FROM PATERNALISM TO FEMINISM IN BREAST CANCER HEALTH POLICY

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Chair and Professor, Department of Surgery

Institute for Health Policy and Leadership Faculty Scholar

Spotlight on Health Policy

October 18, 2023

Disclosures

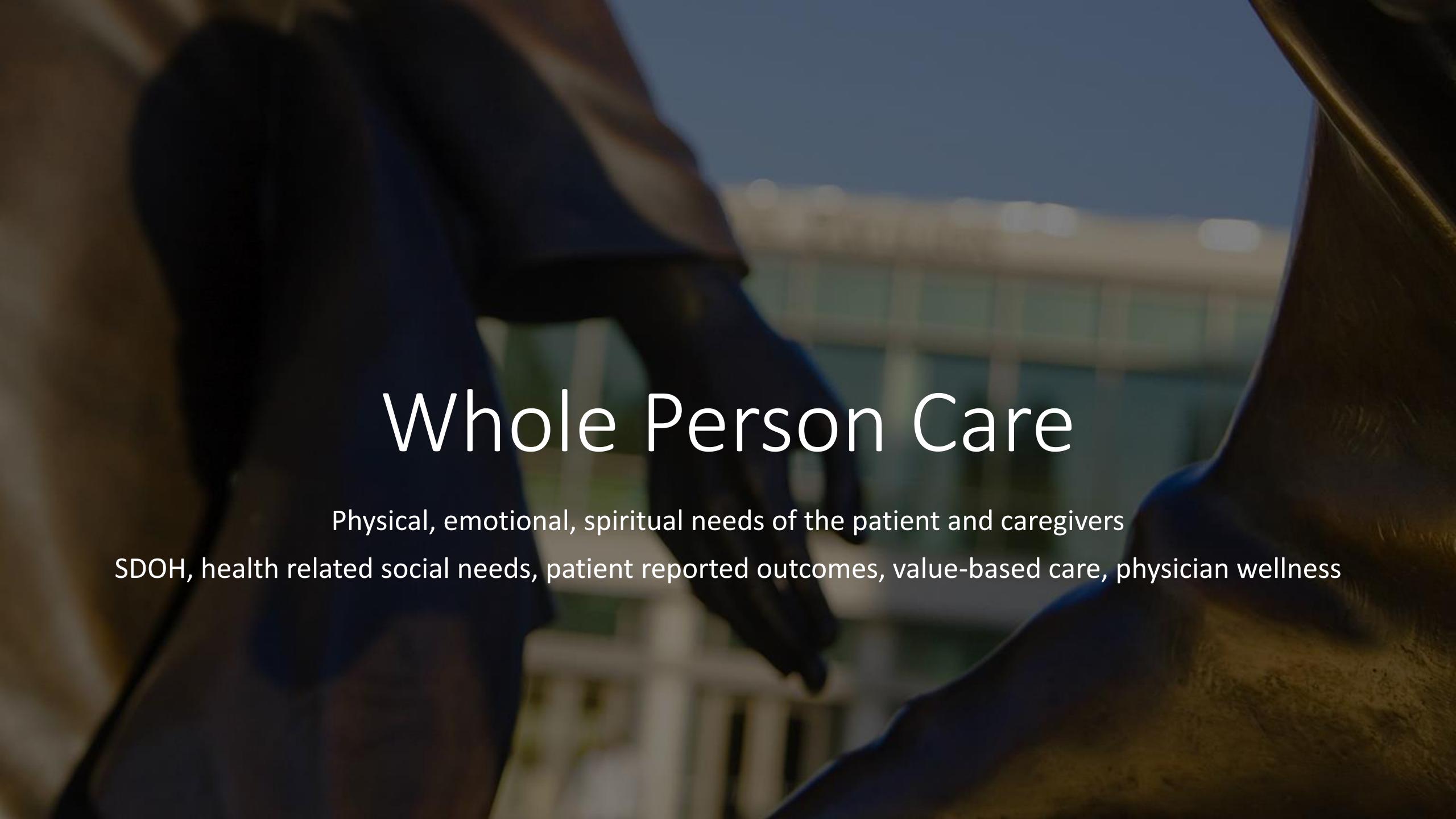
Intuitive

Myriad

Graphic imagery and breasts

Objective

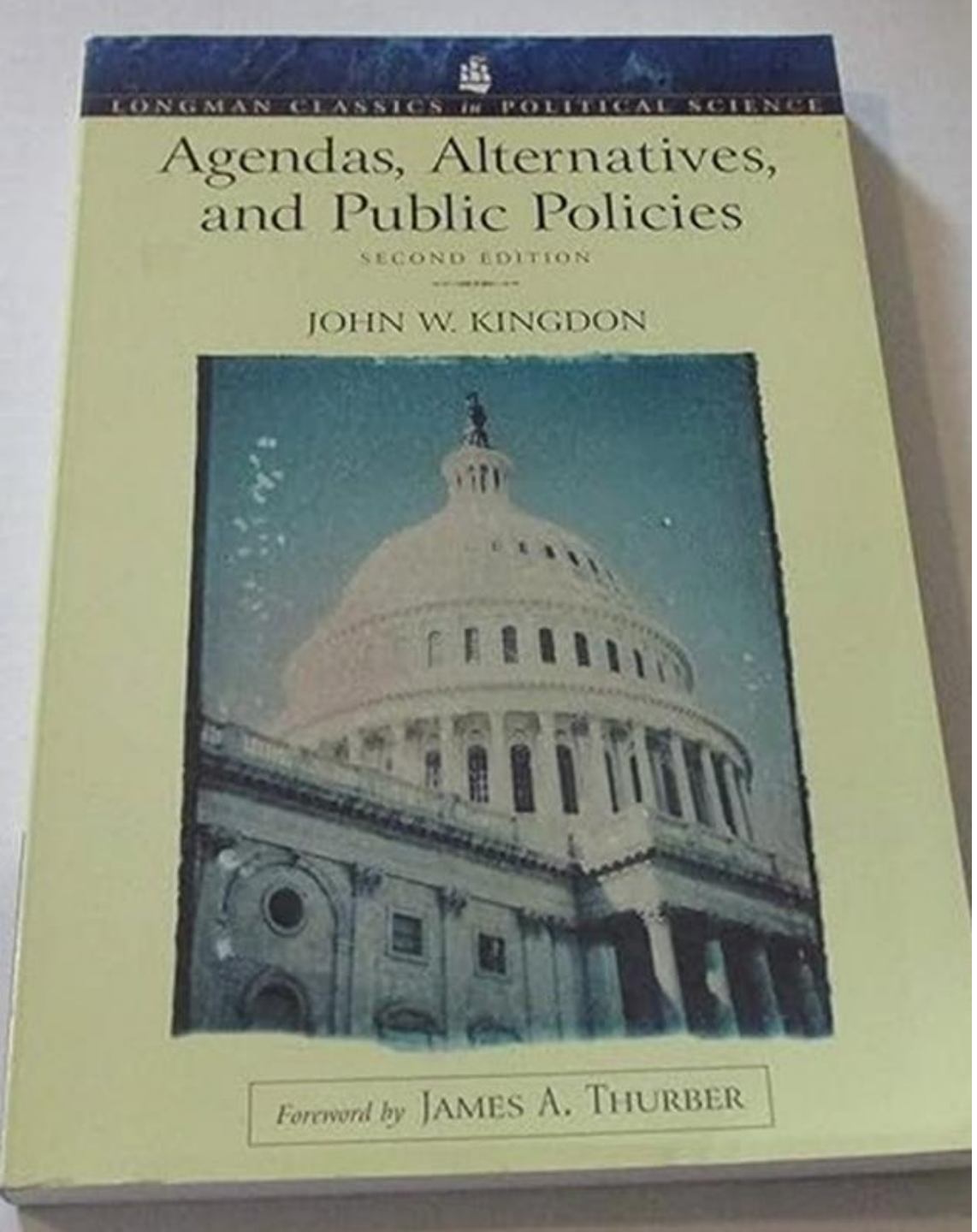
To highlight how breast cancer health policy illustrates a patient-centered history of paternalistic to feminist advocacy



Whole Person Care

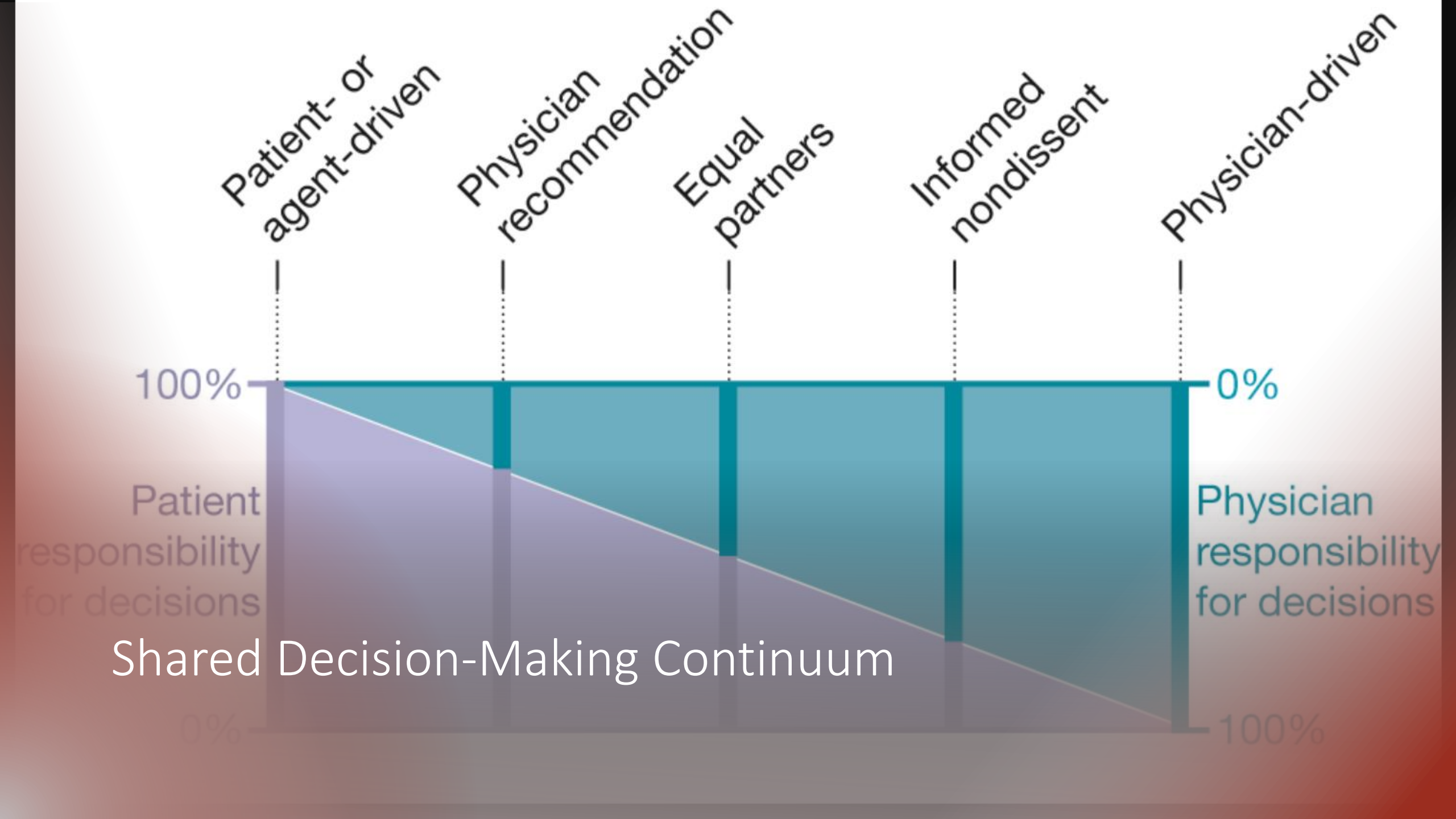
Physical, emotional, spiritual needs of the patient and caregivers

SDOH, health related social needs, patient reported outcomes, value-based care, physician wellness



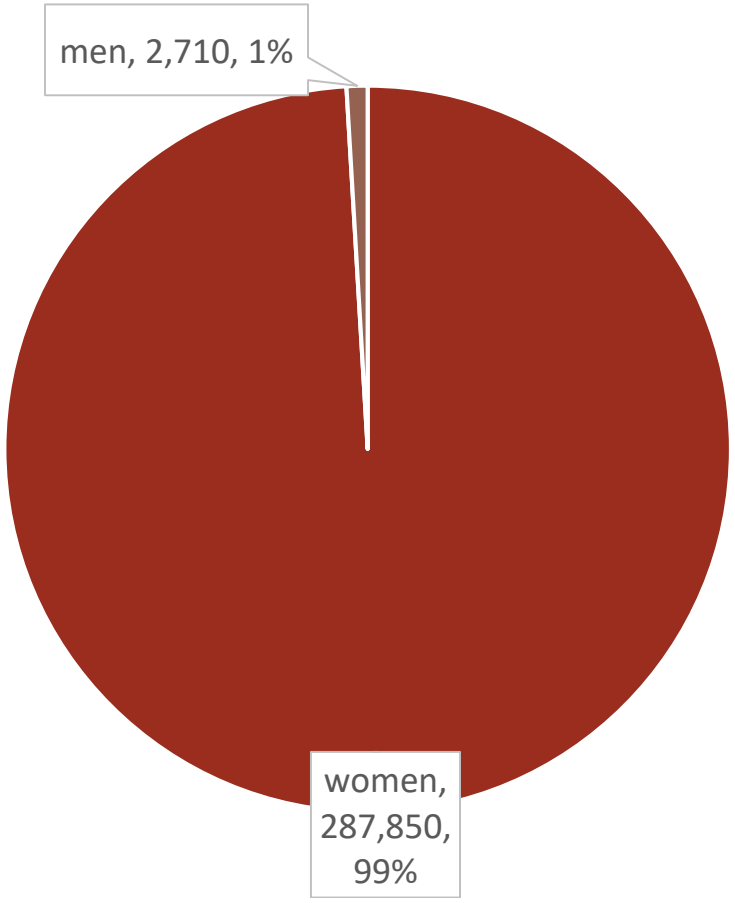
Kingdon Window

Paternalism

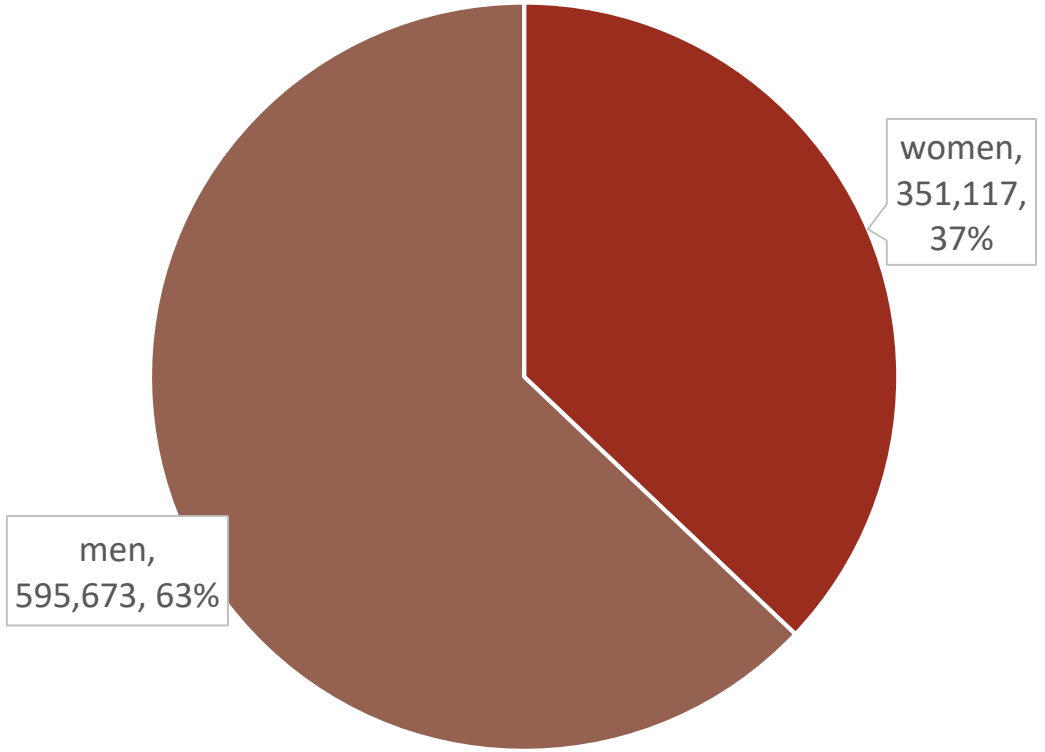


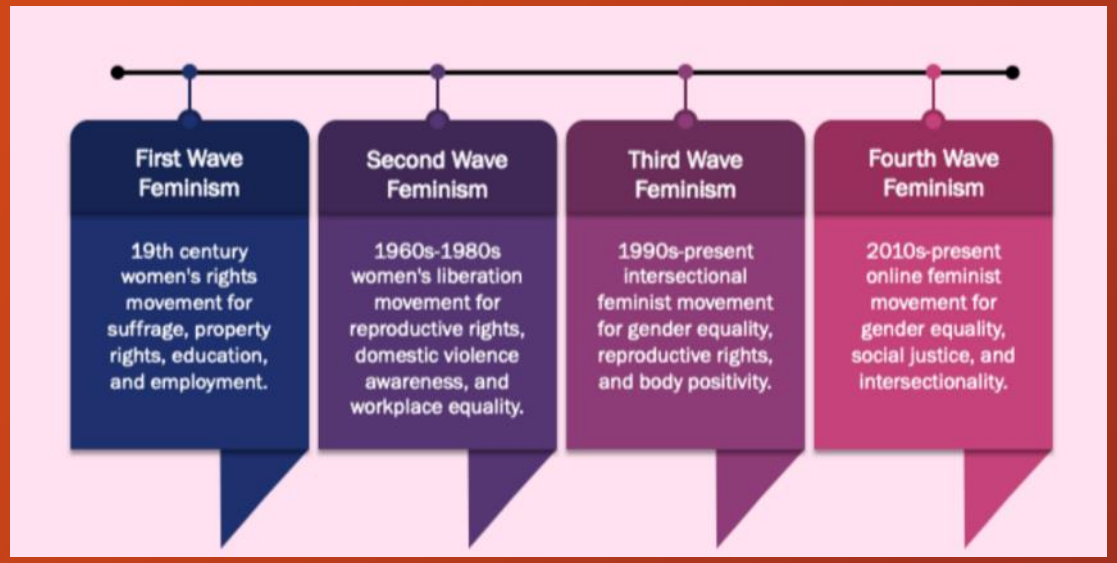
Shared Decision-Making Continuum

New breast cancer diagnoses annually



Active physicians





Feminism

The theory of the political, economic, and social equality of the sexes

Organized activity on behalf of women’s rights and interests

Merriam Webster Dictionary

Workforce

Ann Surg Oncol (2020) 27:4662–4668
https://doi.org/10.1245/s10434-020-08899-4

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

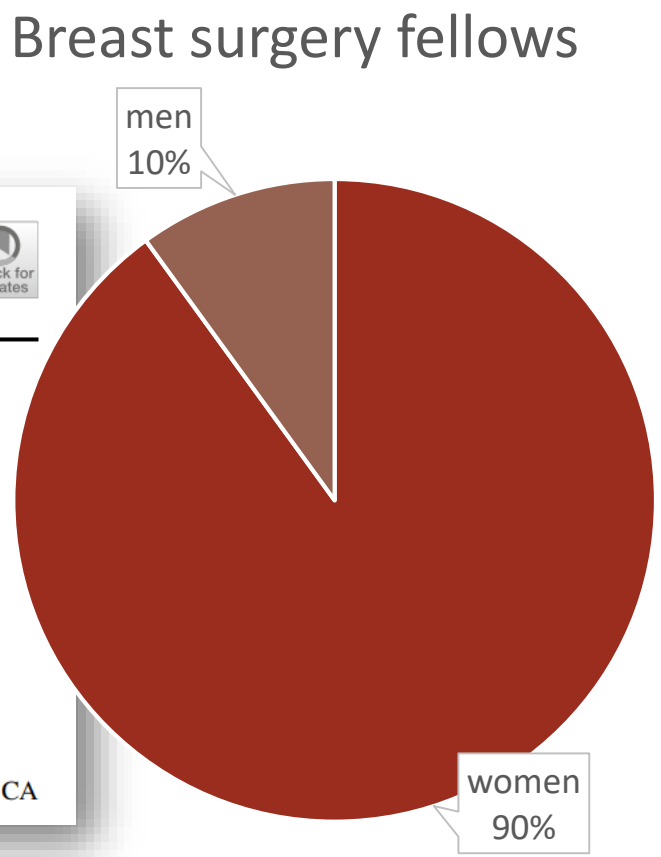
Check for updates

ORIGINAL ARTICLE – BREAST ONCOLOGY

Has Breast Surgery Shattered the Glass Ceiling? Trends in Female Representation at The American Society of Breast Surgeons Annual Meeting 2009–2019

Jenny H. Chang, MD[1], Aida Abou-Zamzam, BA[2], Sarah Lee, MD[3], Hannah Choi, BS[3], Nikita Kadakia, BS[4], Sarah Lee, BS[3], Luis Olmedo, BS[3], Laurel Nelms, BS[4], Cyrus Nguyen, BA[4], and Sharon S. Lum, MD[3,4]

