

Testimony of Liane Philpotts, MD
Insurance and Real Estate Committee
SB No. 158

March 3, 2016

To Co-Chairs Senator Joe Crisco and Representative Robert Megna and
Members of the Committee:

I am Liane Philpotts, M.D. I practice at Yale School of Medicine where I
am a Professor of Radiology and Biomedical Imaging and Chief of Breast
Imaging.

I strongly support S.B. No. 158 - AN ACT CONCERNING COST-SHARING
FOR MAMMOGRAMS AND BREAST ULTRASOUNDS, which ensures
screening ultrasound as an adjunct for women with dense breasts
without imposing a deductible (as specified in the substitute language).

While mammography has long been the gold standard for screening, it is
not without limitations. Importantly, cancer detection in dense tissue is
markedly reduced compared to non-dense tissue. I feel strongly that
women who desire screening should have an equal opportunity to have
breast cancer detected irrespective of their race, socioeconomic status,
age, or breast density.

Breast density reduces the sensitivity of mammography, making one
woman's 'Normal mammogram' far different than the next's. This is not
something that affects only a small number of women. Rather, nearly
half of all women have dense tissue.

Women with dense breast tissue should not be discriminated from
those without. Density is not something a woman has control over. It is
due to a combination of factors, primarily genetics and age – younger
women generally have denser tissue. In addition to mammography,
such women deserve to have access to supplemental screening with
ultrasound, to optimize their chance that breast cancer will not go
undetected.

Screening ultrasound is the most commonly used supplemental

screening test for women with dense tissue. While it is also not without limitations, in comparison to early experience, current screening ultrasound performance is at a level similar to or better than mammography in terms of cancer detection and false positives. Screening ultrasound also has many benefits including lack of radiation, patient comfort, and relatively low cost.

When the CT density notification bill was originally passed in 2009, I was actually not in favor. While I fully supported notifying women of their breast density, I was concerned that the options for adjunct screening were limited and not scientifically supported. Screening mammography is criticized for excessive false positive recalls, yet the data for screening ultrasound, the most commonly utilized supplemental screening test, was far worse. I was concerned we would be placing women in a position of experiencing undue harms and false alarms.

Six years later I have a completely different perspective. Women with dense breast tissue do not have equal results with screening mammography. Cancer detection rates are roughly half what they are in non-dense tissue. Tomosynthesis, or 3D mammography, yields far better results than 2D, but it is still not perfect in dense tissue. Screening ultrasound provides a mechanism to ensure fewer cancers will be missed, and thus more women have a chance of having their lives saved.

In our practice we have shown that screening ultrasound can be performed quickly, easily, and conveniently, yielding results that maintain cancer detection rates while minimizing false positives. Data from our facility has shown that women with dense tissue who undergo screening ultrasound simultaneously with mammography, have a 42% reduced screening mammography recall rate. Such a reduction in recalls represents unanticipated cost savings, not to mention greatly reduced anxiety and inconvenience for those recalled women.

Last fall, I diagnosed a friend of mine with breast cancer found on screening ultrasound, not seen on a 3-D mammogram. It was 1.5 centimeters in size, but had thankfully not yet spread to her lymph nodes. She is 51 years old. She has two teenage sons. Her husband was

dying from metastatic kidney cancer. In her own words, she “has to live” to be there for her boys. Just last month, her husband passed. Thankfully, my friend has successfully undergone minimal surgery and did not require chemotherapy, and is doing well.

Six years ago my friend might not have had her cancer found at a treatable stage. Women with dense tissue were unaware of how mammography can miss many cancers. I am proud that I live and practice in Connecticut, the first state to pass monumental density notification legislation. But even now, more than 6 years later, not every woman has the opportunity of having her life saved that my friend had.

While happily more women have insurance coverage that in previous years, many have been forced to adopt plans with high deductibles. For this reason, many women do not undergo the additional screening they require. In our practice, roughly one third of women with dense tissue undergo supplemental screening. Many others may desire but cannot afford the test. Eliminating the financial barrier would level the playing field by making screening more equal in women with dense tissue as in women lucky enough to have non-dense tissue.

Saving lives should not be based on luck, or financial means.

Breast cancer is a huge concern for women. We need to make sure that all women do not have to worry about paying for what should be equal access to screening.

Again, I appreciate your consideration of Bill 158. I believe it will equalize breast cancer detection in all women and especially impact the lives of those with dense tissue, particularly young women, who have the most life-years potentially to save.

Respectfully,
Liane Philpotts, MD
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