surgery for total impotence but cannot see their way to cover a pharmaceutical approach post operatively.

A number of years ago the state legislature in its infinite wisdom recognized that female breast cancer patients who required total mastectomy surgery suffered a loss of emotional and psychosocial well being as a result of this disfiguring surgery and passed legislation requiring coverage for breast reconstructive surgery. I am making my plea that male prostate cancer patients are no less sensitive human beings with the exact same emotional and psychosocial problems and concerns about their dignity, self esteem, and ability to enjoy a meaningful sexual relationship with their partners after surgery.

Whether phosphodiesterase inhibitors are needed in low dose for a year post surgery or they are needed forever due to the unavoidable sacrifice or injury to sympathetic nerve function, I believe is equivalent to the medical and psychological well being of women who require reconstructive surgery after mastectomy surgery. The complication rate resulting from the use of these medications and the cost when purchased in bulk by the insurance industry pharmacies is so low that it really should not be a financial concern for the insurance industry.

Please support this Bill for the sake of the men in CT who suffer in silence post surgery when their urological surgeons perform heroic successful surgery to spare lives, and they are unable to obtain approval for what is clearly the standard in medical treatment after prostate cancer surgery.

Respectfully Submitted,

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