

Committee on Energy & Commerce
U.S. House of Representatives
Subcommittee on Health

“Breast Cancer Screening Recommendations”

Testimony of
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President
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Mr. Chairman, Mr. Ranking Member, and Members of the Committee, thank you for the opportunity to testify about the recommendations of the U.S. Preventive Services Task Force. My name is Jennifer Luray, and I am President of the Susan G. Komen for the Cure Advocacy Alliance and Vice President of Government Affairs and Public Policy of Susan G. Komen for the Cure. On behalf of the patients, survivors, scientists, clinicians and advocates in the Komen family, thank you for holding this hearing.

Let me begin by stating that breast cancer experts agree far more than they disagree. This is a point we have stressed since the Task Force recommendations were released. There is no debate that mammography reduces the risk of dying from breast cancer; only a debate over the timing and frequency of mammography. We don't want women to react to this latest controversy as a reason NOT to get screened.

We are not changing our screening recommendations at present. We continue to recommend that women be aware of their breast health, understand their risks, and continue to follow existing screening recommendations including mammography beginning at age 40 for women of average risk and earlier for women with known risks for breast cancer.

Komen affiliates around the country have been inundated with concerns that the Task Force recommendations could lead to impediments to mammography. Many comments have come from breast cancer survivors who were diagnosed before the age of 50:

“I was 46 years old when I went in for my annual mammogram. Like so many other women, there is no history of breast cancer in my family. I was stage 2 and if not for the mammogram, I would have had advanced cancer if I had to follow the guidelines that are now in discussion.”

“I know far too many younger women who either died because they did not receive proper treatment and diagnosis early, or whose lives were saved due to early detection.”

We know that mammography is an imperfect tool. But instead of stepping away from it, we must close the technology gap and come up with better methods. That's why Komen is funding promising screening research. We must work together — government, private industry, doctors and patient advocates — to deliver screening technology that is more predictive and personalized, but less expensive. Next year, Komen will host a national Technology Summit and we ask NIH to help us prepare by reporting on investments made in screening technology.

But let's also redouble our efforts on behalf of the 1/3 of women — some 23 million — who are not being screened due to lack of access, education or awareness.

We partner closely with the CDC's National Breast and Cervical Cancer Early Detection Program to support free clinics and mobile vans. Yet, the GAO found that over half of eligible women do not receive screening – a disturbing finding that underscores the need for access to affordable insurance to eliminate health disparities.

Komen supports the valuable patient protections in H.R. 3962 that would increase access to affordable health insurance, prevent insurance companies from denying coverage due to pre-existing conditions, protect patients from high out-of-pocket costs, and increase access to mammography screening.

In light of the new Task Force recommendations, however, we must ensure that women ages 40 to 49 will have access to the same coverage and cost-sharing benefits as women age 50 and older in health care reform. Even a relatively small co-payment reduces mammography rates. We understand that H.R. 3962 will create a new entity which would not be bound by USPSTF guidelines and that the bill does not exclude from the minimum benefits package services that are not rated A or B.

Our bottom line: Women in the 40 to 49 age group may, after consulting with their doctor, choose to forgo a mammogram but those who DO choose to have one must have access to it on the same terms as women age 50 and older.

The Komen Advocacy Alliance appreciates that H.R. 3962 includes patient representatives as advisors to the Task Force on Clinical Preventive Services. Patient advocates can help to develop and deliver messages about prevention and screening.

We hope that these past few weeks of confusion will ultimately result in women taking MORE interest in their breast health; many more underserved women being screened and an intensive effort to make breakthroughs in screening technology.

Thank you.