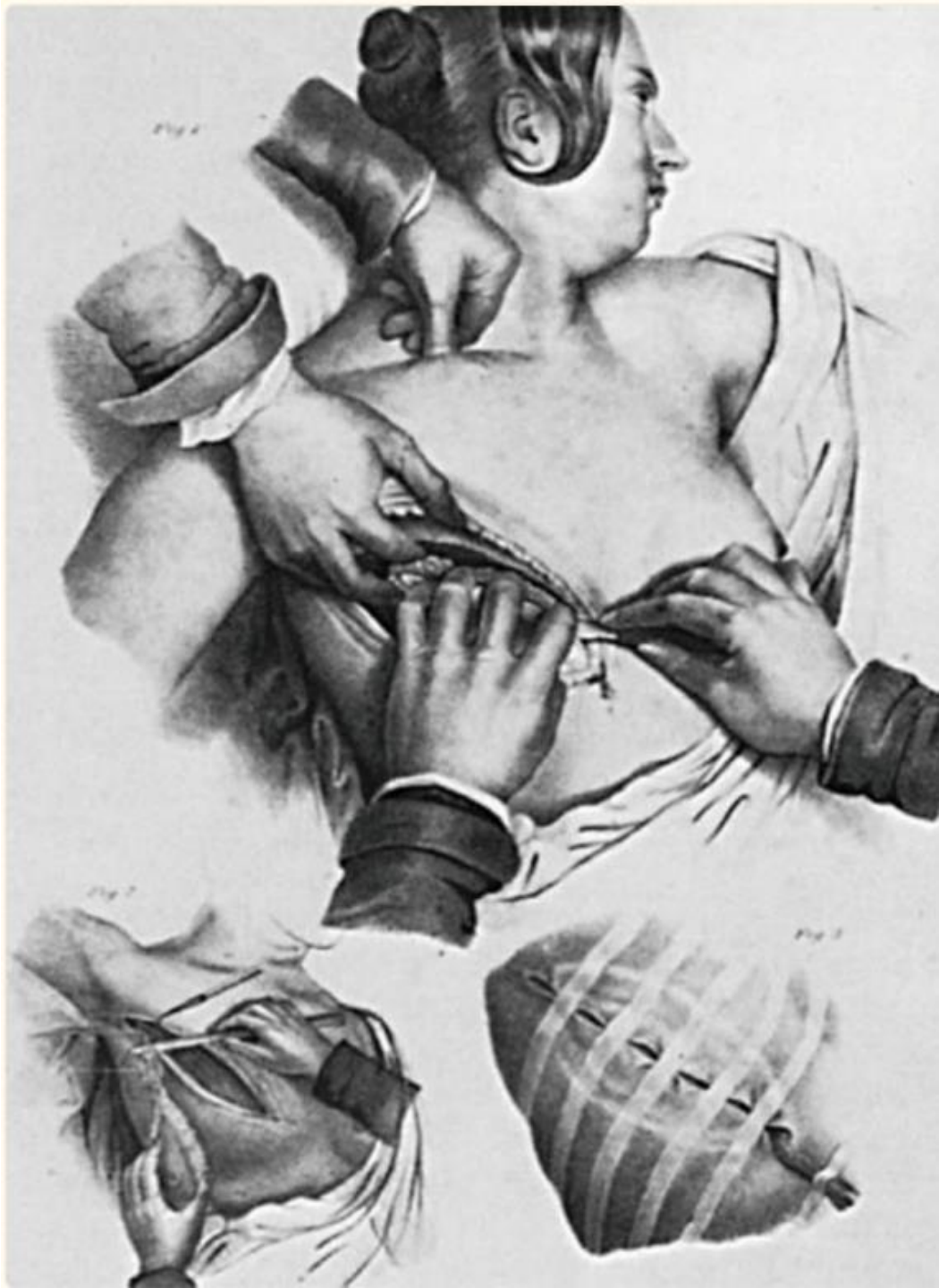
[1]Cleveland Clinic, Cleveland, OH; [2]Johns Hopkins University School of Medicine, Baltimore, MD; [3]Loma Linda University School of Medicine, Loma Linda, CA; [4]School of Medicine, University of California, Riverside, Riverside, CA



History of Breast Cancer Treatment




1844 First Mastectomy Report Pancoast

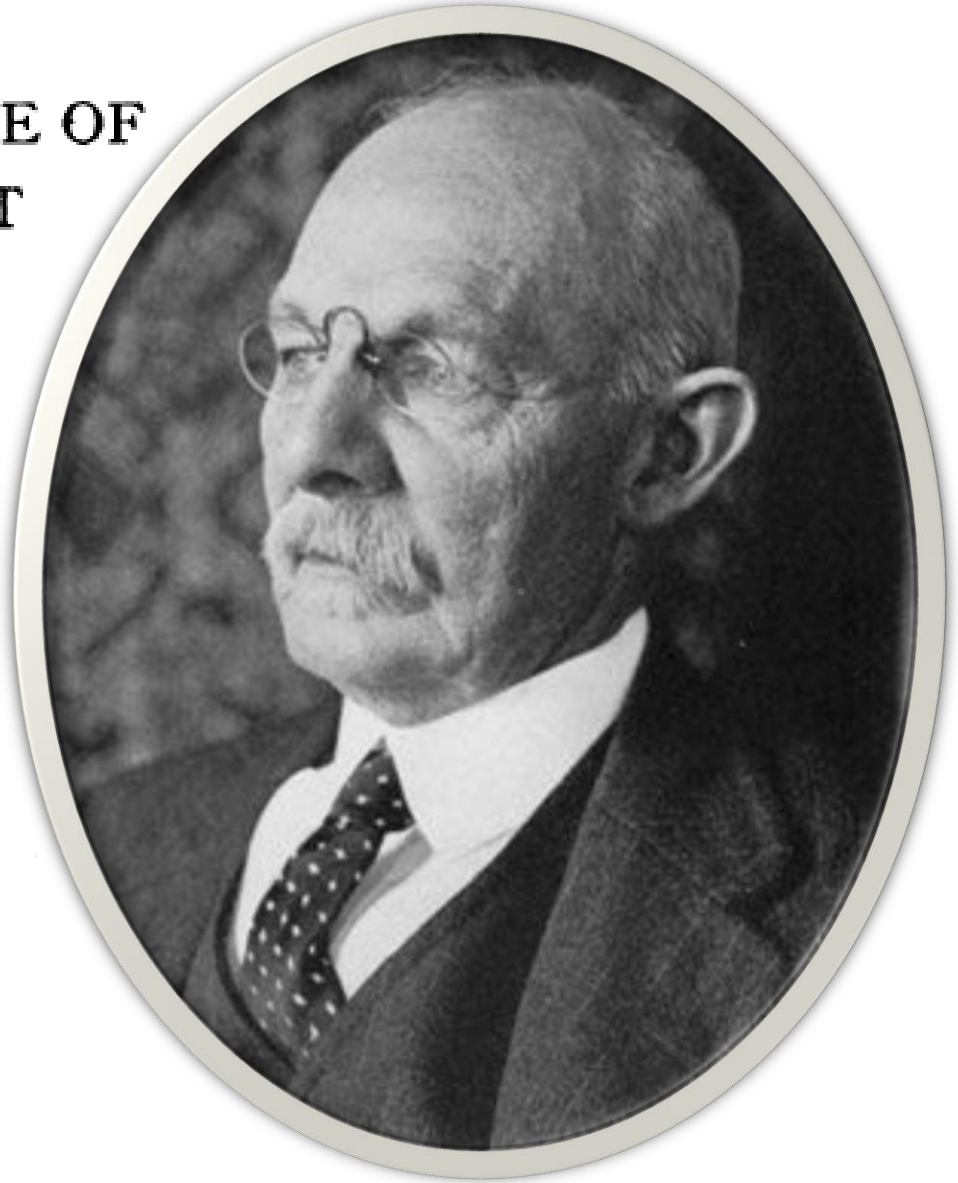


THE RESULTS OF OPERATIONS FOR THE CURE OF CANCER OF THE BREAST PERFORMED AT THE JOHNS HOPKINS HOSPITAL FROM JUNE, 1889, TO JANUARY, 1894.

By WILLIAM S. HALSTED, M.D.,

OF BALTIMORE,

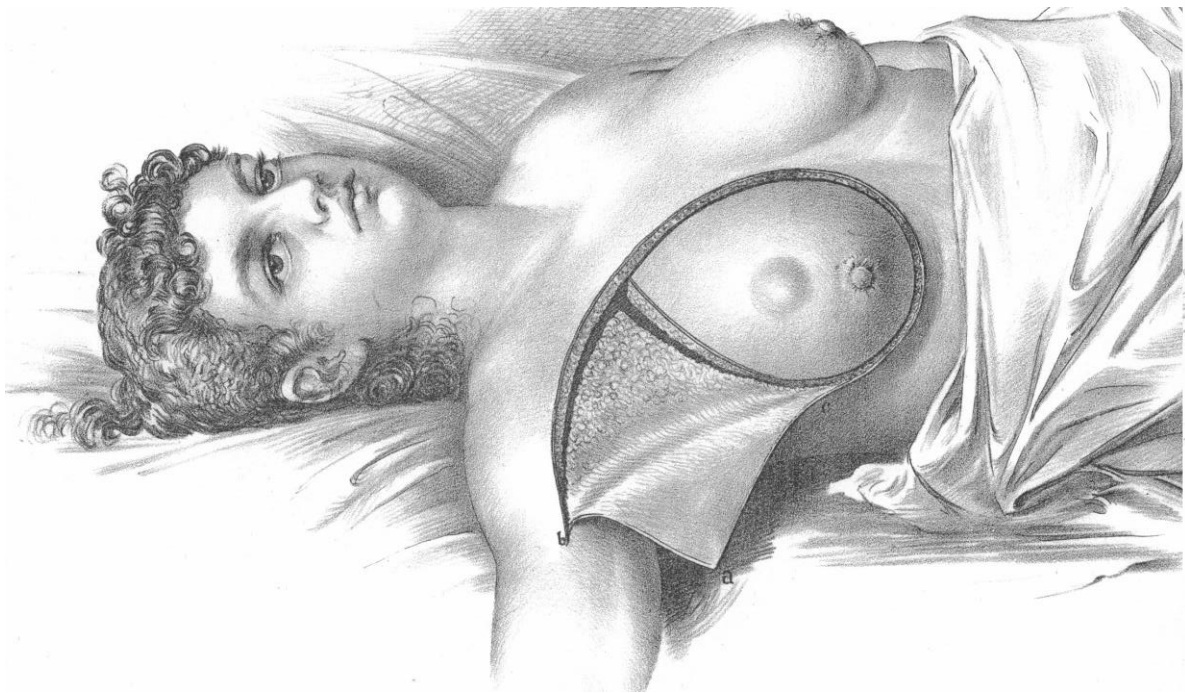
PROFESSOR OF SURGERY IN JOHNS HOPKINS UNIVERSITY.

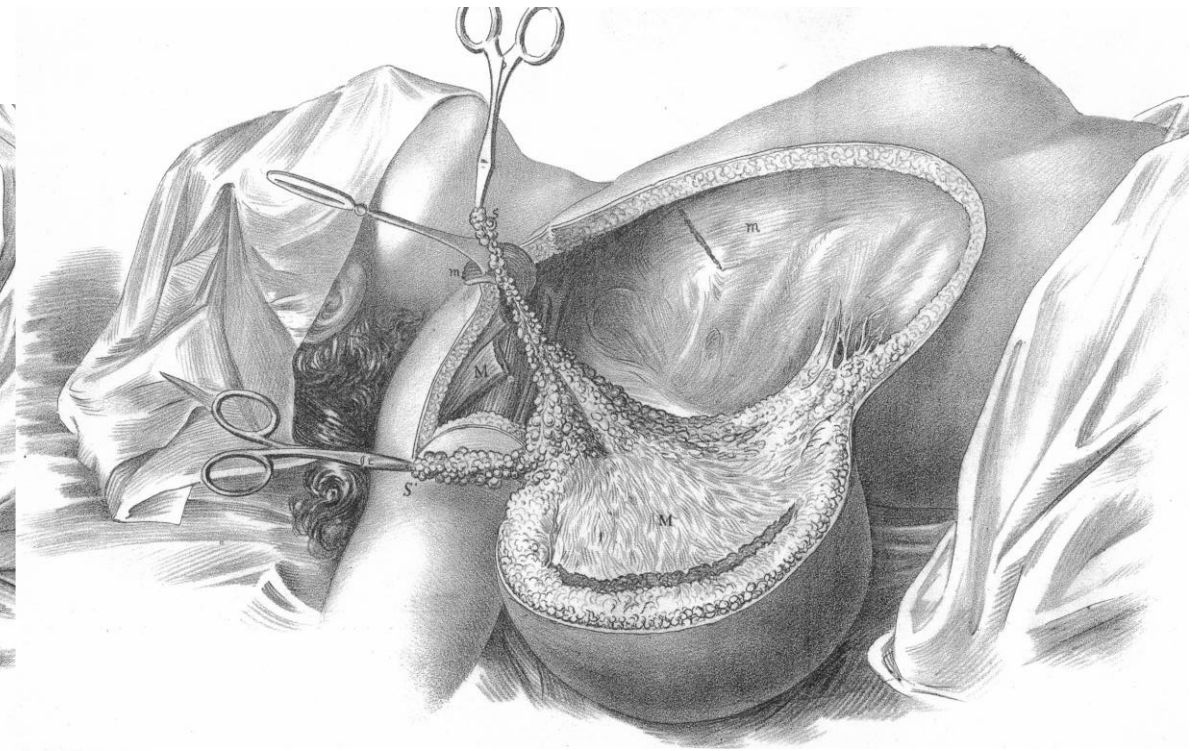


1894

Established surgery for curative intent of breast cancer

sue. I believe that we should never cut through cancerous tissues, when operating, if it is possible to avoid doing so. The wound might become infected with cancer either by the knife which has passed through diseased tissue, and perhaps carries everywhere the cancer-producing agents, or by the simple liberation of the cancer cells from their alveoli, or from the lymphatic vessels. The division of one lymphatic vessel and the liberation of one cell may be enough to start a new cancer.





THE PROGNOSIS OF CARCINOMA OF THE BREAST IN RELATION TO THE TYPE OF OPERATION PERFORMED.

D. H. PATEY AND W. H. DYSON.

From the Middlesex Hospital, London, W. 1.

Received for publication January 21, 1948.

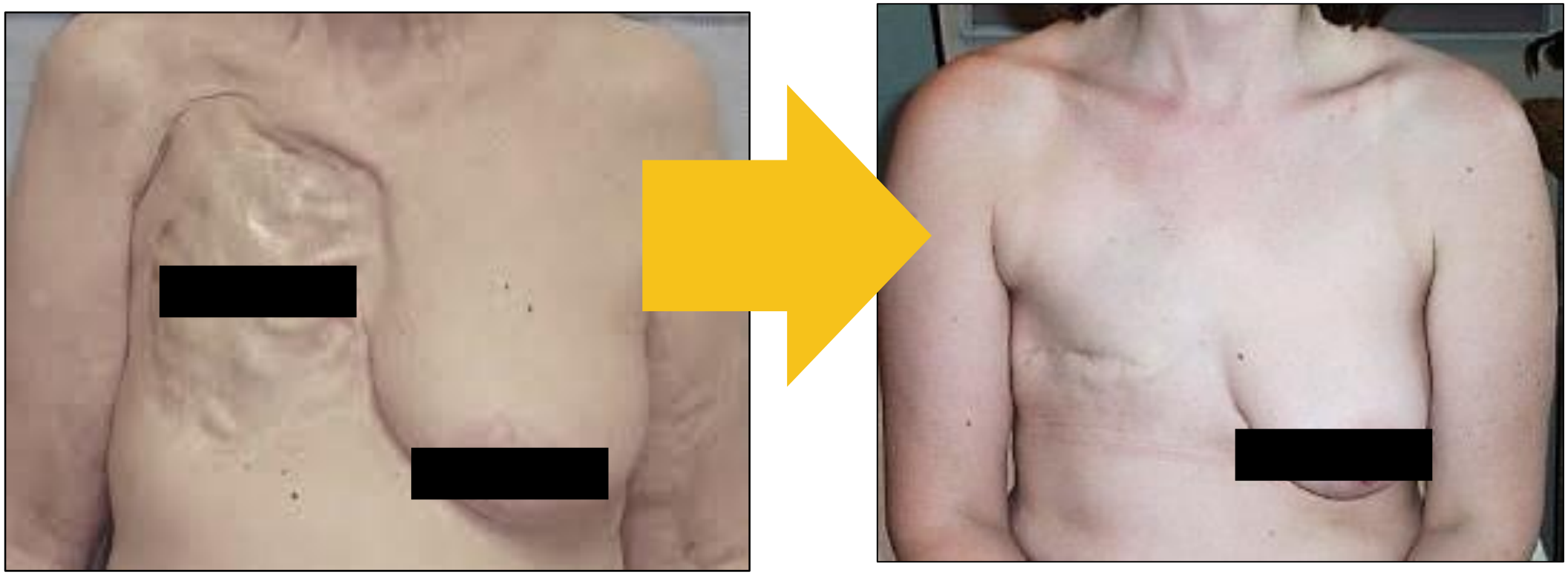
NSABP B-04
1977

COMPARISON OF RADICAL MASTECTOMY
WITH ALTERNATIVE TREATMENTS
FOR PRIMARY BREAST CANCER

A First Report of Results from a Prospective Randomized Clinical Trial

Dr. Bernard Fisher

Need for Radical Mastectomy Eliminated, 1977



Surgery was the mainstay of treatment for breast cancer from 1890s to 1970s

Pancoast Described Mastectomy

Patey & Dyson Described Modified Radical Mastectomy

1844 | **1894** | **1948** | **1977**

Halsted Established Mastectomy

Fisher B-04 Eliminated Radical Mastectomy

The Washington Post

By **Mary Battiata**
February 10, 1984

Carolyn Alford, a 40-year-old mother of four, recalls the morning nine years ago when her doctor assured her he would quickly remove what he called "a harmless little lump" from her breast.

Four hours later she awoke to discover she had undergone a radical "Halsted" mastectomy, which removed her left breast, pectoral muscle, lymph nodes, left chest wall and part of her heart. Her husband had given her surgeon permission for the operation while she was asleep.

"I went in with a small lump and came out with 300 stitches," she said. ". . . They cut part of my heart away; I'll never get over it, and I don't think because you're put to sleep you should lose control of your body."

The Washington Post

Mastectomy-Consent Bill Gains in Va.

By **Mary Battiata**
February 10, 1984

Some physicians fear the bill will encourage women to delay surgery and thus undergo anesthesia unnecessarily for a second time, Goolsby said. "A little knowledge is a dangerous thing."

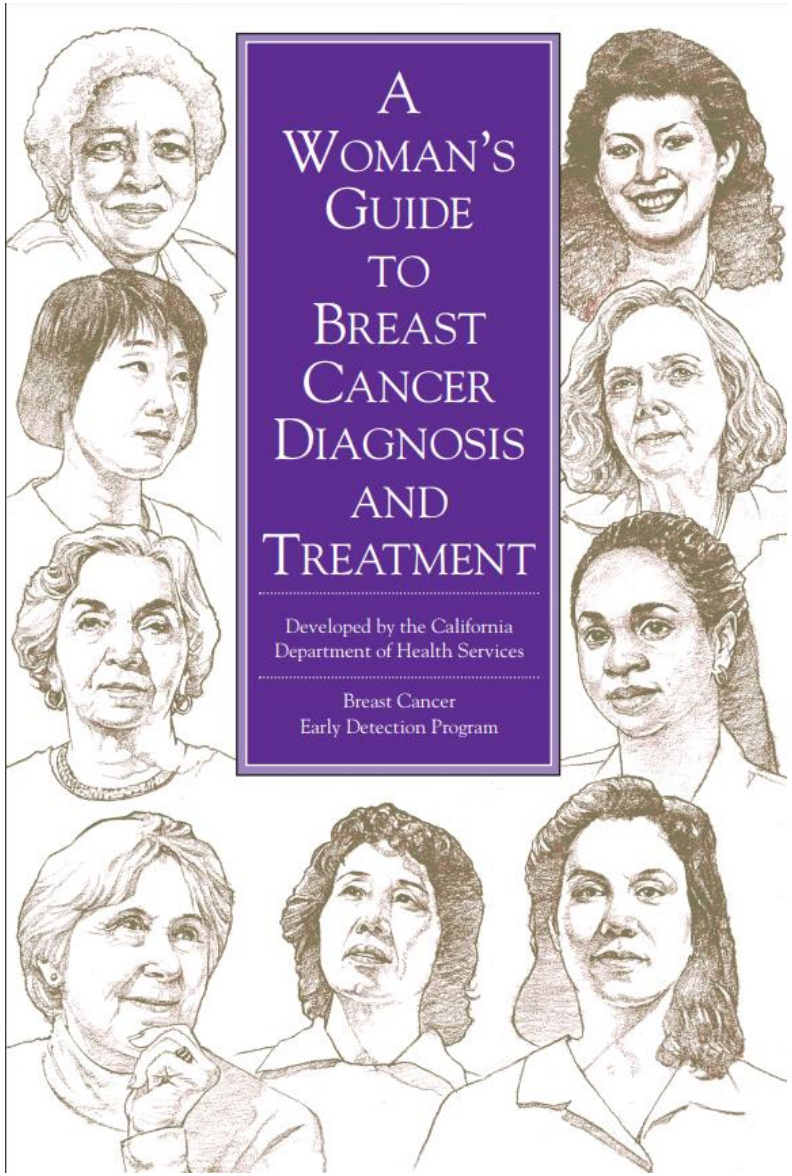
So the medical society is mounting what Goolsby called only a "low-key" lobbying effort against the bill this year. The medical society "does not want to go to war with the women of Virginia," he said yesterday.

California, Minnesota and Massachusetts are among the states that have passed laws that require informed consent before a mastectomy is performed, according to the Women's Political Caucus.

CA Health and Safety Code Section 1704.5 January 1, 1981 (CA Health & Safety Code § 109275 (2022)

(a) Upon a diagnosis of breast cancer, the physician and surgeon, meaning the primary provider who initially referred the patient for the screening or biopsy or, if different, the provider who has made the diagnosis of breast cancer and initially consulted with the patient about treatment, shall give the patient the written summary described in subdivision (c) and required by this section and shall note on the patient's chart that he or she has given the patient the written summary.

