

Ask the Doctor...June 2015

Who is going to pay for your mammogram?

If the recommendations from a recent a governmental appointed task force (USPSTF) are accepted, 17 million women will no longer receive insurance coverage for their mammograms. At least this is the conclusion of a women's health care advocacy group that has been studying this issue (for details link to: <http://avalere.com/expertise/managed-care/insights/updated-breast-cancer-screening-recommendation-could-eliminate-guaranteed-c>)

The government's task force is made up of 22 volunteers who are responsible for making "evidence- based decisions" on important health care issues. Of note, not a single member of the committee is experienced in treating women with breast problems.

The committee's most controversial recommendation is that mammograms can cause more harm than good for women in their forties. The committee's conclusions are based on the assumption that the anxiety associated with going through a negative (non-cancer) biopsy outweighs the small benefit associated with the reduction in mortality rate, a proven benefit of mammography screening.

This conclusion seems preposterous. In my experience, the vast majority of women are thankful and relieved when the biopsy comes back negative. Of course there is anxiety associated with having a breast biopsy. Putting this issue in perspective, the anxiety associated with having a benign biopsy does not compare to the anxiety associated with a delay in a breast cancer diagnosis.

The committee went on to recommend starting mammograms at age 50 and to repeat mammography every other year rather than the current recommendation for yearly mammography. They also recommended that women stop doing mammograms at age 74.

In my humble opinion the committee's recommendations were highly biased. Stated simply: when things don't add up...follow the money trail! Medical costs are spiraling out of control and the government is desperate to find solutions. I am virtually certain that the committee was biased with a focus on short-term cost savings over long-term benefits.

There are several indicators of bias. First, was the fact that experienced breast care physicians were not represented on the committee. The second explanation is a bit more complicated.

The largest and longest study on the benefits of screening women in their forties comes from Sweden. The study is now 30 plus years old. The study clearly

demonstrated an overall 40% mortality reduction in women who had regular mammographic screening. For women in their 40's, the overall mortality reduction was approximately 30%.

To my way of thinking, this is the definitive study on the benefits of mammographic screening. Dr. Lazlo Tabor who designed and managed the study, in my mind, deserves the Nobel Prize in Medicine for his many contributions to improving women's health.

For reasons that are not entirely clear to me the Canadian government decided to do another study to determine the effectiveness of screening women in their forties. Basically, this was a poorly designed study that put more women with suspicious lumps into the group that received a mammogram. Second, they used outdated equipment. Third, the technicians and physicians who read the mammograms were not adequately trained.

The Canadian study concluded that screening women in their forties caused more harm than good. The appropriate conclusion should have been that poor quality mammography is bad for a women's health.

Unfortunately, if there is no major effort to fight the recommendations it is likely that Medicare will adopt the committee's guidelines. Once Medicare accepts the guidelines it is more than likely that the insurers will follow. Some health plans have already adopted the guidelines.

What to do next is not clear. I am not aware of any major effort to stop the implementations of these new screening guidelines. Failures to respond will undoubtedly lead to delays in breast cancer diagnosis, the need for more aggressive therapies, and an increase in breast cancer mortality.

The window of opportunity for a public response ended on May 15th. It may be too late for a grassroots movement to get Washington to reconsider its response to the recommendations from the committee. At present, the only remaining option appears to be to contact your elected representatives to express your concern about the recommendation from the USPSTF.

Please contact us if you have questions or suggestions of how we might fight back against the committee's recommendations.

2.
End

The public has until May 15, 2015 to [review the draft recommendations and leave comments](#). We strongly urge you to do so.

In addition, make sure your [Senators](#) and [Representatives](#) are doing more for your breast health than just wearing a lapel pin in October. Let them know how much access to early detection matters to you.

Write that letter. Make that call.

It might just save your life or that of someone you love.

- Unfortunately USPSTF has clout...may be accepted first by Medicare and then by private insurers..put too much emphasis on flawed Canadian study since it met their bias...cost-containment
- Unfortunate...although cost saving in short run...long-term cost increases...50k vs. one million

What to do?

Now is the time to advocate for ourselves. Before our silence indicates acquiescence and surrender.

[A 2014 study in the American Journal of Roentgenology](#) indicated that if USPSTF breast cancer screening guidelines were followed, approximately 6,500-10,000 additional women each year in the United States would die from breast cancer.

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- See more at: <http://blog.beekley.com/usptf-mammography-guidelines-the-real-war-on-women#sthash.evLUI6z7.dpuf>

Considering that breast cancer deaths dropped 35% over the last 20 years (aligning almost perfectly with the American Cancer Society's recommendation in the mid-late 1990's for annual screening mammograms beginning at age 40), shouldn't the physicians who have had the most impact on making more women breast cancer survivors at least have a voice as at the table when debating the merits of early, annual, mammography screening? - See more at: <http://blog.beekley.com/who-needs-an-expert-opinion-anyway#sthash.NOUI4lz3.dpuf>

The background to their conclusion that screening has only a small benefit for women in their forties is clouded by the results. Of.....

is a bit complicated, but a recent study was reported for Canada which concluded that mammograms caused more harm than good and the 22% of breast cancers would simply disappear if not treated.

There two simple explanation for their conclusions. First, women with suspicious masses on exam were given the opportunity to switch to the mammogram arm of the study where they would get more timely treatment. So much for the 22%. Of course there were more patients in there were 22% fewer breast cancer deaths in the arm of the study where women did not receive a mammogram. More women with suspected cancer were directed to receive a mammogram.

The second issue was the quality of the mammograms. The quality was so poor that the American advisors to the study signed off because they knew the study would be invalid. Sure enough, a larger percentage of early cancers were missed and only detected when they were more advanced.

Of course I am biased, but if you need more evidence of the committee's bias you need only to turn to a second Canadian study that was properly designed, used updated equipment and highly trained personnel. There results at 18 yrs, was an almost 30% reduction on breast cancer mortality for women who had a yearly screening mammogram.

The USPSTF apparently put heavy emphasis on the flaw original Canadian study and choose to ignore the well designed

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See recent article for AuntMimmi...17 million women may not be covered....

Follow the money trail

- Summarized finding of USPSTF...
 - Women in 40's ?? more harm than good...explain
 - 50...every other yr
 - stop 74
- Not just academic recommendations...have clout..Medicare and insurance co.
- Issue of grade...class C data: not required to covered

Explanation of why conclusion

Can only assume biased...no experts on gov. appointed panel

Gov in crisis re spiraling health care costs....biased interpretation of data is self serving....but missing point....early detection saves lives and dollars...

Put it together...women must stand up and demand the life saving benefits...start at 40 and yearly as long as healthy.

Recent report from USPSTF could result in 17 million women not getting covered by insurance for mammogram...on their own if something not done.

Insurance only required to pay if A or B rating by task force...new guidelines give screening in women a C rating when it comes to available evidence of effectiveness.

Two big questions...how did they come to such a conclusion (limited benefit in 40's and what with the insurance companies and gov. do in response to these recommendations?

First...basis...Canadian study ...flawed....second study shows approx. 30% mortality reduction.

Bias in terms of cost containment...desperate to control spiraling medical costs...Note: not a single member of the committee with hands on experience in breast cancer care...chose to cherry pick the data and put emphasis on a flawed study while ignoring the big picture.

Second questions...we don't know...politically unpopular...but government desperate....Women and woman's organization need to stand up (note every other yr. at 50 and stop at 74.