



Dear Patient,

The federal government is poised to adopt new mammography guidelines which threaten the health of women in the United States. The proposed guidelines from the U.S. Preventive Services Task Force (USPSTF) pave the way for insurance companies to end coverage for mammograms for most women under age 50, even as the task force acknowledges that not screening such women will result in the deaths of women whose lives could have been otherwise saved. Similarly, the task force's recommendation that mammograms be performed only every other year for women ages 50+ could fuel a rollback of current law that mandates insurance coverage for annual exams.

As physicians, we believe the guidelines are fundamentally flawed. They are based on outdated studies and poor science. They don't take into account improved mammography techniques and technology. The panel included no one with any expertise in breast cancer care and no experts in breast cancer screening. It relied on computer models and conducted no actual research. Its recommendations are not supported by scientific evidence.

Women have until May 18 to make their opposition to the new guidelines known. They should do so immediately. Comment on the draft by May 18 by visiting www.screeningforbreastcancer.org and make your voice heard.

The USPSTF is an independent panel of physicians that reviews guidelines for clinical preventive services. The new proposed guidelines build on an earlier set of similarly flawed recommendations that called for mammography screening only every two years for most women and only for women age 50 to 74. The existing guidelines say the decision about mammograms before age 50 should be an individual one, based on family history and other risk/benefit factors. The new guidelines wouldn't change that but – crucially – would give the exam for women under age 50 a letter grade of "C", meaning insurance companies would no longer be required to cover the procedure under the terms of the Affordable Care Act. The burden of uninsured mammograms would fall particularly heavily on women who are economically disadvantaged. And all women would be burdened by any decision to restrict insurance to mammograms only every other year.

The good news in the update is that the task force guidelines make clear that lives are saved by breast cancer screening beginning at the age of 40. However, it contends that the value of those additional saved lives is less than the cost of unneeded treatments and worry stemming from over-diagnosis – small comfort to a 40-year-old who will not live to see her children graduate from high school because she did not have access to a mammogram.

The task force agrees that screening can be more effective for women in their 40s who have a family history, but ignores that fact that 75% of women ages 40 to 49 diagnosed with breast cancer have no family history. Analysis of the task force's guidelines suggests that up to an additional 6,500 women will die from breast cancer annually if its recommendations are fully followed.

The task force's earlier guidelines caused widespread confusion among women. Regrettably, this update is likely to do the same. But there should be no confusion. The case is clear. Mammograms mean early detection. Early detection saves lives!

Women should get mammograms every year, starting at age 40. That is the position of the American Cancer Society, the American Congress of Obstetricians and Gynecologists, the American College of Radiology, the American College Of Surgeons and Susan G. Komen for the Cure.

Women – and the people who love them – should let the panel know how they feel about the proposed recommendations and the possibility of losing insurance coverage for mammograms. We urge you to comment on the draft by May 18 by visiting www.screeningforbreastcancer.org and make your voice heard.

Sincerely,

Marcus J. Dill-Macky M.D.

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