

February 7, 2022

Dear Chairman Huffman, Vice Chairman Antani, Ranking Member Antonio, and members of the Senate Health Committee,

Thank you for allowing me to submit my support for Ohio House Bill 371, "to revise the laws governing coverage of screening mammography and patient notice of dense breast tissue." I am the Co-medical Director of the Joanie Abdu Comprehensive Breast Care Center in Youngstown Ohio. We are an American College of Surgeons (ACS) NAPBC accredited facility, which means we obtain accreditation every three years by complying with a stringent set of quality criteria. We also secure regular accreditation from the American College of Radiology (ACR) for all our imaging platforms.

A current quality indicator is for enhanced screening in women with dense breast tissue. As you are aware, women with moderately or very dense breast tissue have twice the risk of developing breast cancer than women with less dense or involution all tissue. In addition, breast tissue that is dense compromises visualization of early malignancies on screening mammography. It is recommended that women with dense breasts, who often are our younger patients, undergo additional screening. This can be accomplished by whole breast ultrasound, MRI, or molecular breast imaging (MBI). Unfortunately, with current reimbursement rules, patients are frequently not covered for this essential enhanced screening. The goal of screening is to detect tumors at an early manageable state, and women with dense breasts are at a disadvantage. Patients are alerted to their breast density by mail with their mammogram reports. Recommendations for enhanced screening are in that report however in many instances financial support is not available.

There are multiple current, often conflicting, current recommendations for when women should start breast screening. However, if a woman has a first-degree relative with breast cancer, they should start their screening imaging 10 years prior to the age of diagnosis of that 1st degree relative. In addition, when a risk assessment is performed a one may be found to be at an increased, greater than 20%, lifetime risk of developing breast cancer. These patients need to start mammograms at either an early age or undergo mammograms alternating every six months with MRI examinations. Once again, financial support is often unavailable to these patients.

Expansion of coverage to include enhanced screening for women with dense breasts or at increased risk of developing breast cancer would lead to improved detection and likely survival from breast cancer for Ohio women. We appreciate your support for this bill.

Sincerely yours,



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