The failure of a physician and surgeon to inform a patient, by means of a standardized written summary developed by the department on the recommendation of the Cancer Advisory Council in accordance with subdivision (c), in layperson's language and in a language understood by the patient, of alternative efficacious methods of treatment that may be medically viable, including surgical, radiological, or chemotherapeutic treatments or combinations thereof, when the patient is being treated for any form of breast cancer, constitutes unprofessional conduct within the meaning of Chapter 5 (commencing with Section 2000) of Division 2 of the Business and Professions Code.



A Woman's Guide to Breast Cancer Diagnosis and Treatment

Developed by the California Department of Health Services

Breast Cancer Early Detection Program

Arnold Schwarzenegger

Governor of California

The California Department of Health Services would like to acknowledge the breast cancer advocates and medical experts whose hard work and commitment to empowering women to make informed decisions helped create this booklet.

January 1995
(5th Printing, April 2000)

This booklet provided to you by:

Physicians may order additional copies of this publication by writing Breast Cancer Treatment Options, Medical Board of California, 1426 Howe Ave., Suite 54, Sacramento, CA 95825. Fax requests to (916) 263-2479. Please specify number of copies, and provide your return address. Number of copies per order may be limited.

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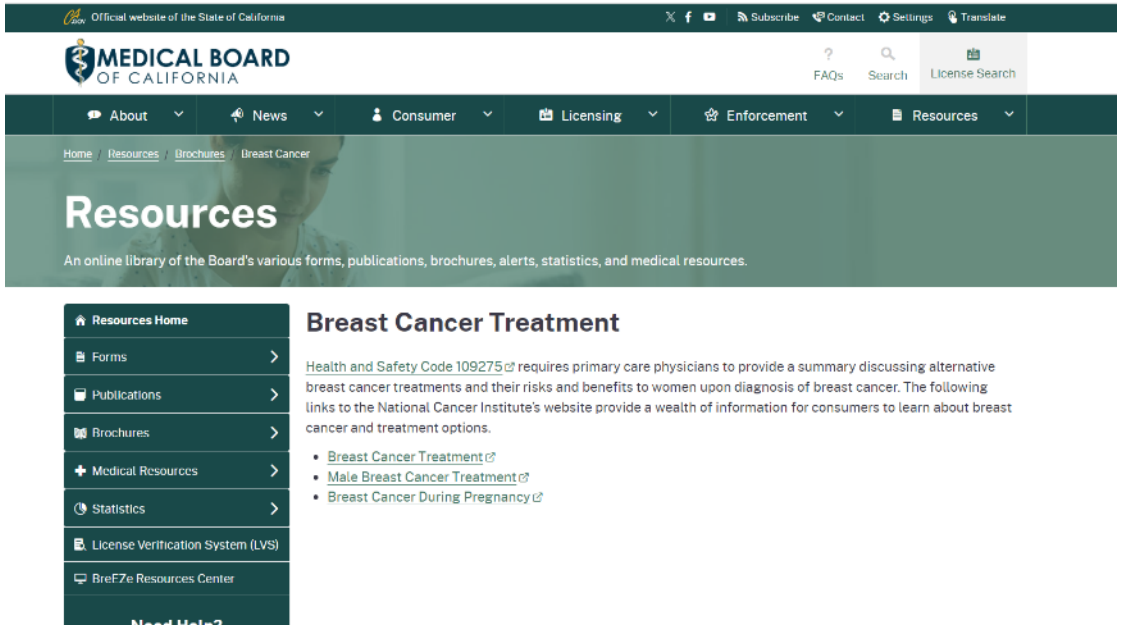
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Statistics
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Breast Cancer Treatment
Health and Safety Code 109275 requires primary care physicians to provide a summary discussing alternative breast cancer treatments and their risks and benefits to women upon diagnosis of breast cancer. The following links to the National Cancer Institute's website provide a wealth of information for consumers to learn about breast cancer and treatment options.
Breast Cancer Treatment
Male Breast Cancer Treatment
Breast Cancer During Pregnancy

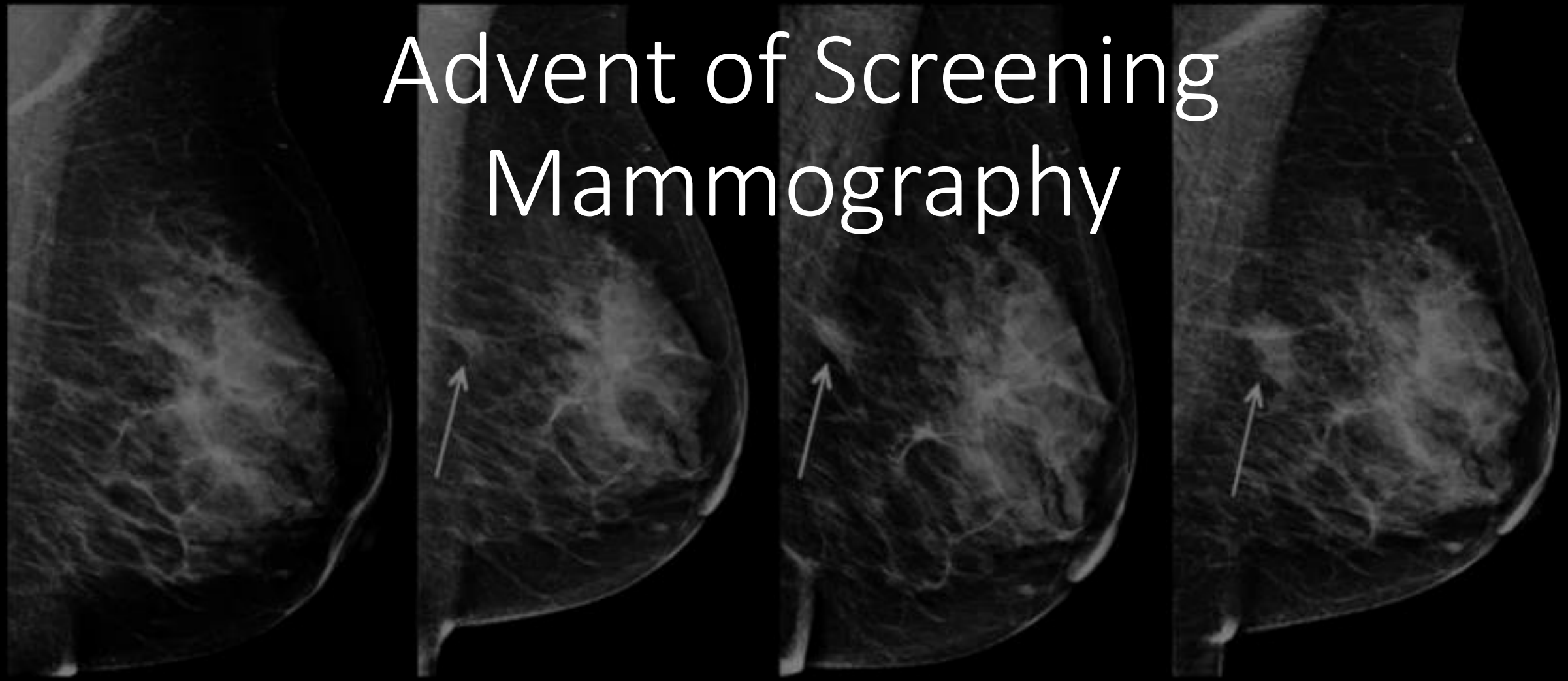
Opinion

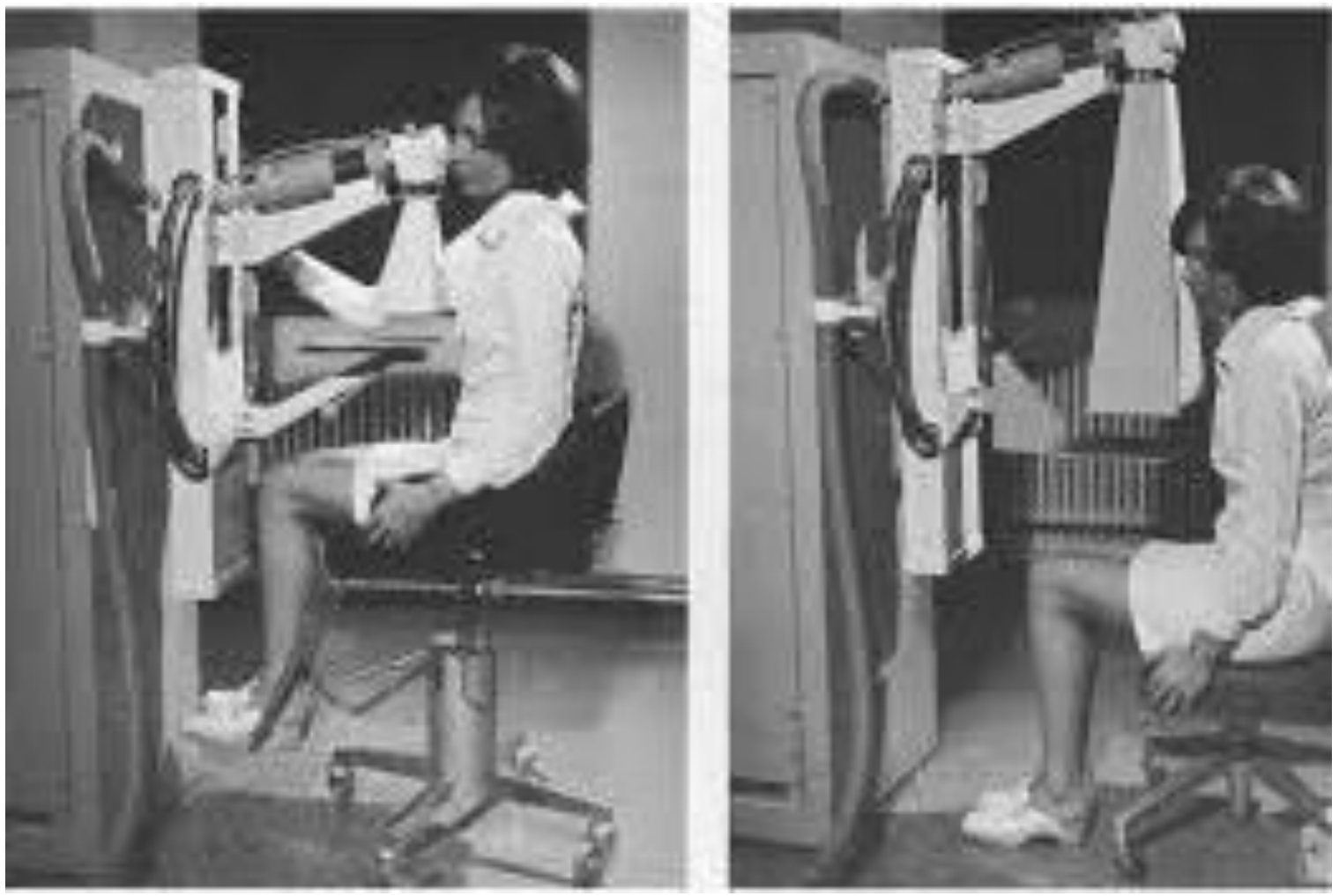
The California Breast Cancer Law and Government-Mandated Patient Education

Stephen K. Carter, M.D.

Let us hope, however, that before government-mandated patient education spreads further, this well-intentioned but questionable effort in California will be carefully evaluated.

Advent of Screening Mammography





1966
First
Mammogram
Machine

The Swedish two county trial of mammographic screening for breast cancer: recent results and calculation of benefit

LASZLO TABAR,[1] GUNNAR FAGERBERG,[2] STEPHEN W DUFFY,[3] AND NICHOLAS E DAY[3]

From [1] the Department of Mammography, Central Hospital, Falun, Sweden; [2] Department of Radiology, University Hospital, Linköping, Sweden; and [3] the MRC Biostatistics Unit, Cambridge, England.

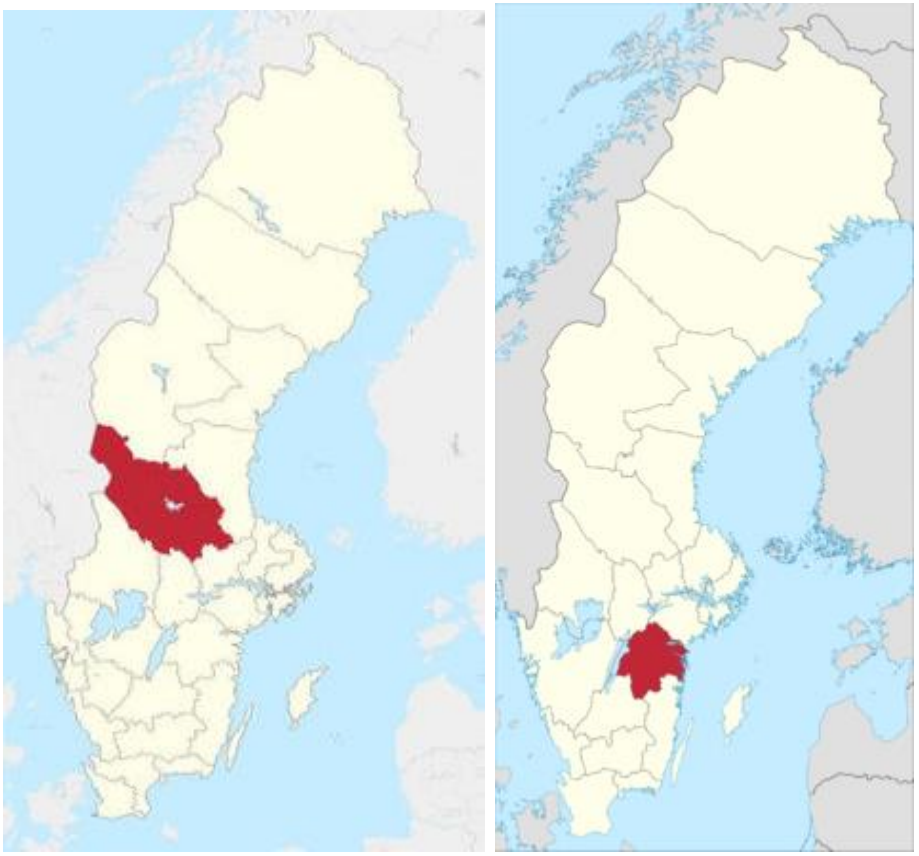
1977-1980, published 1989

Screening mammograms save lives

Swedish Two County Trial Mammogram Screening

77,092 women invited to screen

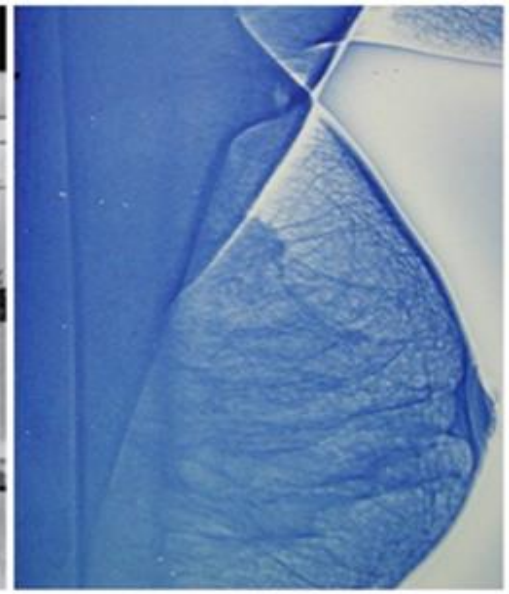
56,000 women not invited to screen



Kopparberg Östergötland

32% decreased relative risk of breast cancer mortality with screening (p=0.002)

1960's
Industrial film mammography

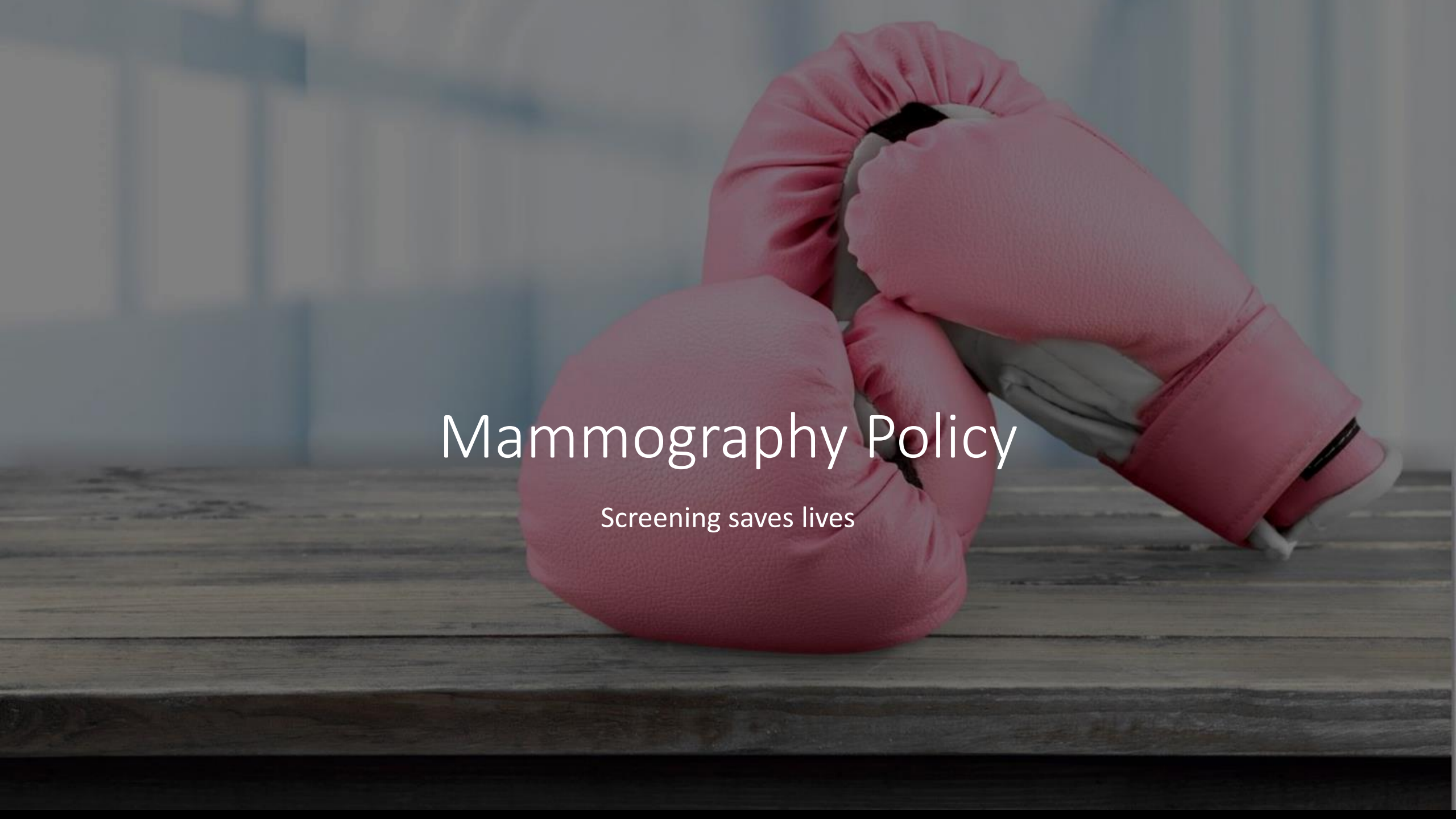


1970's
Xero-mammography

1980's
Film screen mammography

2000's
Digital mammography

Present
Digital breast tomosynthesis



Mammography Policy

Screening saves lives

MQSA Mammography Quality Standards Act 1992

- Ensures access to high quality mammography
- Authorizes FDA oversight
- Requires direct patient notification

Current MQSA stats

Certification statistics, as of September 1, 2023	
Total certified facilities / Total accredited units	8,827/ 25,150
Certified facilities with 2D digital units[2] / Accredited 2D digital units	8,825 / 13,395
Certified facilities with DBT units[3,4]/ Accredited DBT units	7,732 / 11,754
FY 2022 inspection statistics, as of September 1, 2023	
Facilities inspected	7,645
Total units at inspected facilities	21,290
Percent of inspections where the highest noncompliance was a:	
Level 1 violation	1.1%
Level 2 violation	12%
Percent of inspections with no violation	86.9%
Total annual mammography procedures reported, as of September 1, 2023[1]	39,844,021

https://www.fda.gov/radiation-emitting-products/mqsa-insights/mqsa-national-statistics

