

The James



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Proponent Testimony on H.B. 371
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Chairwoman Manchester, Vice Chairman Cutrona, Ranking Member Liston, and members of the House Families, Aging, and Human Services Committee, thank you for allowing me to testify on H.B. 371. On behalf of the Ohio State University Comprehensive Cancer Center-James Cancer Hospital and Solove Research Institute (OSUCCC-James), I offer strong support of H.B. 371, introduced by Representatives Schmidt and Denson. H.B. 371 would require insurers and Ohio Medicaid to provide coverage for breast tomosynthesis and supplemental breast cancer screening that is necessary for clinical evaluation. It also revises the language required for notifying patients about the presence of dense breast tissue.

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 (ACR). 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 undoubtedly the most significant advancement in mammography of my career. Data clearly show that tomosynthesis significantly increases cancer detection while reducing patients being called back for additional clarifying imaging tests (call backs). Specifically, multiple 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.

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. Tomosynthesis 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, in turn, prevents additional tests or unnecessary biopsies, which 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. Lastly, it also allows easier differentiation between benign and malignant lesions allowing radiologists to make more accurate recommendations.

There are essentially no contraindications for tomosynthesis. Our program piloted this technology starting in 2012 and, after experiencing its benefits and seeing the body of evidence supporting it mature, invested millions of dollars to expand it throughout our entire mammography network. Tomosynthesis has been a great tool for problem solving, localization of abnormalities, and especially for screening high risk patients with dense breasts.

Most insurers also already recognize the value of tomosynthesis and reimburse for screening mammography utilizing this technology with more than 90% of Ohioans currently having coverage. However, because not all payors in Ohio reimburse for tomosynthesis, we cannot assure patients it will be covered. Many patients, worried about out of pocket costs, decline its use and utilization of tomosynthesis has plateaued (79% at our center). Recent studies have also highlighted disparities in utilization of tomosynthesis in minority populations and concluded that reducing inequities in tomosynthesis utilization may improve the effectiveness of breast cancer screening. Early detection remains the cornerstone of finding curable breast cancers hence I strongly endorse annual mammograms with tomosynthesis.

H.B 371 also would require coverage for annual mammograms for all women. Ohio's law currently requires insurance coverage of one screening mammogram between the ages of 35 and 40, a bi-annual screening mammogram for women ages 40 to 50 years old for women without risk factors, and annual screening mammography for those at least 50 but under 65 years of age.

These timeframes are inconsistent with national guidelines established by the National Comprehensive Cancer Network (NCCN) and American College of Radiology (ACR). As you may know, 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. In addition, NCCN provides separate sets of recommendations for women at increased risk, on the basis of personal or family history. These include earlier initiation of mammography, in some cases in combination with an annual MRI.

I fully support updating Ohio's law to require annual screening coverage for women. This will allow a patient and her provider to decide when to initiate screening mammograms based on her personal risk factors, removing the barrier of insurance coverage determinations.

While tomosynthesis has been a significant improvement to mammography technology, there remain cancers that are not detectable by mammography screening alone. Dense breast tissue may still limit the sensitivity of the test and cancer may progress in this population undetected at its earliest stages, despite our best efforts. Coverage for supplemental screening tests as proposed in H.B. 371 would be a significant benefit for these patients and a further step to improving and detecting cancer when it is most treatable.

In conclusion, tomosynthesis is simply a better mammogram – a dramatically better mammogram. Its use results in improved cancer detection, lower use of unnecessary imaging, and improved care for patients. Supplemental screening for select patients helps reduce the chance of missing cancer when it is most treatable. Ensuring insurance coverage will benefit the health of Ohioans without increasing overall costs. I urge the Committee's support for this bill.

I commend Representatives Schmidt and Denson for introducing this important legislation, and I would be happy to answer any questions the committee may have.