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My name is Patricia Fox and I am a resident of West Hartford, CT. I am married and a mother of two young children.

In 2008, when I was 38 years old, I was diagnosed with breast cancer. I want to briefly outline the history of my diagnosis because it has a very specific relevance to the bill that is before you today and my future medical treatment.

In January 2008, my primary care physician first discovered a small lump in my right breast. She did not believe that the lump was a cancerous tumor and I was relieved when it did not appear on the subsequent mammogram. I was told that the mammogram was clean.

My doctor then ordered an MRI. The MRI revealed a mass which, by later biopsy, was diagnosed as Stage 2A, invasive malignant carcinoma.

It turned out that the mammogram did not detect the tumor because of my dense breast tissue. Also, my cancer was part Lobular, which I am told, is harder to detect on a mammogram.

Following my diagnosis, I had two surgeries. The surgeries included removal of the tumor and, because the cancer was detected in multiple lymph nodes, the removal of all 31 of the lymph nodes under my right armpit.

I underwent 4 months of aggressive chemotherapy, followed by 2 months of daily radiation. Following this treatment, I have had over a year of physical therapy which I continue today.

I will also tell you that in November 2007, 6 weeks prior to the detection of the breast tumor, I was diagnosed with melanoma. I had surgery to remove the cancer and also had a sentinel node dissection under my left armpit.

Over the course of this treatment, I have been under the care of a team of cancer treatment professionals including Dr. Elizabeth Brady, my breast surgeon, Dr. Patricia De Fusco, my oncologist, and Dr. Andrew Salner, my radiation oncologist. These doctors are regarded as among the best in their respective fields.

As part of my post-treatment, Dr. De Fusco strongly recommends a yearly breast MRI in conjunction with a mammogram. This recommendation was also made and endorsed by Dr. Brady and Dr. Salner, along with my OBGYN, Dr. Tracy Brennan.

These doctors concluded that a yearly breast MRI was medically necessary for me because (1) my breasts are very dense, (2) I had part lobular cancer which is harder to detect by mammography, (3) I am at risk of re-occurrence due to my young age and remain pre-menopausal, (4) I have a history of 2 malignant cancers and (5) my breast cancer was not detected by mammogram but rather by MRI. The goal of my current and future treatment plan is to detect any cancer before it grows significantly and enters my lymphatic system, like the last tumor did.

I am insured by United Healthcare, Oxford and in order to have the recommended, follow-up MRI, its approval is required. Oxford denied the request saying that it was not medically necessary because I am not a carrier of the BRCA1 or BRCA2 gene mutations. They said that breast examination and standard mammography is all that is medically necessary.

Shockingly, in denying my claim, Oxford ignored entirely my individual medical history and diagnosis. It did not take into consideration that I have very dense breasts and that standard mammography failed to reveal a sizeable tumor in the first place. By pointing out that I was not a carrier of the BRCA1 and 2 gene mutations, they disregarded the fact that I actually had two malignant cancers! The most shocking aspect to the denial was its apparent disregard for the fact that three leading cancer specialists were making the same recommendation.

Following this denial, I went through a long and frustrating appeal process with Oxford that consumed countless hours, loss of sleep and stress. I filed a Level I appeal, which again was denied without any consideration for my particular circumstances.

I then filed a Second Level Appeal. As part of this appeal I worked with a lawyer from Attorney General Blumenthal's office. I filed my personal appeal and the Attorney General filed an appeal on behalf of my OBGYN. Finally, after a 4-month delay, the MRI was approved and I was able to have the MRI, which fortunately was clean.

Although my cancer spread to my lymph nodes, it was still caught early and detected by MRI. I expect to have a yearly MRI to catch any reoccurrence before it dangerously spreads. Personally, I hope that Oxford will not force me to endure yearly appeals. If they do, I will continue to fight them at every turn to get the MRI approved.

My real concern today is for the women who may not have the strength or support that I do to fight their insurers. Women now and in the future will be faced with a similar set of circumstances. It is time to put an end to the insurers outdated, cookie cutter approach.