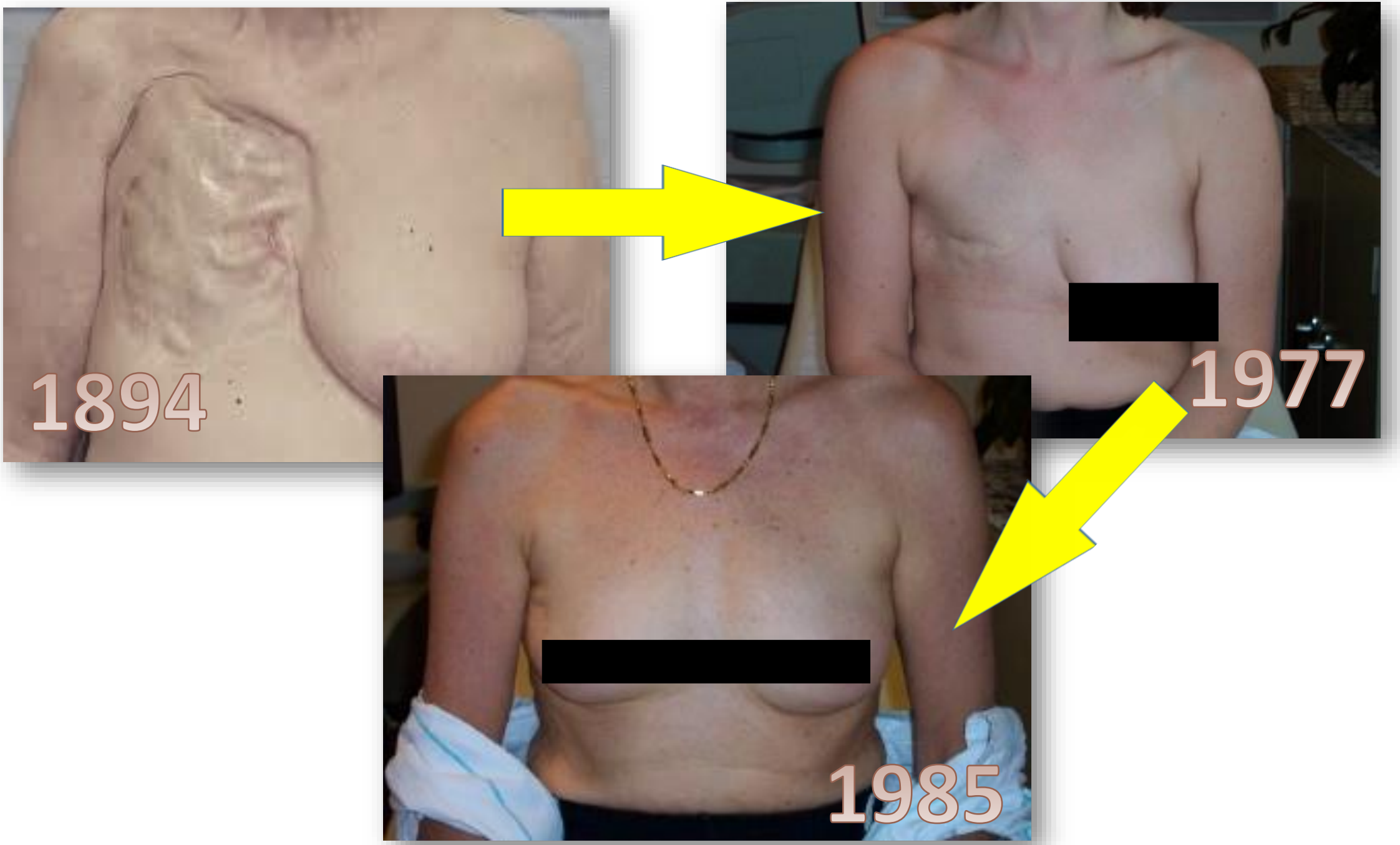
NSABP B-06
1985

The New England
Journal of Medicine

Volume 312 MARCH 14, 1985 Number 11

FIVE-YEAR RESULTS OF A RANDOMIZED CLINICAL TRIAL COMPARING TOTAL MASTECTOMY AND SEGMENTAL MASTECTOMY WITH OR WITHOUT RADIATION IN THE TREATMENT OF BREAST CANCER

Lumpectomy and mastectomy are equivalent


1894
1977
1985

Breast and Cervical Cancer Mortality Prevention Act of 1990

Directed CDC to create the National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

Breast and cervical cancer screening and diagnostic services to low income, un- and under-insured women

Women 40–64 years who are uninsured or underinsured and whose family income is at or below 250% of the federal poverty level

Women over the age of 64 who are covered by Medicare Part A but not enrolled in Medicare Part B

Funds 70 programs, including programs in all 50 states, the District of Columbia, 6 US territories, and
13 American Indian or Alaska Native tribes and organizations

CBE, mammogram, diagnostic mammogram, ultrasound, biopsy, referrals for treatment

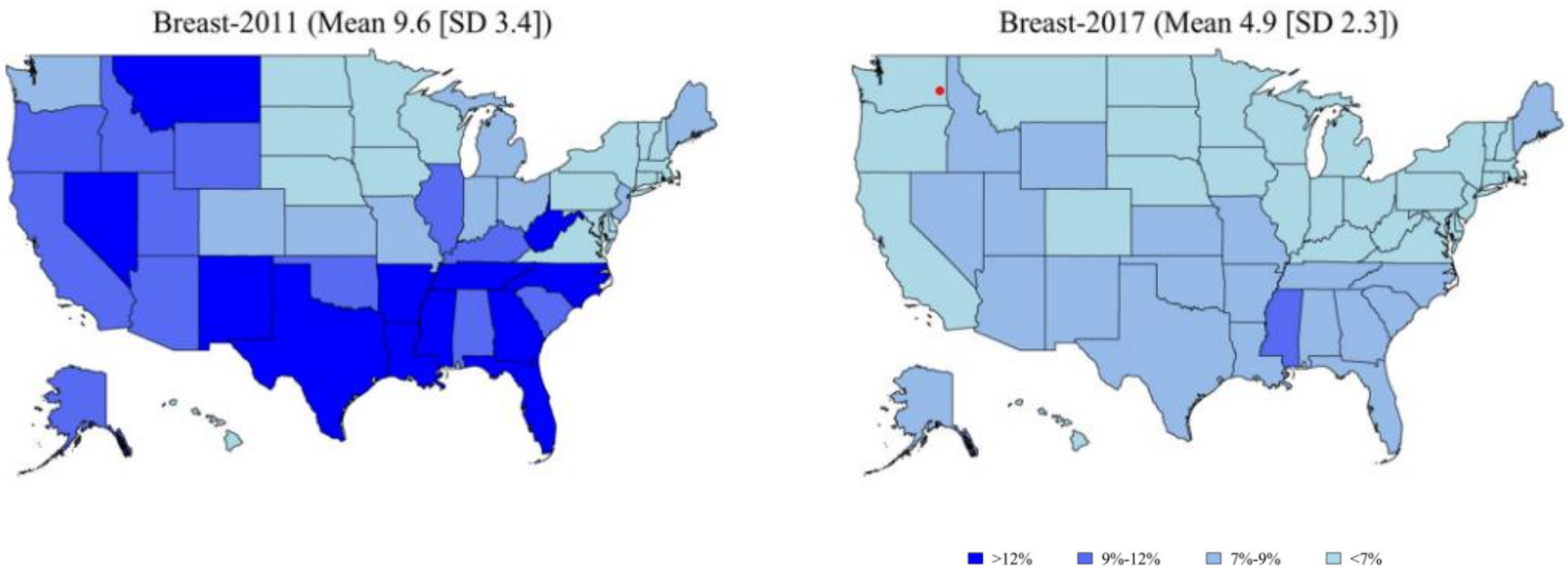
Data collection, quality assurance and improvement, partnership development, professional education, public education, outreach, and evaluation

Effectiveness of ACA

Under NBCCDEDP

2.8 million women eligible for breast cancer screening

% Women eligible for breast cancer screening



Breast and Cervical Cancer Prevention Treatment Act of 2000

Authorized states to provide Medicaid coverage for duration of treatment for cancers diagnosed via BCCEDP screening

Eligibility

- Uninsured
- Under age 65
- Under 200% FPL based on family size
- A U.S. citizen or national or have satisfactory immigration status
- Found to need breast and/or cervical cancer treatment

BCCTP Comparison

California

- Uninsured or have other health insurance such as Medicare or private insurance (> $750/yr cost-sharing),
- Any age,
- Under 200% FPL based on family size,
- Not a U.S. citizen or national or do not have satisfactory immigration status, and
- Found to need breast and/or cervical cancer treatment

Federal

- Uninsured,
- Under age 65,
- Under 200% FPL based on family size,
- A U.S. citizen or national or have satisfactory immigration status, and
- Found to need breast and/or cervical cancer treatment

Senate Bill 945 (Atkins): Breast and Cervical Cancer Treatment Program Caps Repeal

Summary:

SB 945 (Atkins) will ensure low-income, uninsured women receive the treatment they need by repealing caps on the length of time they can be covered by the Breast and Cervical Cancer Treatment Program (BCCTP).

Need for bill:

- The Federal Breast and Cervical Cancer Prevention and Treatment Act of 2000 authorizes states to provide women diagnosed with cancer comprehensive health care coverage through Medicaid (Medi-Cal) until the end of their treatment.
- The BCCTP is a critical access program that provides low-income California women who are screened and diagnosed through Every Woman Counts (EWC) or Family Planning, Access, Care and Treatment (Family PACT). access to cancer treatment services.
- Currently, the state-funded BCCTP period of coverage is limited to 18 months for breast cancer and 24 months for cervical cancer.
- The state-funded BCCTP is not aligned with the federal BCCTP, creating arbitrary treatment limitations for women diagnosed through the state program.

What will SB 945 do?

Senate Bill 945 removes state-imposed timelines for cancer treatment and allows uninsured women to access critical coverage for as long as they need it.

2018 Sacramento Visit ACS CAN

OVAC
One Voice Against Cancer

THE AD HOC GROUP FOR MEDICAL RESEARCH

The Ad Hoc Group Fiscal Year 2024 Recommendation

The 373 undersigned members of the Ad Hoc Group for Medical Research, which includes organizations representing patients, scientists, health professionals, research and academic institutions, educators, and industry, are grateful to Congress for making meaningful annual funding growth for the National Institutes of Health (NIH) a key, bipartisan national priority. NIH-funded biomedical, behavioral, social, and population-based research improves our understanding of fundamental life and health sciences, equips the nation to combat both known and unprecedented health threats, and converts the hope of improved health into a reality for patients and their families. The federal investment in this lifesaving work in labs across the country also has a multiplier effect in local and regional economies, catalyzes new industries, enhances the U.S.'s global competitiveness, establishes viable career paths, and generates additional high quality jobs in communities nationwide.[i]

For fiscal year (FY) 2024, the Ad Hoc Group recommends at least $50.924 billion for NIH's foundational work, a $3.465 billion increase over the comparable FY 2023 program level, which would allow NIH's base budget to keep pace with the biomedical research and development price index (BRDPI) and allow meaningful growth of nearly 5%[ii].

Hook Line Sinker Cheat Sheet

Hook: Introductions

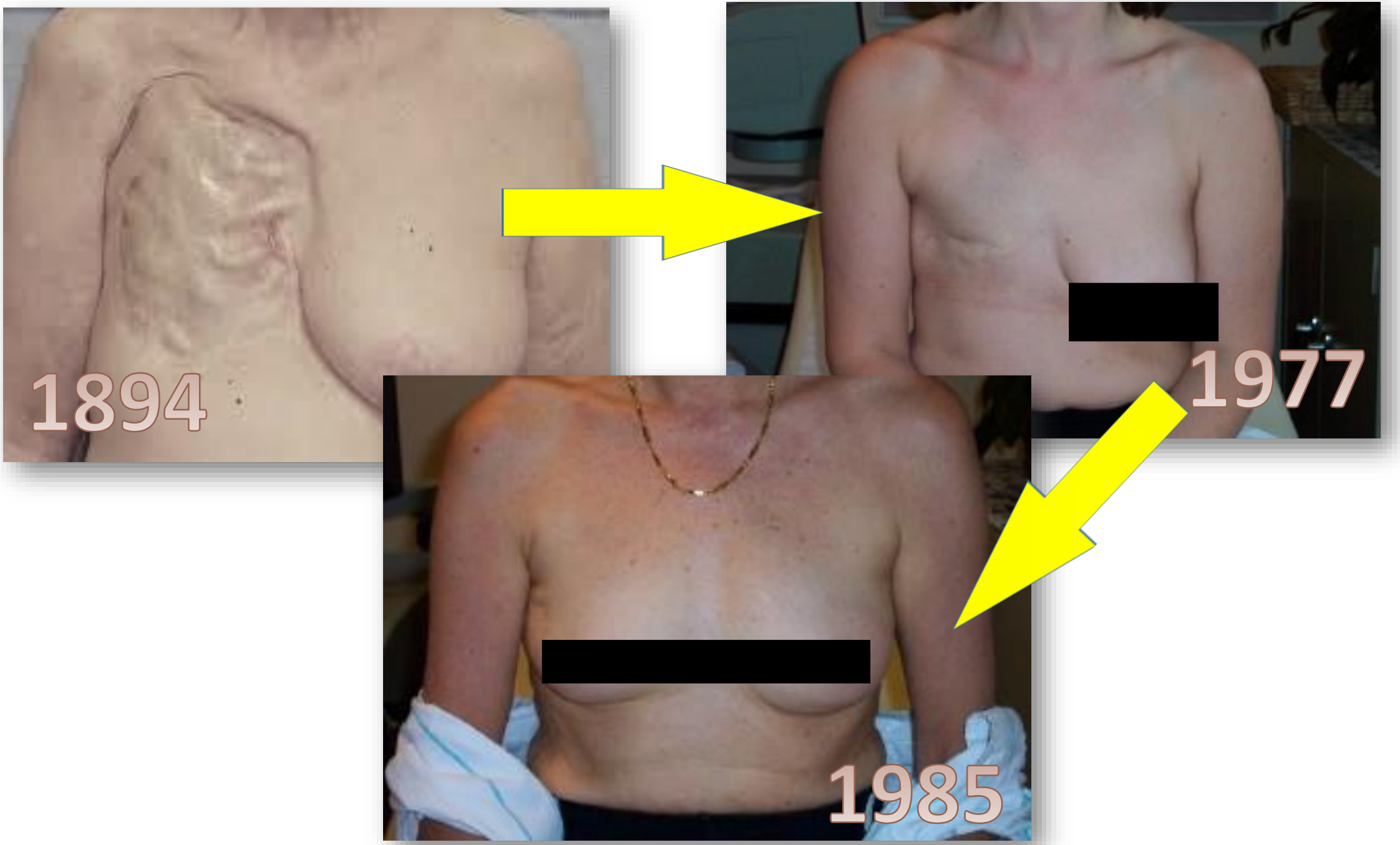
- The person chosen to represent the district will serve as the meeting leader. This person should start the meeting by introducing the group as xxx volunteers (and staff, if applicable), introducing himself/herself and noting that he/she is a constituent. Everyone should briefly introduce themselves at the start of the meeting. Those attendees that are constituents should note that in the introduction.

Line: Local Stories and Statistics

- Select one person to share a personal story (1-2 minutes). This could include sharing of personal cancer experiences by a survivor or caregivers. Lawmakers especially appreciate real-life examples that put a face on an issue. Your personal stories are poignant and establish the significance of the issue.

Sinker: The Request

- Have one of the legislator's constituents (or the meeting lead if he/she is the only constituent) make the request. Stay on message! Make a clear request of the legislator or the staff. Ask for a commitment and then listen carefully to the response.


1894
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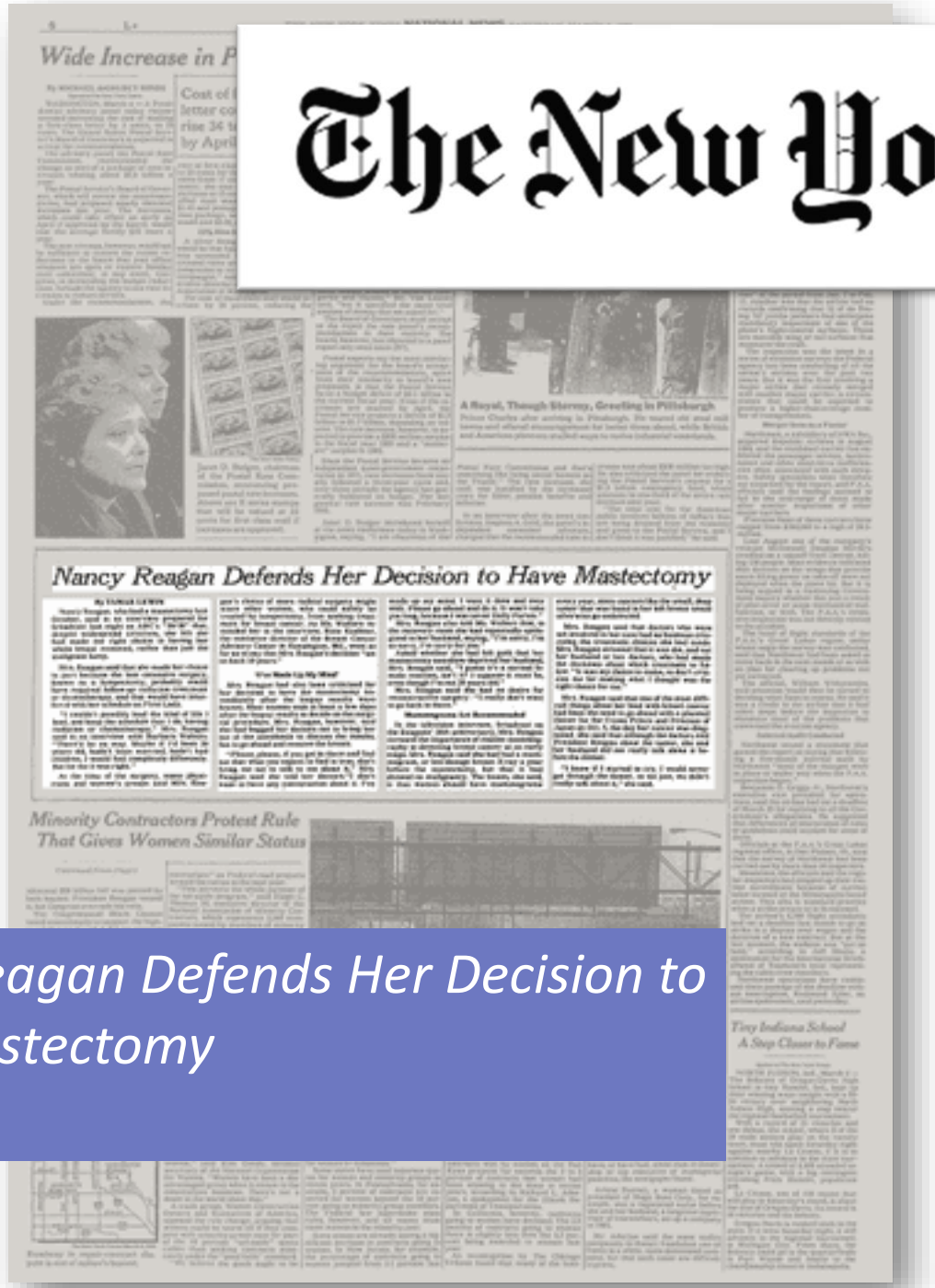


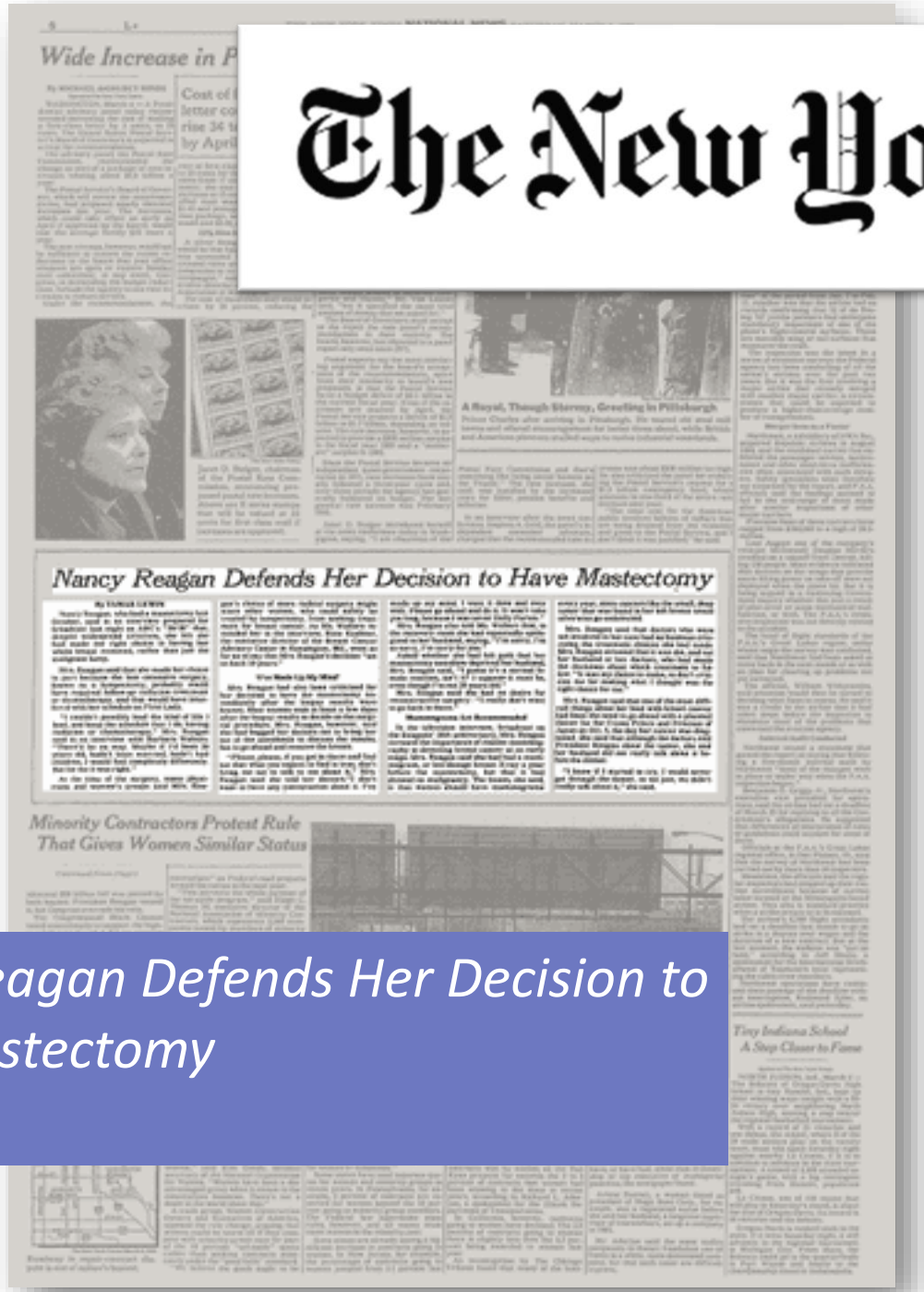
The New York Times

1988

Nancy Reagan Defends Her Decision to Have Mastectomy

By Tamar Lewin
March 5, 1988

“Mrs. Reagan said that doctors who were not involved in her case had no business criticizing the treatment choices she had made. Mrs. Reagan stressed that it was she, and not her husband or her doctors, who had made the decisions about which treatment to follow. 'It was my choice to make, so don't criticize me for making what I thought was the right choice for me.’ …“



