

Testimony of Liane Philpotts, MD
Insurance and Real Estate Committee

House Bill 5233

March 3, 2016

Good Afternoon members of the Insurance and Real Estate Committee. My name is Liane Philpotts, MD. I practice at Yale School of Medicine where I am a Professor of Radiology and Biomedical Imaging and Chief of Breast Imaging at Yale-New Haven Hospital.

I am here today to provide my unconditional support for H.R. 5233, *An Act Requiring Health Insurance Coverage for Tomosynthesis for Breast Cancer Screenings*, so that all women in the state of Connecticut have equal access and insurance coverage for breast tomosynthesis (commonly known as 3D mammography).

While mammography has long been the gold standard for screening, it is not without limitations. 2D digital mammography has been the most advanced screening technology available, yet there are inherent limitations primarily due to superimposition of breast tissue, which may result in missing cancer and/or mimicking cancer that result in a false positive results.

Breast tomosynthesis was developed to address these limitations of digital mammography. Breast tomosynthesis allows the radiologist to examine breast tissue layer by layer. Fine details of the breast tissue are more visible because they are not hidden by the tissue above or below, as is the case with a digital 2D image. This leads to the dual benefit of fewer false positive recalls from screening, along with increased cancer detection, particularly in areas of dense tissue. Such cancers are usually invasive, potentially lethal cancers - those that need to be detected early.

Yale was one of the original 5 sites involved with the studies that led to FDA approval of breast tomosynthesis in 2011 and was the first facility in CT to offer this imaging test. We have 4.5 years of experience with this technology and are actively studying and publishing our results. As such, we are leaders in the field and our experience is helping guide others to adopt this technology. While I recognize we are slightly ahead of the curve, I have no doubt that tomosynthesis will soon become the standard of care for mammographic imaging. There is no going back. In fact, when I look at a 2D mammogram now, I don't know how we read them with any degree of confidence. They seem grossly inadequate.

Breast tomosynthesis is no longer new or considered experimental technology. Last year, breast tomosynthesis was used to screen over 10 million of women in the United States of the 35 million women screened. To date, data has been published in over 100 peer-reviewed publications with over 750,000 screening mammography exams clearly demonstrating the clinically superior results. Breast tomosynthesis is proven to reduce false positives by up to 40% and improve the detection of invasive cancer by 41%.

An obvious question is do these initial results stand up over time? Last month, a significant study was published in JAMA Oncology demonstrating the sustainability of the clinical benefits of breast tomosynthesis over time. This large longitudinal study published by the University of Pennsylvania found that using breast tomosynthesis significantly reduced the number of patients recalled unnecessarily and that benefit continues over time. Similarly, the previously

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