

The James



THE OHIO STATE UNIVERSITY
COMPREHENSIVE CANCER CENTER

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Written Proponent Testimony on S.B. 121
Senate Insurance and Financial Institutions Committee
October 3, 2017

Chairman Hottinger, Vice Chair Hackett, Ranking Member Brown, and members of the Senate Insurance and Financial Institutions Committee, thank you for allowing me to submit a statement for the record on S.B. 121. On behalf of the Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Solove Research Institute (OSUCCC-James), I write in strong support of S.B. 121, introduced by Senator John Eklund. S.B. 121 would require insurers to provide coverage for breast tomosynthesis as part of the state's existing screening mammography benefit.

At OSUCCC – James, our vision is to create a cancer-free world, one person, one discovery at a time. This underlies everything we do in working to eradicate cancer through research that translates to innovative and highly targeted patient care. The OSUCCC – James is the only cancer program in the United States that features a National Cancer Institute (NCI)–designated comprehensive cancer center aligned with a nationally ranked academic medical center and a freestanding cancer hospital on the campus of one of the nation's largest public universities.

Our Stefanie Spielman Comprehensive Breast Center, which I direct, is the first of its kind in the Midwest to offer the full continuum of breast care – from prevention and screening through detection, diagnosis, treatment and survivorship – in one world-class facility. The Center is designated a Breast Imaging Center of Excellence (BICOE) by the American College of Radiology. The BICOE designation is awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR's voluntary breast imaging accreditation programs and modules, in addition to the mandatory Mammography Accreditation Program.

Breast tomosynthesis is the latest breakthrough in mammography. Data clearly show that tomosynthesis is a significant advancement for breast imaging. The appearance of overlapping tissue on mammograms, especially in women with dense breasts, poses a significant obstacle to interpretation. With this technology, the radiologist can view a mammogram in a way never before possible. Breast tomosynthesis gives radiologists the ability to view inside the breast

layer by layer, helping to see the fine details more clearly by minimizing overlapping tissue. Recent studies showed that tomosynthesis leads to better cancer detection [increase of 32.6% from 4.6 to 6.1 cancers/1,000 shown by McDonald et al.], substantially fewer call backs [median of 31% fewer across 15 studies analyzed by Carbonaro et al.] and greater peace of mind. It provides a clearer, more accurate view of the breast and allows doctors to more effectively pinpoint the size, shape and location of any abnormalities. It prevents unnecessary biopsies or additional tests, which in turn reduces cost and decreases patient anxiety. In breast cancer cases, tomosynthesis helps to depict better the borders of the main mass and to identify additional ipsilateral and contralateral cancers, which occurs in 15 percent of breast cancer patients. It also allows easier differentiation between benign and malignant lesions allowing radiologists to make more accurate recommendations.

Because of its extraordinary and clinically meaningful benefits, tomosynthesis has been installed across our entire mammography network at the OSUCCC-James. Tomosynthesis has been a great tool both for problem solving and localization of abnormalities and especially for screening high risk patients with dense breasts.

Many insurers also already recognize the value of tomosynthesis and reimburse for screening mammography utilizing this technology, including the Ohio State University Health Plan.

As the Committee considers mammography coverage, it is important to note that the National Comprehensive Cancer Network (NCCN) recommends an annual screening mammogram for women between the ages of 40 and 50 years old. Ohio's law requires insurance coverage of a bi-annual screening mammogram for women in this age group, unless recommended more frequently by a physician. The NCCN is a not-for-profit alliance of 27 leading cancer centers, including OSUCCC-James, devoted to patient care, research, and education and is dedicated to improving the quality, effectiveness, and efficiency of cancer care. Through panels of experts from its member institutions, NCCN creates clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. These guidelines typically constitute the standard of care in cancer care across the country. I serve on the NCCN panel that updated the Breast Cancer Screening and Diagnosis Guidelines just this summer.

I encourage this Committee to consider updating Ohio's law to require annual screening coverage for this cohort of women, as recommended by the NCCN.

In conclusion, tomosynthesis provides an imaging capability that allows the more accurate evaluation of lesions by enabling better differentiation between overlapping tissues. A lower recall rate, higher positive predictive value for a biopsy recommendation, and higher cancer detection rates result from the use of this technology. Ensuring insurance coverage for this procedure will benefit the health of Ohioans without increasing overall costs.

Thank you for your consideration of my comments. I look forward to working with you to ensure necessary breast cancer screening is available, and affordable, in Ohio.