The New York Times

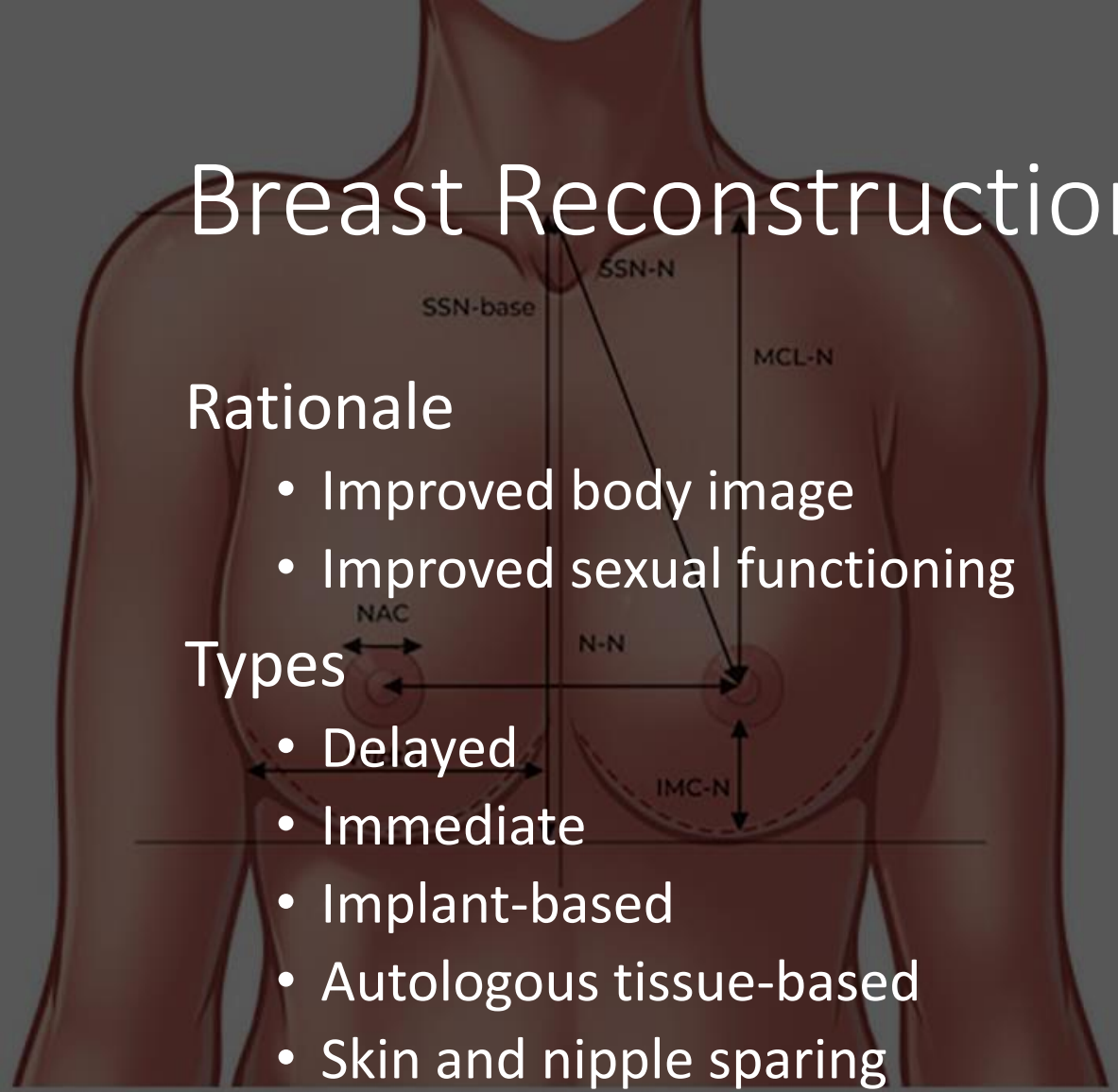
1988

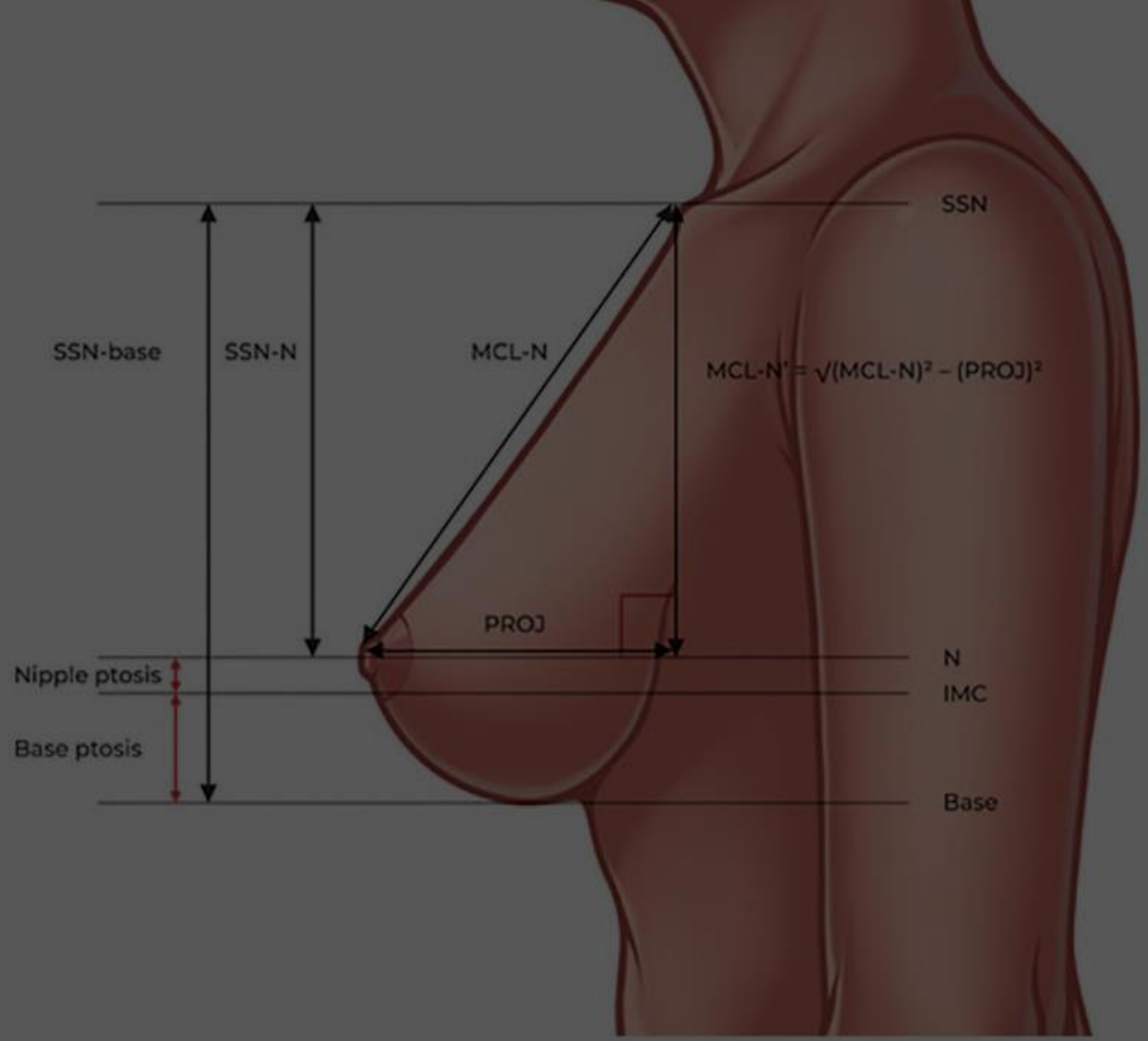
Nancy Reagan Defends Her Decision to Have Mastectomy

By Tamar Lewin
March 5, 1988

“Mrs. Reagan said she had no desire for reconstructive surgery: 'I really don't want to go back in there.’ "

Breast Reconstruction





Rationale

- Improved body image
- Improved sexual functioning

Types

- Delayed
- Immediate
- Implant-based
- Autologous tissue-based
- Skin and nipple sparing
- Oncoplastic

measurement	description
W	Horizontal breast width
SSN-N	Supra sternal notch to nipple

WHCRA Women's Health and Cancer Rights Act of 1998

Fact Sheet

U.S. Department of Labor
Employee Benefits Security Administration

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the patient.

The required coverage includes:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan or coverage.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available in the publication **Your Rights After A Mastectomy**.

Information for group health plans and employers on WHCRA and other health benefit law requirements is available in the publication **Compliance Assistance Guide – Health Benefits Coverage Under Federal Law**.

SCIENCE

1990

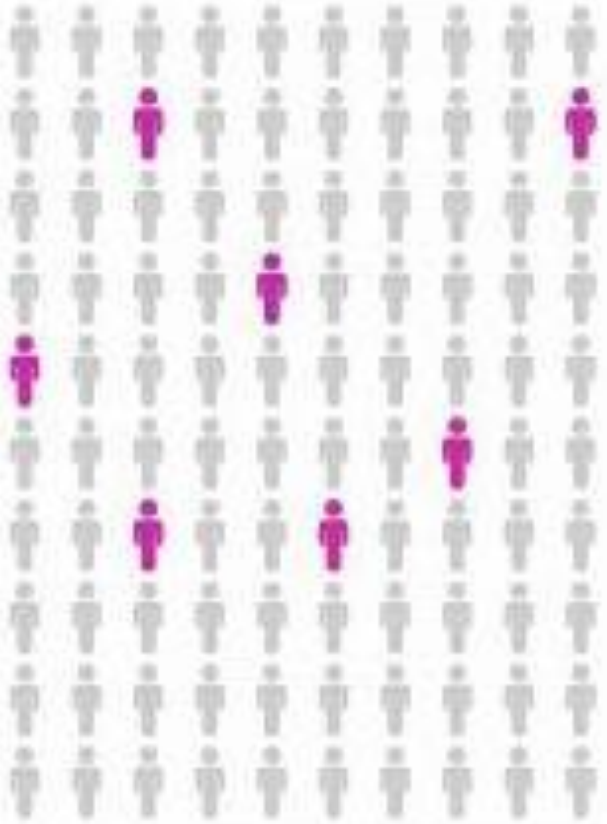
Linkage of Early-Onset Familial Breast Cancer to Chromosome 17q21 *aka* BRCA1

JEFF M. HALL, MING K. LEE, BETH NEWMAN, JAN E. MORROW, LEE A. ANDERSON, BING HUEY, MARY-CLAIRE KING

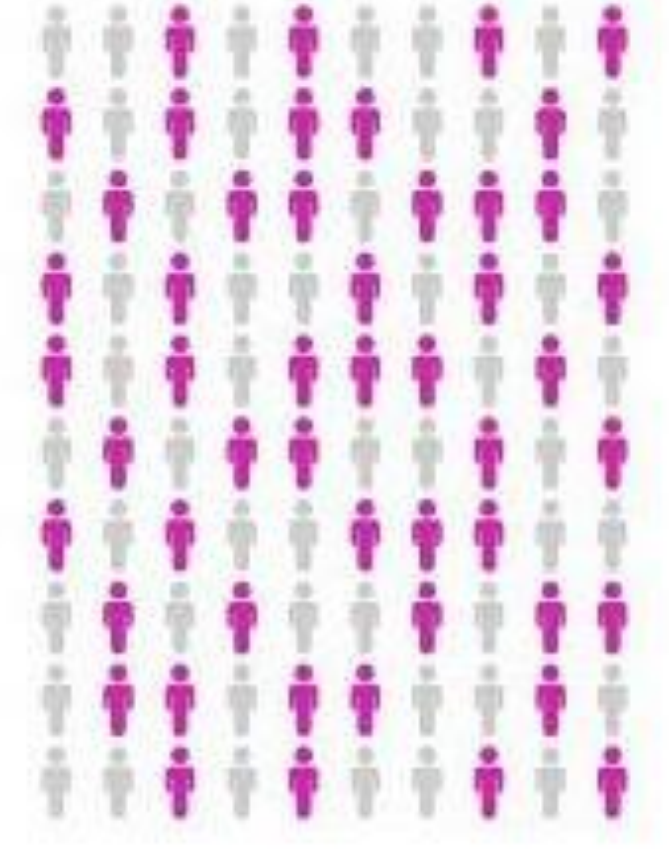
First time a genetic mutation was associated with a common disease

Chances of Getting Breast Cancer by Age 70

AVERAGE RISK



BRCA CARRIER



About me

Daughter of a BRCA1 mutation carrier

—my dad

Ovarian and breast cancer, died young

Ovaries removed as a preventative measure, survived to her 70s

Ovarian cancer, died young

"Don't worry…it's on your father's side."
---my GYN professor in med school, 1989

My father’s mother survived breast cancer in her 40s to die of ovarian cancer in her 50s

TULANE UNIVERSITY
School of Medicine
NEW ORLEANS 12, LA.

CONFIDENTIAL

Cancer Clinical Research Center
Department of Surgery
1430 Tulane Avenue

May 30, 1963

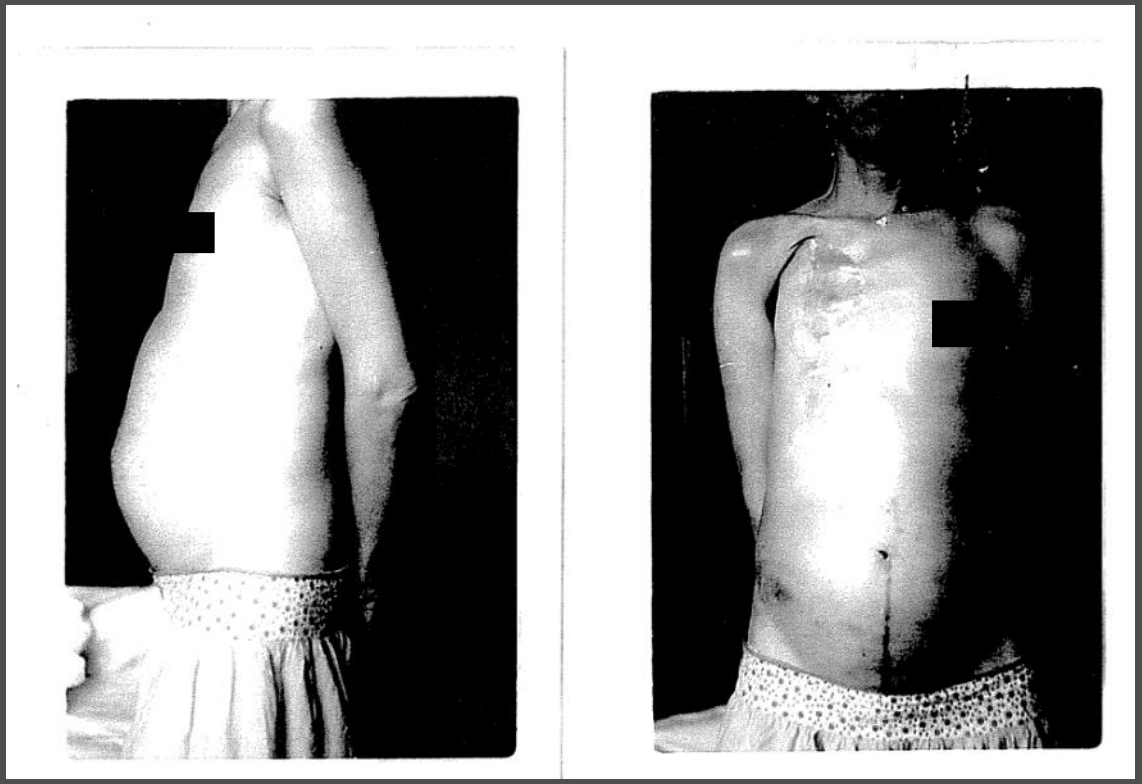
CONFIDENTIAL

Edward Lau, M. D.
Chock-Pang Clinic
Nuuanu Medical Center
1374 Nuuanu Avenue
Honolulu 17, Hawaii

Dear Doctor Lau:

For the past month we have been treating Mrs. Louise Lum, whom you referred to Dr. Creech. Mrs. Lum

[redacted]



CONFIDENTIAL

MYRIAD

Comprehensive BRACAnalysis®
BRCA1 and BRCA2 Analysis Result

PHYSICIAN	SPECIMEN	PATIENT
Carlos Garberoglio, MD **Loma Linda University** **11370 Anderson Street** **Ste 2100** **Loma Linda, CA 92354**	Specimen Type: **Blood** Draw Date: **Dec 12, 2005** Accession Date: **Dec 13, 2005** Report Date: **Jan 11, 2006**	Name: **Lum, Jon** Date of Birth: [redacted] Patient ID: Gender: **Male** Accession #: Requisition #: [redacted]

Test Results and Interpretation

POSITIVE FOR A DELETERIOUS MUTATION

Test Performed	Result	Interpretation
BRCA1 sequencing	E879X	**Deleterious**
	D345Y	Uncertain Significance
5-site rearrangement panel	No Mutation Detected	No Mutation Detected
BRCA2 sequencing	Q147R	Uncertain Significance

GINA
Genetic Information Nondiscrimination Act of 2008

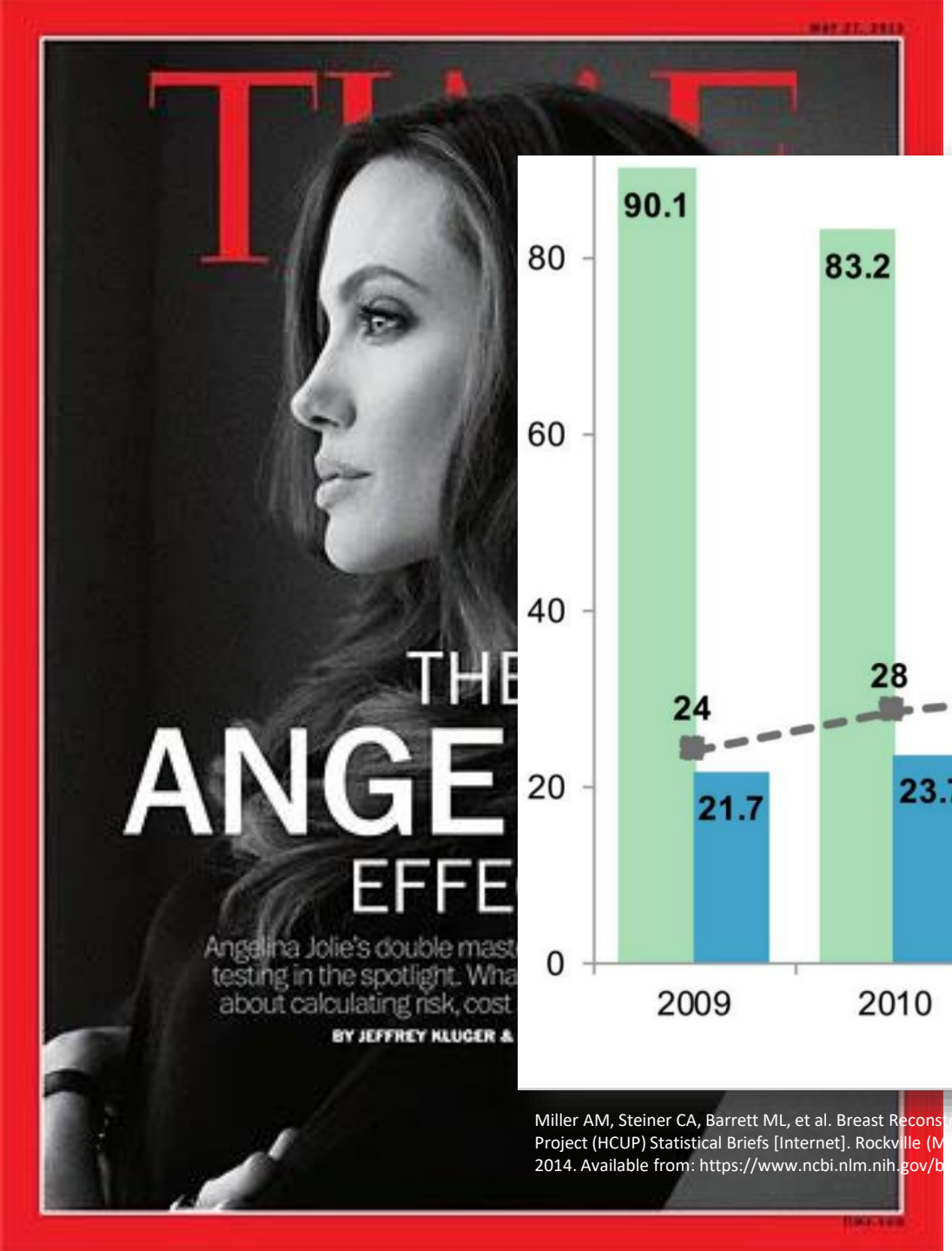
Prohibits discrimination based on genetic information in health insurance and employment

