



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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House Bill 5728 – AN ACT CONCERNING A STUDY OF BREAST CANCER RATES IN THE STATE AND POTENTIAL CAUSES

The Department of Public Health provides the following information concerning House Bill 5728.

Connecticut historically has a high breast cancer incidence rate relative to national rates. In 2009 there were 3,010 new female breast cancer cases diagnosed among CT women. The corresponding 2009 CT incidence rate was 138.9 cases per 100,000 women, significantly higher than the corresponding US rate of 122.9 ($p < 0.05$). Connecticut women also have a higher prevalence of risk factors for breast cancer including higher education level, median income, and age for first time mothers. While incidence of breast cancer in Connecticut is high, many cancers are being detected at an early stage. The high proportion of early stage breast cancer diagnoses in CT results in a low mortality rate from the disease. The 2009 breast cancer mortality rate in Connecticut ranks 28 in the nation and is **not** significantly different than the national mortality rate (21.6 per 100,000 women in CT versus 22.2 in the US). Regional variations in town incidence rates do exist, but a recent assessment of 2005-2009 incidence rates among Naugatuck Valley towns (Beacon Falls, Derby, Seymour) found that none of the town rates were statistically different (at $p > 0.05$) than the statewide rate (137.6 cases per 100,000 females).

Elevated breast cancer incidence rates continue to be a concern for DPH. Information on evidence-based prevention strategies is distributed by DPH and partnering organizations within CT. The DPH early detection and treatment program is focused on maximizing access to early detection, and effective breast cancer treatment opportunities for CT women. These efforts focus on documented causes and effective treatment strategies. In contrast, the proposed legislation, HB 5728, would mandate a study "to identify potential causes and risk factors." This focus on finding new potential causes places the project in the area of research appropriate for an academic research group, but beyond the scope of DPH research capacity. We are also aware that comprehensive breast cancer research studies such as those undertaken in

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Massachusetts¹ and New York² have required considerable funding, taken considerable time to execute, and have not found evidence of environmental risk factors that could explain the elevated rates detected in geographic regions within the state. The comprehensive NY Long Island Breast Cancer study² was federally funded at a cost of about \$30 million, and took about 8 years to complete. A 2012 Institute of Medicine (IOM) report on “Breast Cancer and the Environment...”³ provided a comprehensive review of scientific studies on this topic. The evidence was not strong enough to make new recommendations, though there were many suggestions for new and more complex and sophisticated research studies. The experience of state-supported investigations in New York and Massachusetts, as well as the conclusions of the recent IOM report lead us to conclude that if this sort of study is to be conducted, it should be undertaken as an academic research project with the expectation that possibly no new clear-cut environmental exposures linked to breast cancer will be identified.

Thank you for your consideration of the Department's views on this bill.

¹ Brody, J. G. et al. Breast cancer risk and historical exposure to pesticides from wide-area applications assessed with GIS. *Environ. Health Perspect.* 112, 889–897 (2004).

² Winn, D., *Breast Cancer and the Environment: A Life Course Approach*. The National Academies Press, 2012.

³ Committee on Breast Cancer and the Environment: The Scientific Evidence, Research Methodology, and Future Directions; Institute of Medicine, 2012.
http://www.nap.edu/catalog.php?record_id=13263