HB 371 Testimony, per Elizabeth A. Shaughnessy, MD, PhD, FACS, FSSO
For February 9, 2022

Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and esteemed members of the Senate Health Committee, I thank you for the privilege of presenting my perspective as you deliberate your support regarding HB 371.

I am a breast surgeon at the University of Cincinnati Medical Center. I have practiced there 24 years, and am currently a Professor of Surgery, Vice Chair of Surgery for the Patient Experience, and the Director of Breast Cancer Multidisciplinary Care. During COVID, breast cancer has become the highest incidence of any cancer globally. Screening for breast cancer with mammography has become a mainstay in our evaluation of women. Introduced for women for breast cancer detection in the 70's, its use has increased in the last three decades. It has been shown to decrease breast cancer-specific mortality by 29%. Women who screen regularly have been shown to have reduced cancer-specific mortality relative to those women who do so sporadically, or have only done so for a short period of time. In a population-based survey of women in the United States in the year 2000, 70% of women over the age of 40 had participated in screening mammography within the previous two years.

Back in 1983, approximately 70.4% of all breast cancers presented as palpable masses, meaning they were not found by mammography. Not as many women were screening at that time, at best 25%. With the increased used of screening mammography, that number had dropped to 43.9% by 1990. At this point, we would like to claim that the number of breast cancers found by palpation is minimal; however, a paper presented to the American Society of Breast Surgeons in 2010 from the Mayo Clinic demonstrated that the breast cancers presenting as a tumor felt by the patient or her doctor remains at 43% of all breast cancers diagnosed!

Fibrocystic breast changes are said to be found in half of all American women; with fibrocystic change comes density. When a cancer presents as a white mass in the context of a white background on a mammogram, a cancer cannot be detected. Furthermore, there are subtypes, like lobular carcinoma, that are increasing in frequency and seldom demonstrate findings on a screening mammogram. I have seen this frequently in my practice. I have also seen two women in my practice pay out of pocket for a fast breast MRI out of concern that a cancer was present. Something just wasn't right but the mammogram was negative. A suspicious finding was identified early, and they each had their treatment.

But not everyone can afford that. Few-to-no insurance providers underwrite that cost for those with dense breasts on mammography and exam. A patient of mine, a 42 year-old woman, married with five children, found a mass on self breast exam. Nothing was revealing on her mammogram, now a diagnostic mammogram because of the finding. Following biopsy confirmation of breast cancer, I sent her for a breast MRI and she had early non-invasive breast cancer throughout the remainder of both her breasts! Surgical removal confirmed these findings. A screening 3D mammograph or breast MRI would have helped find this earlier.

Without a family history of breast cancer, I screened yearly with mammography, obtained diagnostic imaging when something was not clear, pursued a needle biopsy of an area of calcifications. Everything came back benign. I screened because I felt that I could not encourage my patients to do so unless I set an example. I did regular self breast exam. Three years ago, while in the shower, I absent-mindedly responded to an itch. I felt a mass! This was new! I was due for my annual mammogram and switched to diagnostic imaging. My technologist gently told me that everything looked fine, that this was nothing on mammography—there were no changes. However, further ultrasound showed something suspicious. MRI showed multiple tumors connected by non-invasive cancer in the ducts; this process was not early. A screening breast MRI would have helped find it sooner, but that is not easily possible. I received the biopsy confirmation two days before the previous patient's funeral.

I urge you to consider supporting HB 371, as the data would support that a significant number of cancers are not demonstrated on screening. Reaching a little further for more data with a 3D mammogram or a fast breast MRI would go a long way in identifying early disease, and saving more lives and money!