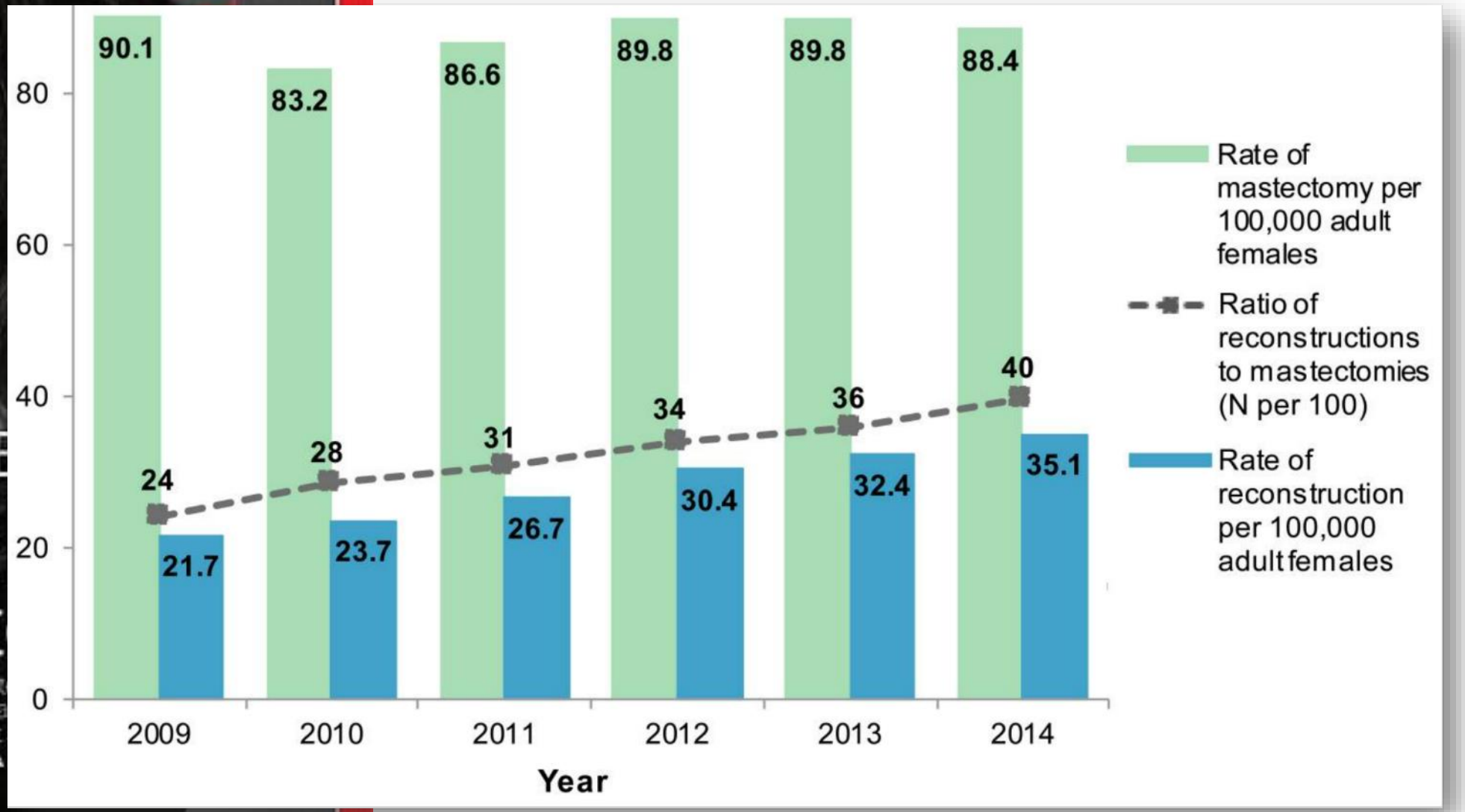
Title I Health insurance protections

- ERISA, PHSA, IRC, HIPAA

Title II Employment protections

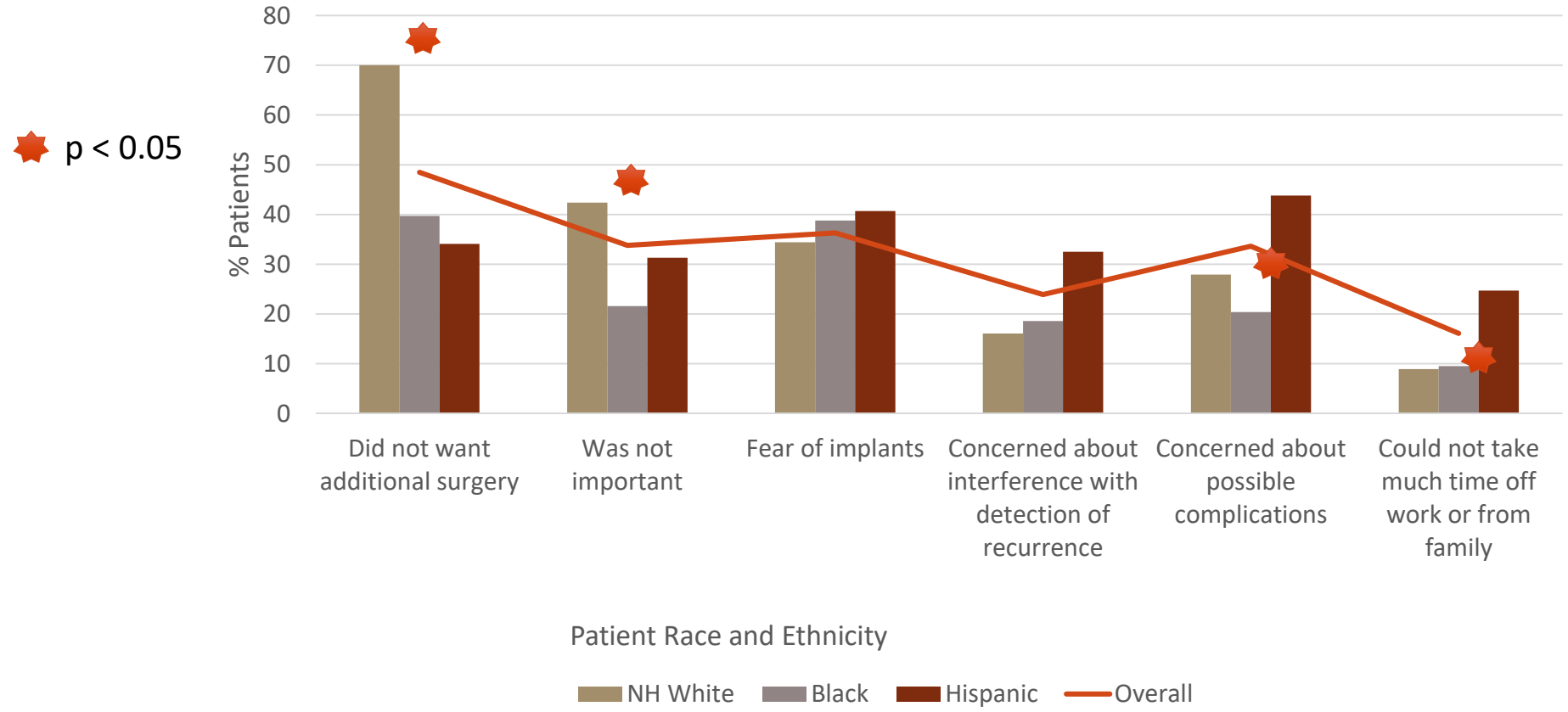
- EEOC





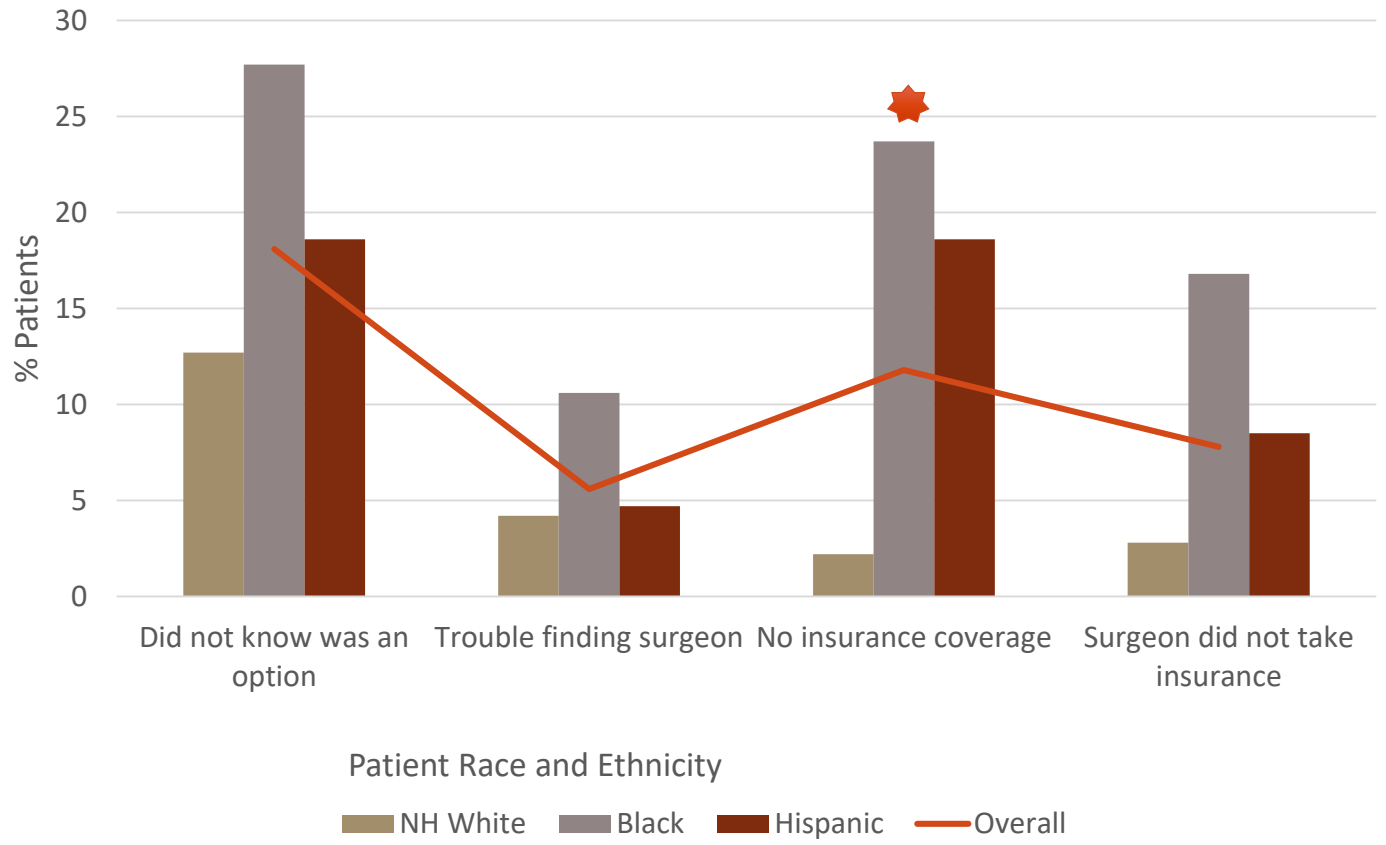
Miller AM, Steiner CA, Barrett ML, et al. Breast Reconstruction Surgery for Mastectomy in Hospital Inpatient and Ambulatory Settings, 2009–2014: Statistical Brief #228. 2017 Oct. In: Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. Rockville (M
2014. Available from: https://www.ncbi.nlm.nih.gov/b

Rationale for No Reconstruction



Morrow M, Li Y, Alderman AK, Jagsi R, Hamilton AS, Graff JJ, Hawley ST, Katz SJ. Access to breast reconstruction after mastectomy and patient perspectives on reconstruction decision making. JAMA Surg. 2014 Oct;149(10):1015-21.

Rationale for No Reconstruction



p < 0.05

Likelihood of Reconstruction

More likely

Less likely

Women's Health and Cancer Rights Act 1998

Reconstruction of ipsi- and contralateral breast covered when mastectomy covered

Affordable Care Act 2010

Medicaid expansion

Increased insured

Decreased financial risk

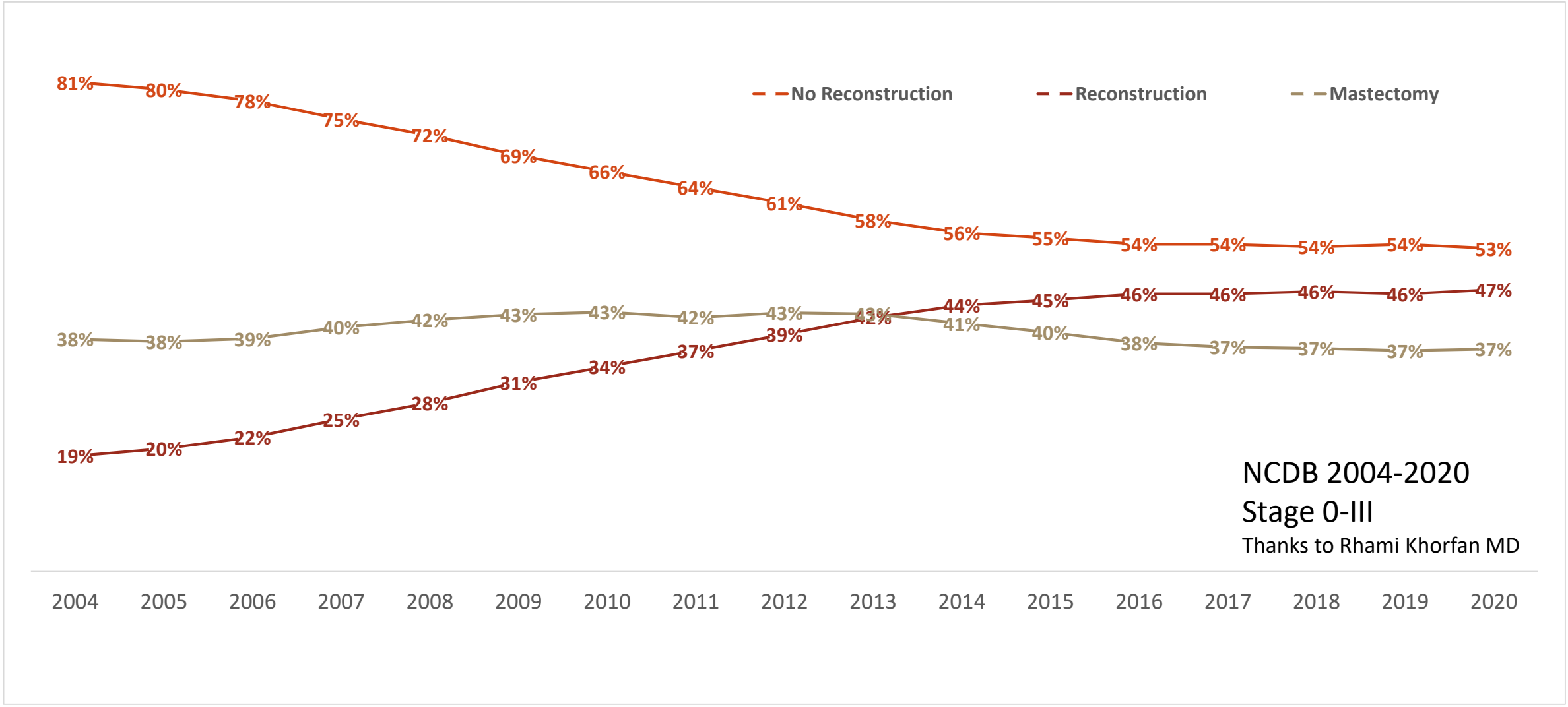
Breast Cancer Patient Education Act 2015

Availability and coverage of breast reconstruction and options

Racial and ethnic minority group focus

https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet
https://www.hhs.gov/healthcare/about-the-aca/index.html
https://www.congress.gov/bill/114th-congress/house-bill/2540

Mastectomy and Reconstruction Trends



Reconstruction

- PROs (QOL, body image, sexuality)
- Desires breast mound
- Symmetry
- Compliance (NCCN, NAPBC, Breast Cancer Patient Education Act 2015)
- Eliminate disparities

No Reconstruction

- PROs
- Lower risk of complications
- No foreign material
- Concern about breast implant illness
- Contraindicated due to comorbidities
- PMRT
- No plastic surgeon

Journal of the American College of Surgeons

Volume 209, Issue 1, July 2009, Pages 123-133

Collective review

Patient-Reported Outcomes of Breast Reconstruction after Mastectomy: A Systematic Review

Presented in poster form at the American College of Surgeons 94th Annual Clinical Congress, October 2008.

Clara Lee MD, MPP [a], Christine Sunu BS [b], Michael Pignone MD, MPH [c]

No differences in quality of life, body image, or sexuality in patients undergoing reconstruction vs no reconstruction

The New York Times

‘Going Flat’ After Breast Cancer

2016

Ann Surg Oncol (2021) 28:2493–2505
https://doi.org/10.1245/s10434-020-09448-9

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

Check for updates

ORIGINAL ARTICLE – GLOBAL HEALTH SERVICES RESEARCH

"Going Flat" After Mastectomy: Patient-Reported Outcomes by Online Survey

Jennifer L. Baker, MD[1], Don S. Dizon, MD[2], Cachet M. Wenziger, MPH[3], Elani Streja, PhD[3], Carlie K. Thompson, MD[1], Minna K. Lee, MD[1], Maggie L. DiNome, MD[1], and Deanna J. Attai, MD[1,4]

[1]Department of Surgery, University of California Los Angeles, Los Angeles, CA; [2]Brown University and the Lifespan Cancer Institute, Providence, RI; [3]Department of Medicine, University of California Irvine School of Medicine, Irvine, CA; [4]UCLA Health Burbank Breast Care, Burbank, CA

Going Flat social media survey

N=931

74% 1st choice mastectomy alone

21% reported surgeon did not support going flat

Flat denial strongly predicted low satisfaction (OR 3.85, 95% CI 2.59-5.72)

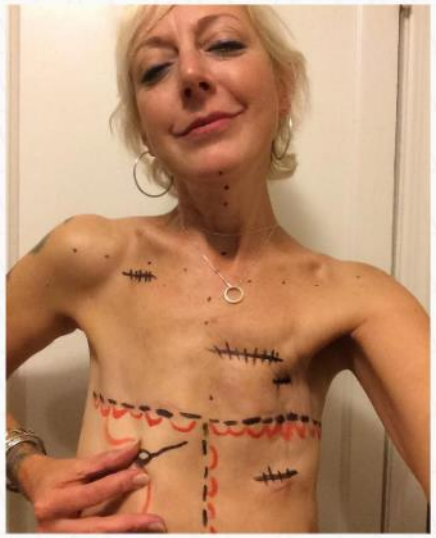
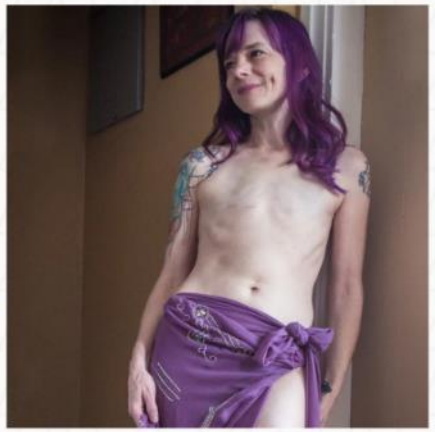
27% dissatisfied with chest wall appearance

FLAT CLOSURE NOW

We are a 501 (c)(3) nonprofit organization founded by breast
ncer patients, who shine a spotlight on aesthetic flat closure.
create & share education and information on all things going

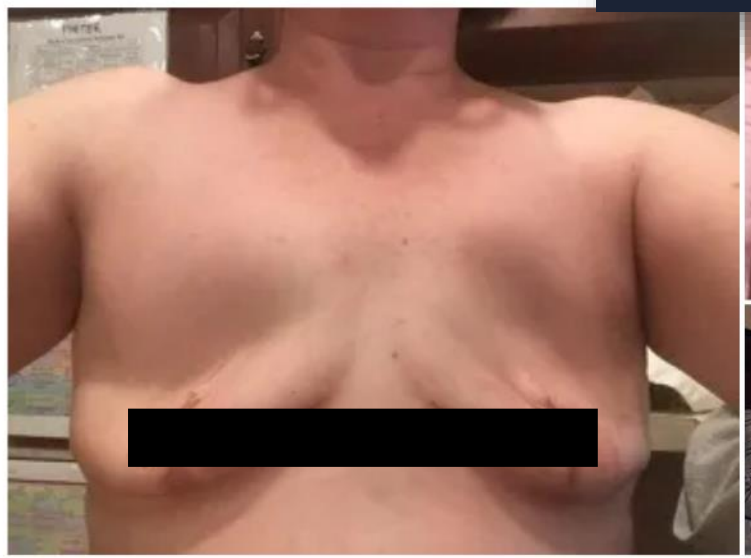
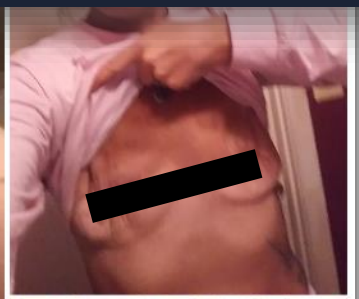
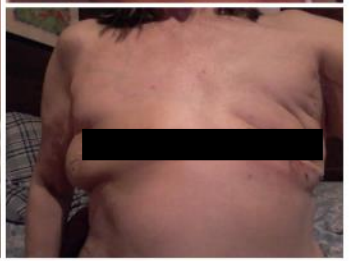
PHOTOS TO YOUR SURGEON!

