

Ask the Doctor: December 2016: Time is Running Out

In April of 2017 the moratorium blocking the new mammography screening guidelines expires. In the absence of a major backlash from the public, insurance companies will be given an excuse to not pay for mammograms for women in their 40s. The new guidelines recommend starting screening at age 50, repeating it every other year until age 74 at which time insurance companies are no longer required to pay.

A recent analysis from Avalere (an independent privately held consulting firm) estimates that 17 million women ages 40 to 49 could lose their guarantee of mammogram coverage if the screening guidelines from the US Preventive Services Task Force (USPSTF) are finalized (See Link 1).

It is astonishing that after decades of progress in early detection and falling mortality rates that an organization would even consider denying young women access to mammography. The question is, whose making these recommendations and what is their motivation?

Who are they?

The United States Preventive Services Task Force (USPSTF) is a panel of primary care physicians that systematically review the evidence for clinical preventative services. The physicians serve a voluntary 4-year term (See links 2&3).

The task force is funded by the U.S. Department of Health and Human Services. USPSTF has evolved into a powerful health regulatory agency, but one with few of the requirements for transparency and due process that are standard for most regulatory bodies. (For a more details: See links 4 & 5).

What motivates them?

The task force states that they are not motivated by cost-containment. I suspect that this is the case for the volunteer primary care physicians. However, I am convinced the researchers (PhDs and MPHs) who are hired by the government are

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strongly biased to reduce medical expenditures.

One reason for suspecting bias is the make-up of the committee. Primary care doctors are the only physicians on the committee. Breast care experts such as mammographers and breast surgeons are excluded and their input is ignored.

Furthermore, the task force chooses to ignore the National Comprehensive Cancer Network (NCCN). The NCCN is the organization that sets the standard for all aspects of cancer care in the USA. They recommend starting yearly screening at age 40 as does the Mayo clinic and many other respected medical organizations. (Ref. 6,7)

As it turns out, the task force actually admits that starting early save lives, but they point out that women in their forties are more likely to have a breast biopsy that proves to be negative than women 50 and over. The task force notes that there is a great deal of anxiety associated with going through a complex biopsy procedure only to find out it was an “unnecessary biopsy”. The issue of anxiety associated with a delay in diagnosis is not commented upon.

Their second justification is that many breast cancers would not cause harm if left untreated. As pointed out in last month’s article, the concept of breast cancers growing so slowly that they would not cause harm applies only to the elderly (See Link 8). Virtually all breast cancers diagnosed in women in their 40s will cause harm if left untreated.

The key points to remember are that postponing mammograms to age 50 leads to diagnostic delays, the need for more aggressive treatments and an increase in breast cancer mortality rates.

Time is running out:

April 2017 is rapidly approaching. The public needs to better understand the 40 not 50 controversy. For more information and to learn what you can do to fight back link to: www.40not50.com.

References:

1. Avalere Report: 17 million women may lose access to screening mammograms:

<http://avalere.com/expertise/managed-care/insights/updated-breast-cancer-screening-recommendation-could-eliminate-guaranteed-c>

2. (Wikipedia on USPSTF):

https://en.wikipedia.org/wiki/United_States_Preventive_Services_Task_Force

3. USPSTF home page: summary guidelines and brief explanation:

<https://www.uspreventiveservicestaskforce.org/Page/Name/about-the-uspstf>

4. Bleeding edge of Rationing: Obama's health plan and the new power of the United States Preventive Services Task Force". Scott Gottlieb MD. Nov. 2011

- <http://www.aei.org/publication/the-bleeding-edge-of-rationing/>

5. The unscientific approach to the latest USPSTF mammography guidelines. Debra Monticciolo, M.D., FACR. Feb. 2016

- <http://thehill.com/blogs/congress-blog/healthcare/270484-the-unscientific-approach-to-the-latest-uspstf-mammography>

6. NCCN recommendations for annual mammography screening:

- <https://www.nccn.org/about/news/newsinfo.aspx?NewsID=231>

7. **Mayo** clinic guidelines for annual screening

- <http://www.mayoclinic.org/tests-procedures/mammogram/expert-answers/mammogram-guidelines/FAQ-20057759>

8. Over Diagnosing Over Diagnosis.

- http://beawarefoundation.org/images/website/1147/files/NOV_2016_A_SK_the_doc.pdf

**If you have any questions or comments, contact us at:
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