Global Headquarters
5005 LBJ Freeway, Suite 250 Dallas, Texas 75244
1-877 GO KOMEN
www.komen.org

May 18, 2015

U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: U.S. Preventive Services Task Force Screening for Breast Cancer Draft Recommendations

Submitted electronically to:
http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/breast-cancer-screening1

To whom it may concern:

Thank you for the opportunity for Susan G. Komen® to provide public comment on the U.S. Preventive Services Task Force's (USPSTF) draft recommendations on screening for breast cancer. Susan G. Komen is the largest breast cancer organization in the nation, comprised of a grassroots network of breast cancer survivors, advocates and scientists fighting to save lives by funding breast cancer research and community health outreach programs. Komen's programs serve hundreds of thousands of women throughout the United States every year.

Susan G. Komen has significant concerns and disagreement with the USPSTF draft recommendations, which as written, will create economic barriers to timely breast cancer detection for a very large number of women, and which we fear will deter women from paying attention to their breast cancer risk until it may be too late to positively impact their outcomes or lower mortality rates.

1) **USPSTF Draft Recommendations Will Create Economic Barriers to Screening and Affect a Large Number of Women:**

The USPSTF's "B" rating for mammography every two years for women ages 50-74, and its "C" rating for mammography for women between the ages of 40-49, is similar to USPSTF proposals in 2009. Komen's view that these recommendations will create economic barriers to medically appropriate screenings has not changed.

This is because USPSTF recommendations are often used by public and private payers to set coverage policies. A "C" rating means that mammography would no longer be covered without consumer cost-sharing for women 40-49 (affecting as many as 17 million women annually, according to an Avalere study). The proposal also raises questions about the economic impact and coverage for women 50 and older who require annual, rather than biennial, mammograms.

The USPSTF's recommendations have significant real-life impact for millions of American women today and for the foreseeable future. Breast cancer is the leading cause of cancer death in women aged 40-59 in the U.S., and is the second-leading cause of cancer death in American women overall. Almost a quarter of a million women (231,000) are expected to be diagnosed with invasive breast cancer in the U.S. this year. Forty thousand are expected to die of breast cancer.

Moreover, more than 3 million women and men in the U.S. are breast cancer survivors, that is, living with the aftermath of a breast cancer diagnosis.

Only 5-10 percent of breast cancers are hereditary, meaning that 90-95 percent of those diagnosed do not have a family history of the disease, and would not know that they are at higher risk for the disease.

Since the vast majority of breast cancers are *not* hereditary, early detection and effective treatment of breast cancer remain the best line of defense against mortality from this disease for the largest numbers of women. Economic barriers to care, especially those which impact low-income or underinsured women, would comprise a step backward in progress against the disease.

Women and their healthcare providers are best suited to make decisions about appropriate screening for individuals, and should be able to do so without fear of economic barriers to appropriate care. For these reasons, we recommend that USPSTF recommendations provide a "B" rating to annual mammography beginning at 40.

At the very least, we strongly urge the Administration to work to ensure that women ages 40 to 49, and women in their 50s, have access to coverage if they and their healthcare provider believe that routine screenings are beneficial.

2) <u>USPSTF Recommendations May Drive Complacency</u>

We are also very concerned that these recommendations may cause women under 50 to delay paying attention to their breast health and breast cancer risk or wrongly believe they are not at risk. This false complacency would be especially dangerous for women under 50, who are often diagnosed with aggressive forms of breast cancer, and for African-American women, who are often diagnosed with aggressive forms of the disease at younger ages than white women.

3) <u>The Decision When to Begin Screening Should Remain Between Women and their Physicians</u>

As an advocacy organization, Komen believes that all women should be able to make informed decisions about breast cancer screening with their health care providers and develop a screening schedule that is best for them, without fear of economic or other barriers to care. We disagree with the USPSTF recommendation of a "C" grade for mammography in the 40-49 age cohort and request that the USPSTF change it to a "B" to ensure that patients have adequate insurance coverage for these lifesaving tests if an individual and her physician feel the test order is appropriate. We further request that women in their 50s be provided the opportunity to have annual mammography screenings without fear of economic consequence.

4) **Evidence is Clear that Mammography is Beneficial for Many**

For women ages 50 to 69, the life-saving benefits of mammography are clear and recognized by the U.S. Preventive Task Force. Findings from the U.S. Preventive Services Task Force meta-analysis (that combined the results from six randomized controlled trials) showed that women ages 50 to 69 who received regular mammograms had a 14 to 32 percent lower risk of dying from breast cancer than their peers who did not get mammograms.

There are also benefits for women in the 39-to-49 age group. Findings from the U.S. Preventive Services Task Force meta-analysis (that combined the results from eight randomized controlled trials) showed that women ages 39 to 49 who got regular mammograms had a 15 percent lower risk of dying from breast cancer than their peers who did not get mammograms.

Thank you very much for considering these comments. If I or Komen may be of assistance, please do not hesitate to contact me.

Sincerely,

Judith A. Salerno, M.D., M.S.
President and Chief Executive Officer