Donate your own going flat photo to our gallery by emailing:
support@flatclosurenow.org

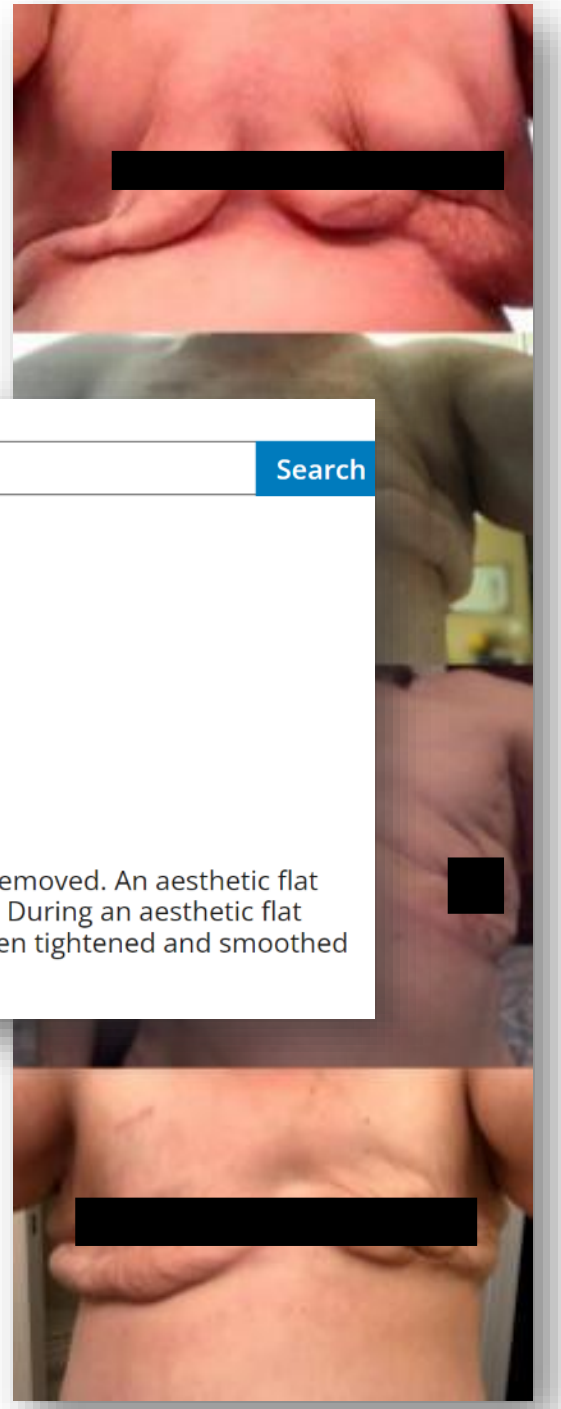
Flat Denial

These images are hard to look at, but the fact is that images make the
clearly and unequivocally asked to be flat. If you have an image you'd
support – please contact us. Learn more about flat denial.

Not Putting on a Shirt.org

Aesthetic Flat Closure (AFC)



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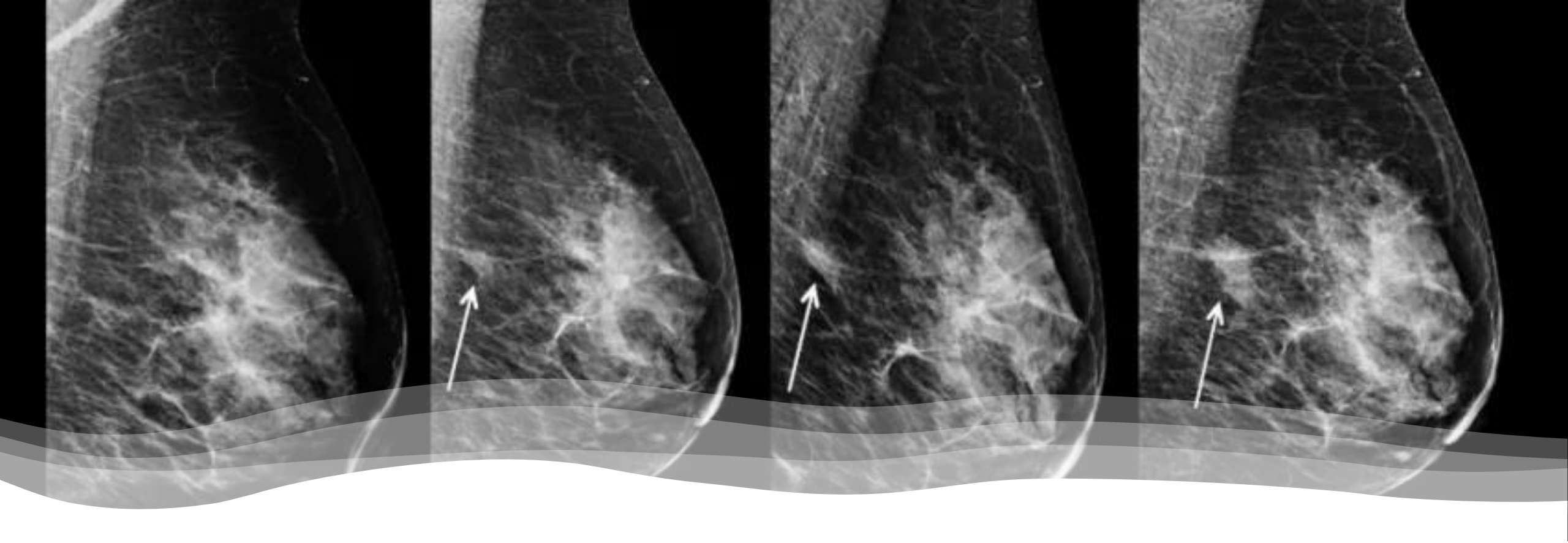
aesthetic flat closure

(es-THEH-tik flat KLOH-zher)

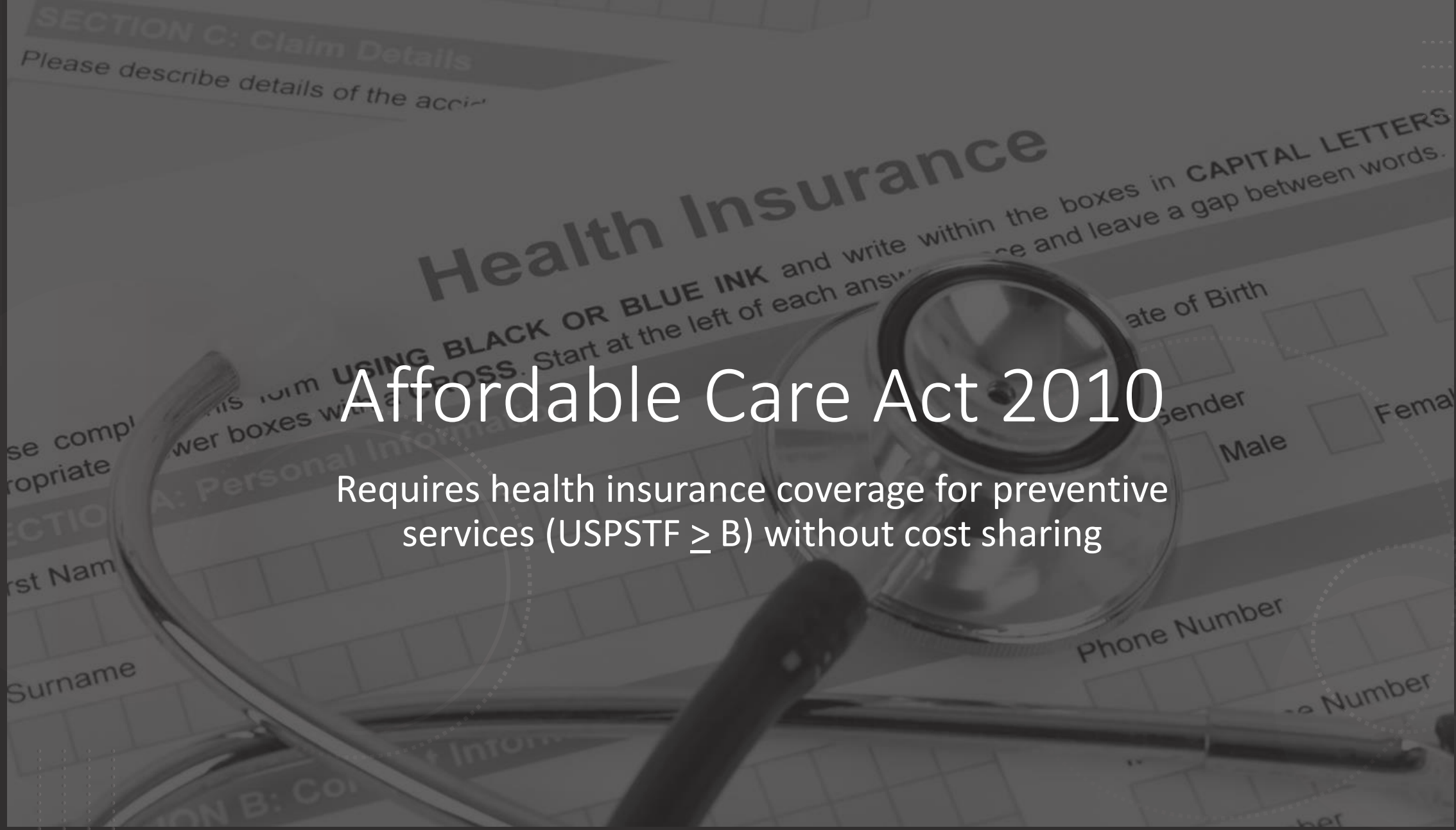
A type of surgery that is done to rebuild the shape of the chest wall after one or both breasts are removed. An aesthetic flat closure may also be done after removal of a breast implant that was used to restore breast shape. During an aesthetic flat closure, extra skin, fat, and other tissue in the breast area are removed. The remaining tissue is then tightened and smoothed out so that the chest wall appears flat.

Updates

Science and policy are living and breathing



Mammography Policy



Affordable Care Act 2010

Requires health insurance coverage for preventive services (USPSTF ≥ B) without cost sharing

Recommendation Summary

Population	Recommendation	Grade
Women, Age 50-74 Years	The USPSTF recommends biennial screening mammography for women 50-74 years.	B
Women, Before the Age of 50 Years	The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.	C
All Women	The USPSTF recommends against teaching breast self-examination (BSE).	D
Women, 40 Years and Older	The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older. Go to the Clinical Considerations section for information on risk assessment and suggestions for practice regarding the I statement.	I
All Women	The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer. Go to the Clinical Considerations section for information on risk assessment and suggestions for practice regarding the I statement.	I
Women, 75 Years and Older	The USPSTF concludes that the current evidence is insufficient to assess the benefits and harms of screening mammography in women 75 years and older. Go to the Clinical Considerations section for information on risk assessment and suggestions for practice regarding the I statement.	I

U.S. Preventive Services TASK FORCE

2009 Mammogram Screening Recommendations

Ann Surg Oncol (2011) 18:3137–3142
DOI 10.1245/s10434-011-1915-9

Annals of
SURGICAL ONCOLOGY
OFFICIAL JOURNAL OF THE SOCIETY OF SURGICAL ONCOLOGY

ORIGINAL ARTICLE – AMERICAN SOCIETY OF BREAST SURGEONS

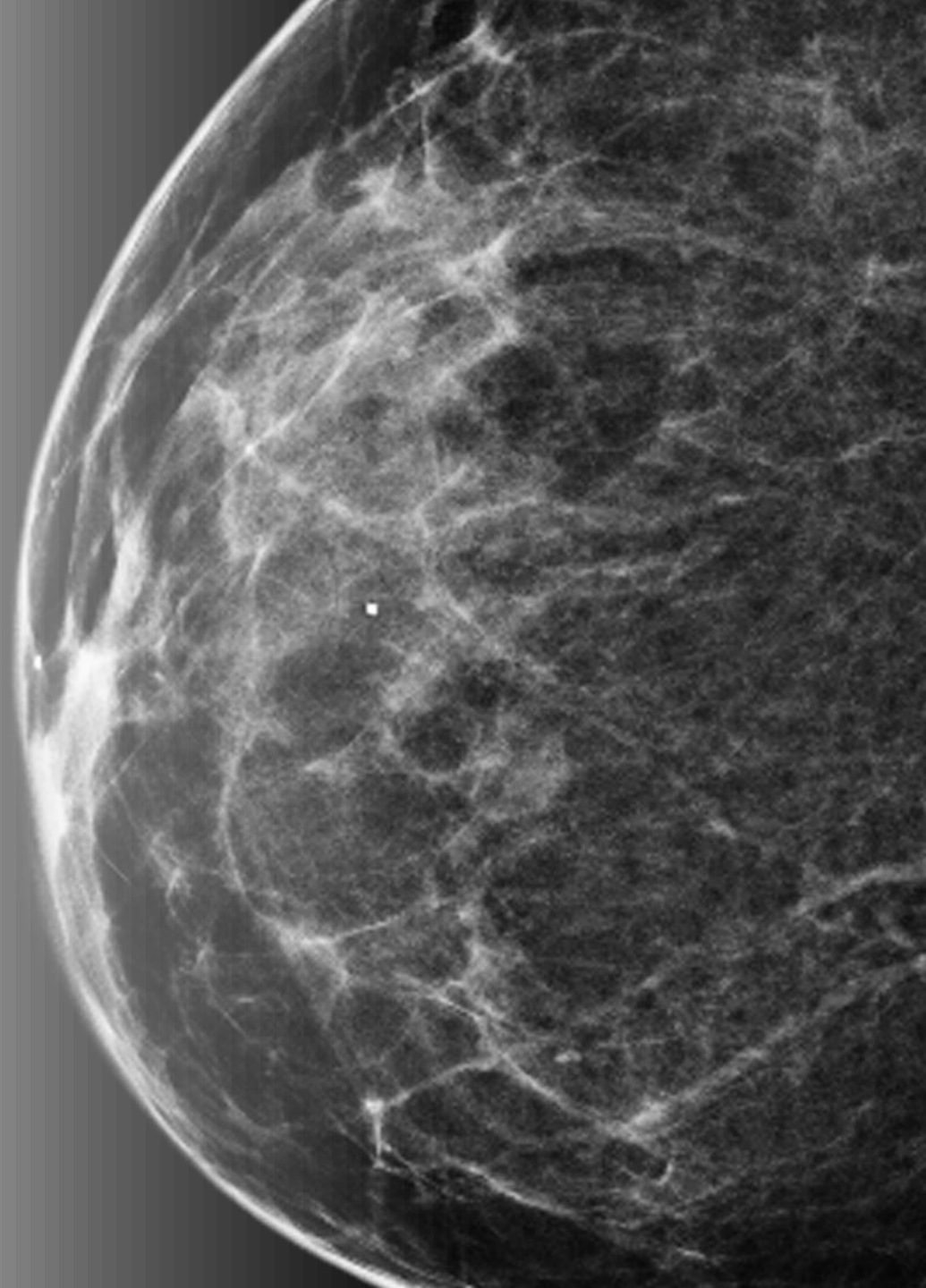
Potential Impact of USPSTF Recommendations on Early Diagnosis of Breast Cancer

Robert Aragon, MD[1], John Morgan, DrPH[2,3], Jan H. Wong, MD[4], and Sharon Lum, MD[1,3]

[1]Department of Surgery, Division of Surgical Oncology, Loma Linda University School of Medicine, Loma Linda, CA; [2]School of Public Health, Loma Linda University, Loma Linda, CA; [3]Desert Sierra Cancer Surveillance Program, Loma Linda University Medical Center, Loma Linda, CA; [4]Department of Surgery, Division of Surgical Oncology, Brody School of Medicine, East Carolina University, Greenville, NC

OBJECTIVE

We sought to determine the potential impact of the USPSTF recommendations on women ages 40-49 diagnosed with early breast cancer in California



Methods n=6,691 women in California Cancer Registry

Factors associated with early breast cancer in young women

PATIENT POPULATION

- 2004 to 2008
- Stage 0 (DCIS)
- Stage 1 (T1N0)
- Younger age group (40-49 years old)
- Older age group (50-74 years old)
- California Cancer Registry (SEER data)

VARIABLES

- Age group
- Stage
- Year of diagnosis
- Hormone receptor status
- HER-2 status
- Triple negative status
- Race/Ethnicity
- Socioeconomic status (SES)

Limitations

RETROSPECTIVE STUDY

REGISTRY DATA

PAUCITY OF DATA REGARDING METHOD OF DIAGNOSIS OR INVITATION FOR/UTILIZATION OF SCREENING MAMMOGRAPHY

Findings

Race and ethnicity

Young Hispanic, Asian or PI, and NH Black women in California were more likely to be diagnosed with early breast cancer

Biomarker status

Excluding 40-49 year old women from screening could impact early diagnosis of HR positive, HER-2 positive, and TN tumors

Disparity

Compliance with 2009 USPSTF recommendations disproportionately impacts women of color and could potentially lead to more advanced presentation at diagnosis in these groups of women

Moratorium via Sequential Appropriations Acts 2015-2023

Have required HHS to use the recommendations last issued before 2009 to administer any law referring to the current recommendations of the United States Preventive Services Task Force for breast cancer screening, mammography, and prevention

US Preventive Services Task Force

ONLINE FIRST FREE

November 8, 2021

Actions to Transform US Preventive Services Task Force Methods to Mitigate Systemic Racism in Clinical Preventive Services

US Preventive Services Task Force

Article Information

JAMA. Published online November 8, 2021. doi:10.1001/jama.2021.17594

PALS Act
Protecting Access to Lifesaving Screening

2019 S.1936 H.R.2777

- Introduced in the Senate
  - US - Senator Dianne Feinstein (D) Primary Sponsor
  - US - Senator Amy Klobuchar (D)
  - US - Senator Debbie Stabenow (D)
  - US - Senator Elizabeth Warren (D)
  - US - Senator Jeanne Shaheen (D)
  - US - Senator Marsha Blackburn (R)
  - US - Senator Shelley Moore Capito (R)

2021 S.2412 H.R.4612

- Reintroduced

THE AMERICAN SOCIETY OF
Breast Surgeons

August 2, 2021

The Honorable Diane Feinstein
331 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Marsha Blackburn
357 Dirksen Senate Office Building
Washington, DC 2051

Re: Support for the *Protecting Access to Lifesaving Screenings (PALS) Act of 2021*

Senator Feinstein and Senator Blackburn:

Founded in 1995, the American Society of Breast Surgeons (ASBrS) is the primary leadership organization for surgeons who treat patients with breast cancer and benign breast related diseases. We are committed to continually improving the practice of breast surgery. Our mission is accomplished by providing a forum for the exchange of ideas and by promoting education, research, and the development of advanced surgical techniques. ASBrS now has more than 3,100 members throughout the United States and in 35 countries around the world. Active membership is open to surgeons with a special interest in breast disease.

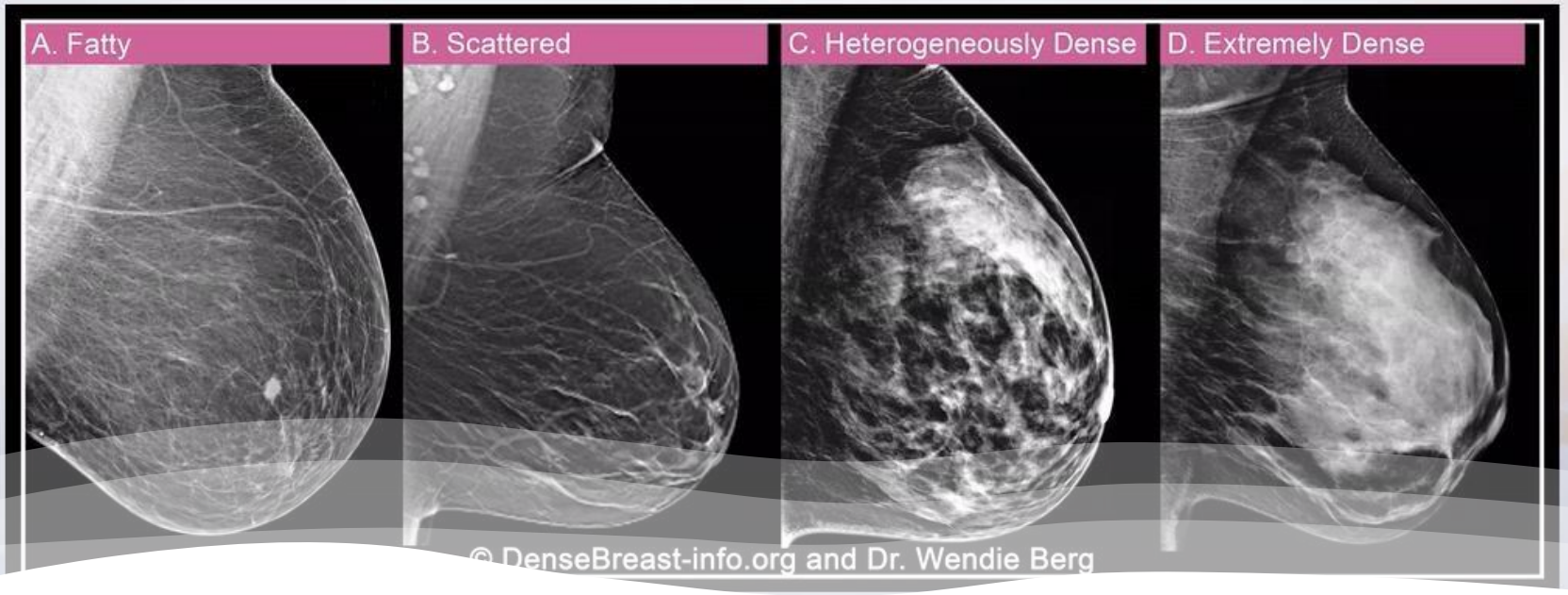
We write to express support for the *Protecting Access to Lifesaving Screenings (PALS) Act of 2021*, which would extend the existing moratorium on implementation of a recommendation by the U.S. Preventive Services Task Force to begin biennial breast cancer screenings at age 50 instead of the previously recommended 40. Legislatively delaying this recommendation protects coverage of important breast cancer screenings and prevents insurers from putting in place out-of-pocket financial burdens that would prevent young women from accessing preventive care.

Recommendation Summary

Population	Recommendation	Grade
Women ages 40 to 74 years	The USPSTF recommends biennial screening mammography for women ages 40 to 74 years.	B
Women age 75 years or older	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women age 75 years or older.	I
Women with dense breasts	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of supplemental screening for breast cancer using breast ultrasonography or magnetic resonance imaging (MRI) in women identified to have dense breasts on an otherwise negative screening mammogram.	I

USPSTF New Draft Recommendations 2023

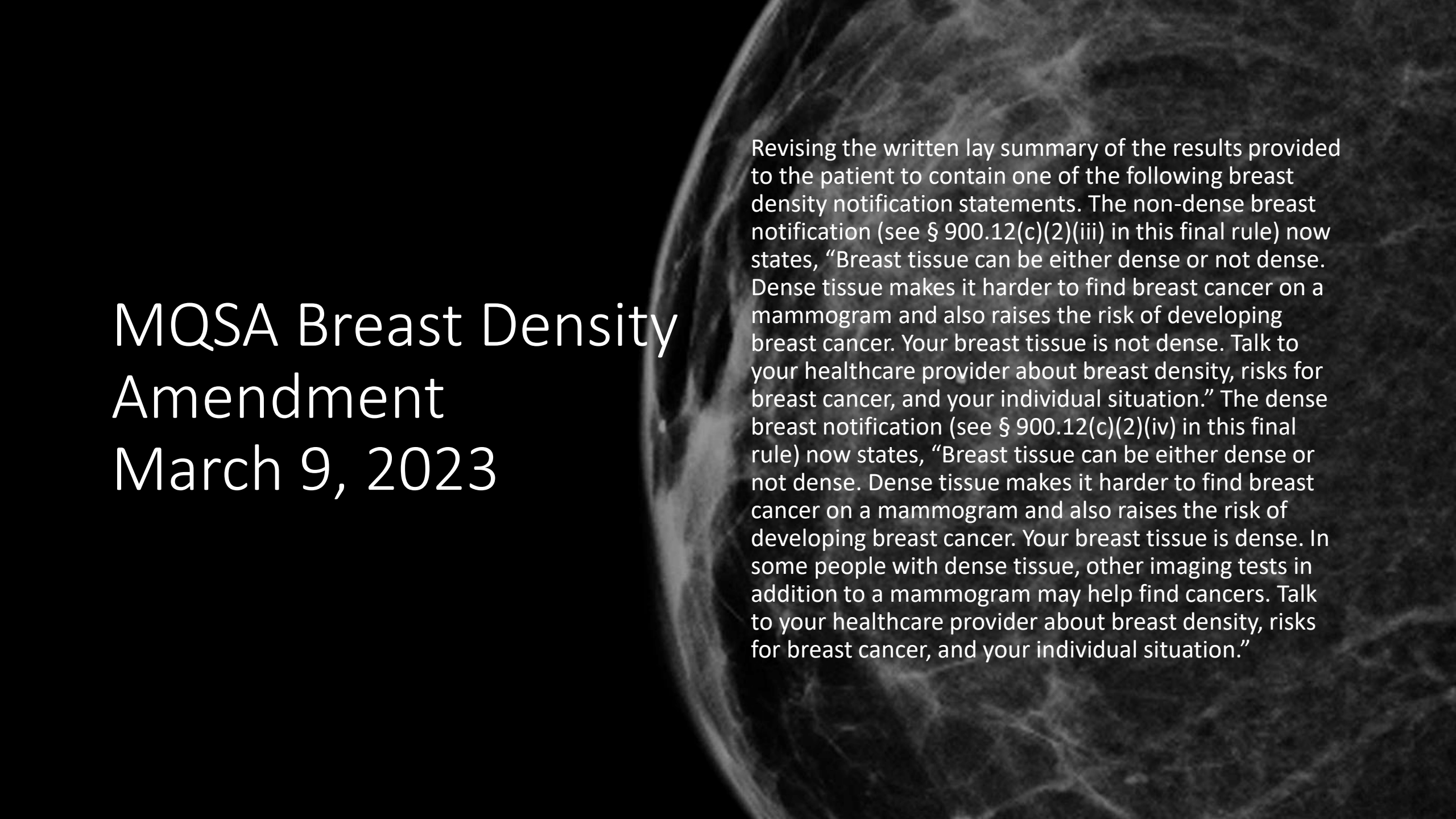
"Black women are 40 percent more likely to die from breast cancer and too often get deadly cancers at younger ages. The Task Force recognizes this inequity and is calling for more research to understand the underlying causes and what can be done to eliminate this health disparity."



Breast density

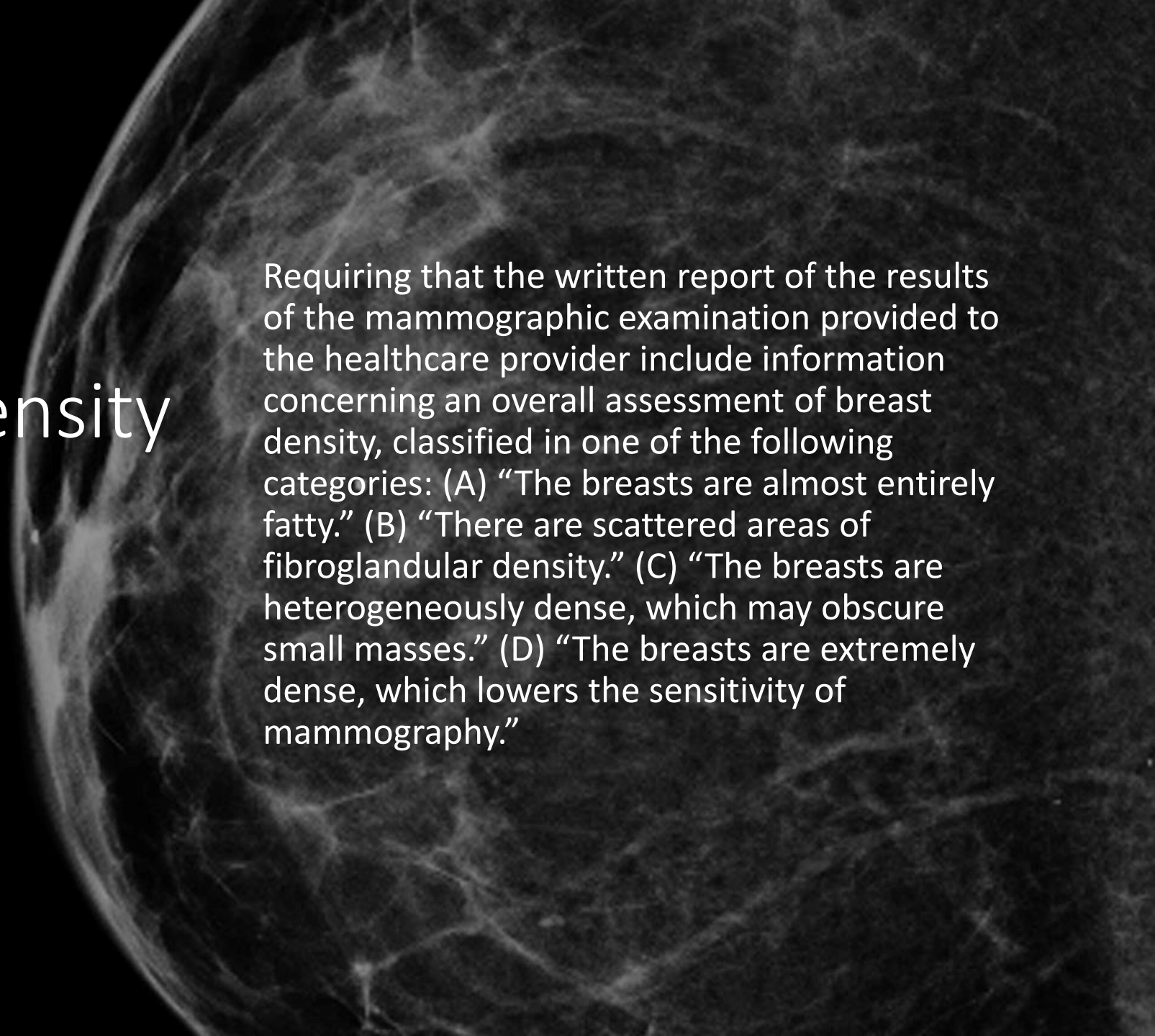
- 50% of women > 40 yo
- Associated with higher risk of breast cancer
- May mask breast cancer

MQSA Breast Density Amendment March 9, 2023

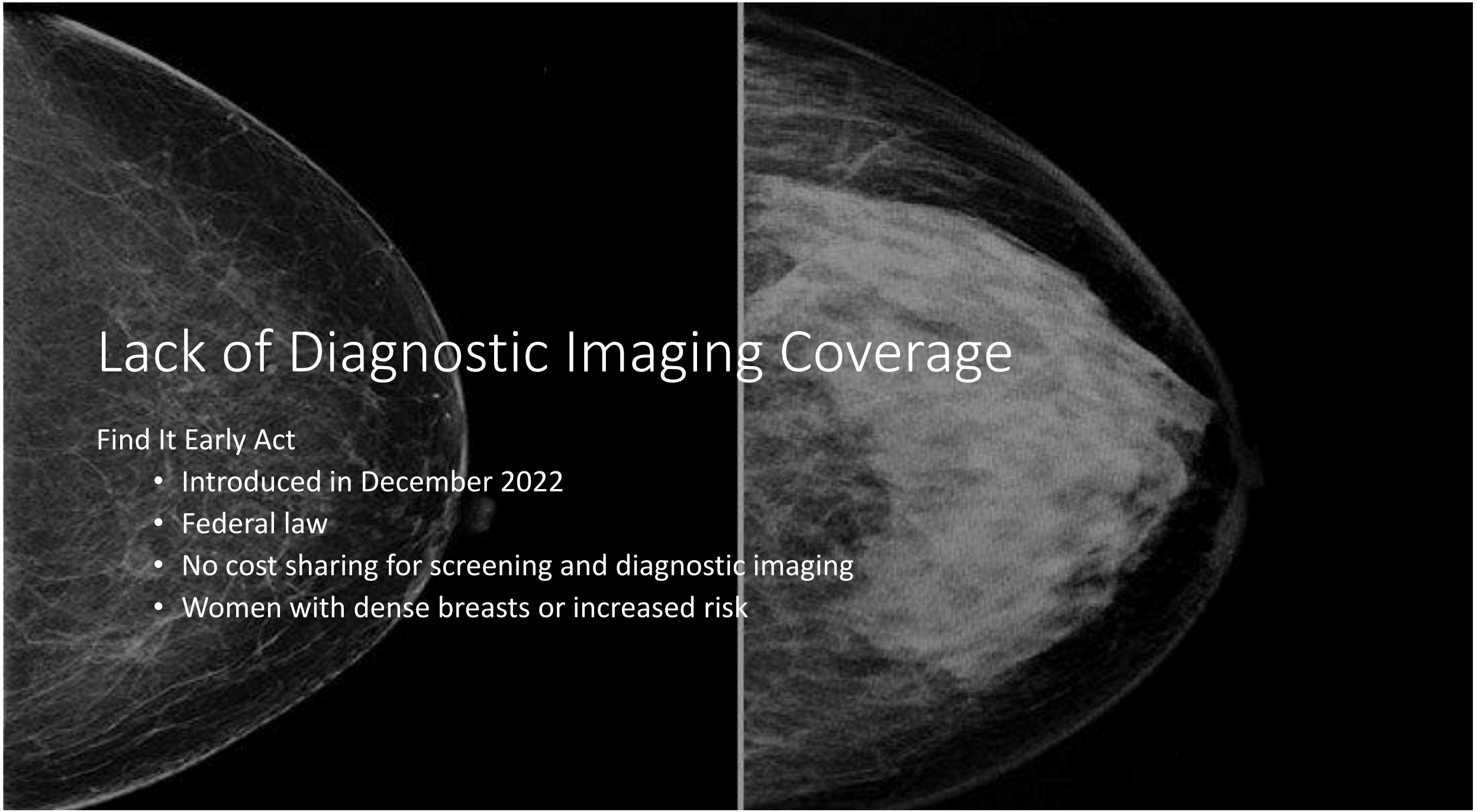


Revising the written lay summary of the results provided to the patient to contain one of the following breast density notification statements. The non-dense breast notification (see § 900.12(c)(2)(iii) in this final rule) now states, “Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is not dense. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation.” The dense breast notification (see § 900.12(c)(2)(iv) in this final rule) now states, “Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is dense. In some people with dense tissue, other imaging tests in addition to a mammogram may help find cancers. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation.”

MQSA Breast Density Amendment March 9, 2023



Requiring that the written report of the results of the mammographic examination provided to the healthcare provider include information concerning an overall assessment of breast density, classified in one of the following categories: (A) “The breasts are almost entirely fatty.” (B) “There are scattered areas of fibroglandular density.” (C) “The breasts are heterogeneously dense, which may obscure small masses.” (D) “The breasts are extremely dense, which lowers the sensitivity of mammography.”



Lack of Diagnostic Imaging Coverage

Find It Early Act

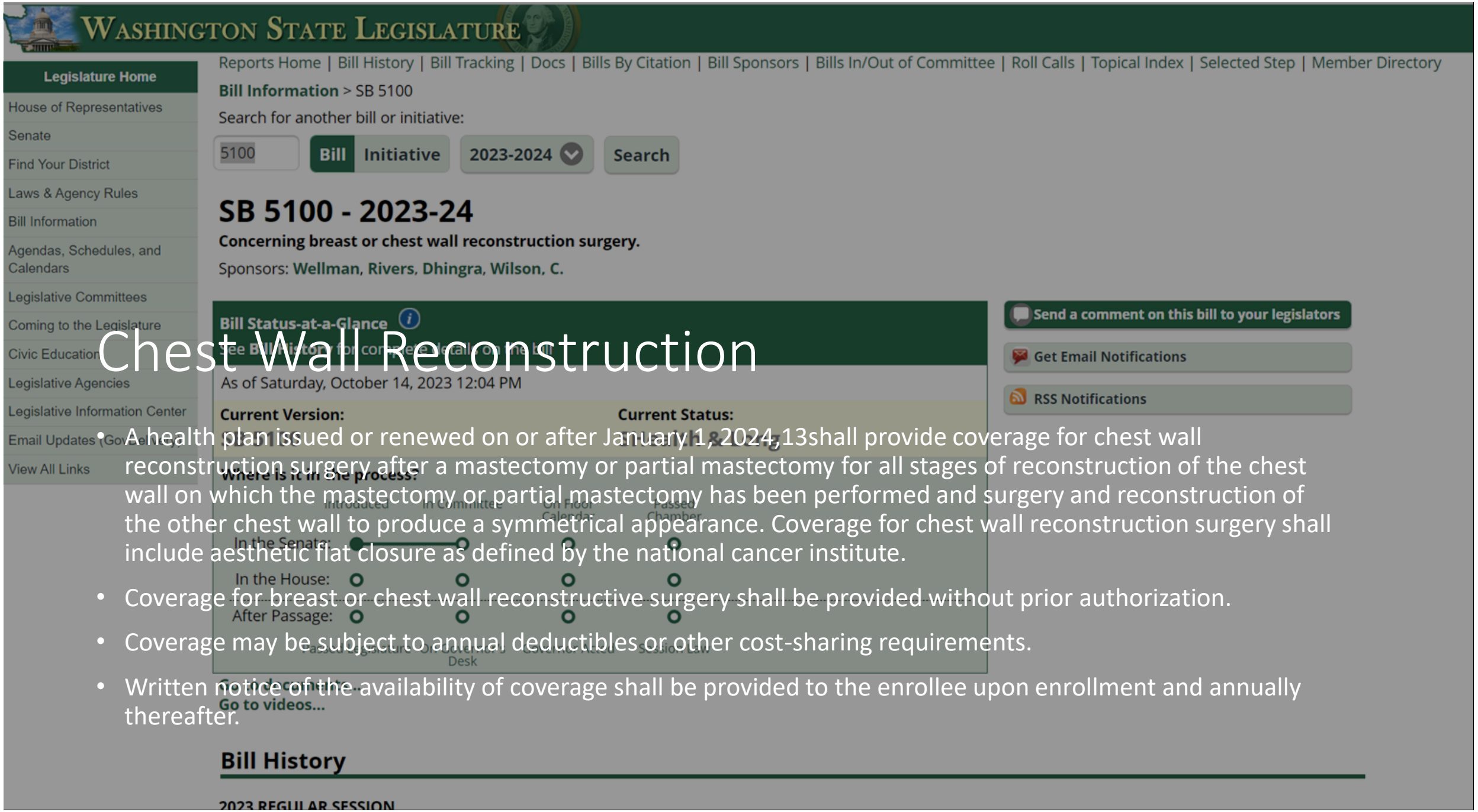
- Introduced in December 2022
- Federal law
- No cost sharing for screening and diagnostic imaging
- Women with dense breasts or increased risk

Reconstruction

Chest Wall Reconstruction

NY A.8537/S.7881 Chest Wall Reconstruction Mandate Bill

- January 1, 2023
- First state to mandate coverage for chest wall reconstruction surgery after mastectomy



Chest Wall Reconstruction

- A health plan issued or renewed on or after January 1, 2024, 13shall provide coverage for chest wall reconstruction surgery after a mastectomy or partial mastectomy for all stages of reconstruction of the chest wall on which the mastectomy or partial mastectomy has been performed and surgery and reconstruction of the other chest wall to produce a symmetrical appearance. Coverage for chest wall reconstruction surgery shall include aesthetic flat closure as defined by the national cancer institute.
- Coverage for breast or chest wall reconstructive surgery shall be provided without prior authorization.
- Coverage may be subject to annual deductibles or other cost-sharing requirements.
- Written notice of the availability of coverage shall be provided to the enrollee upon enrollment and annually thereafter.

CMS Reconstruction Code Impact

Legislative Priorities

Access

Conversion Factor
Accurate valuation of global surgery codes
Sequestration
1.Nipple tattoo legislation
1.Prior authorization reform
1.Graduate medical education
1.Medical liability reform

Contact Your Legislators

American Cancer Society Cancer Action Network

Increase funding for lifesaving cancer screening programs

Dear Lawmaker:

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) is a critical safety ne
ensure that all eligible individuals – no matter where they live or how little money they make – ca
a free or inexpensive breast or cervical cancer screening. But today, the program doesn't have enc
funding to serve everyone who needs it.

The facts are clear:

- Screening leads to early detection and early treatment of cancer, which saves lives.
- Fewer than 1 in 10 eligible individuals receive cervical cancer screenings and fewer than 2 in
receive breast cancer screenings.
- Increased funding will allow for the NBCCEDP to serve as a much-needed safety net to reach
those who currently lack access to breast and cervical cancer screenings.

It is critical that we ensure equitable access to breast and cervical cancer screenings.

Please support full funding of the National Breast and Cervical Cancer Early Detection Program.

Take future action with a single click. Log in or Sign up for *Fast*Action

fastaction

Contact Information

First Name

Last Name

Zip Code

Email

email@email.com

Mobile Phone (Optional)

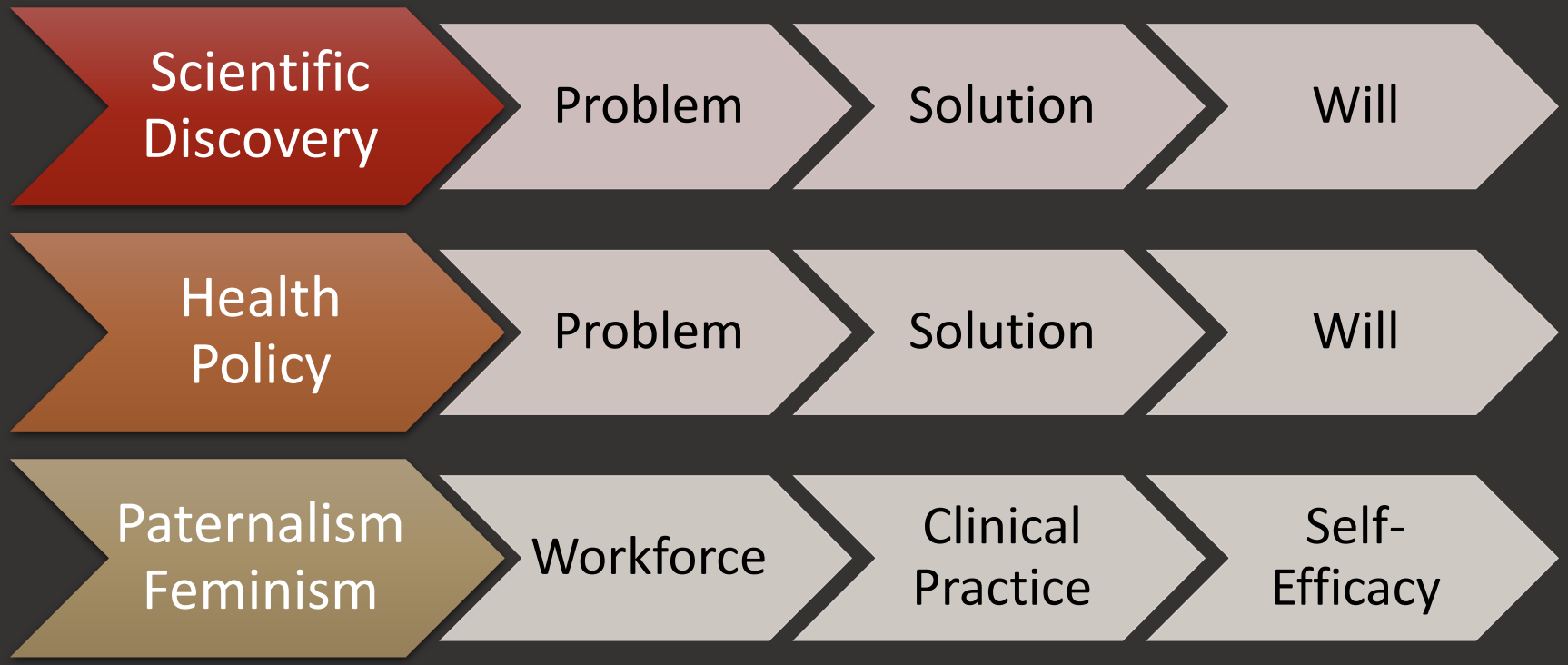
Sign me up for SMS messages.

By submitting your cell phone number you are agreeing to receive periodic text messages from this organization. Message and
rates may apply. Text HELP for more information. Text STOP to stop receiving messages.

Yes, sign me up for email updates.

Remember me so that I can use *Fast*Action next time.

Breast Cancer Health Policy




Call to Action
Become a
Policy Entrepreneur
"…advocates who are willing to invest their resources - time, energy, reputation, money - to promote a position in return for anticipated future gain…"
John Kingdon

slum@llu.edu
@DrSharonLum

Photo by Gini Kenwisher
in memory of Kylie Layne