1999 HOUSE HUMAN SERVICES

HB 1297

1999 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1297

House Human Services Committee

❑ Conference Committee

Hearing Date January 19, 1999

Tape Number	Side A	Side B	Meter #
3	X		18.7 - End
3		X	25.0 - End
4	X		0.0 - 22.0
Committee Clerk Signature Susann Lindteigen			

Minutes:

Rep. CLARA SUE PRICE called the committee back to order and opened the hearing.

Rep. SALLY SANDVIG, District 21, introduced the bill because the National Cancer Society has changed their guidelines on mammograms. They request every woman over the age of 40 have an annual mammogram instead of once every two years. (Information Sheets attached).

Dr. SHARI ORSER, M.D., obstetrician-gynocologist, Bismarck, testified (Testimony attached). The biggest barriers to women getting mammograms are cost, affordability, and insurance coverage.

Rep. BRUCE ECKRE asked why doesn't National Cancer Society have this in their guidelines?

SHARI ORSER stated it's not in their guidelines but they issued a joint statement with the American Cancer Society stating they would support it but weren't prepared to change their

recommendations at this point. Rep. BRUCE ECKRE asked why? SHARI ORSER said she didn't know.

Rep. TODD PORTER stated the current statute says every two years or more frequently if ordered by a physician. If a physician found a problem, he could order more frequent exam which would be covered by insurance, so why change it? SHARI ORSER said yes, but women who haven't presented a problem should be able to have yearly screenings because it will pick up more early changes. A two-year screening may not pick it up early enough.

Rep. CLARA SUE PRICE asked what is the approximate cost of a mammogram? SHARI ORSER stated $80 - $90. Rep. CLARA SUE PRICE asked does Medicaid cover yearly mammograms? SHARI ORSER said don't know but don't believe so.

DONNA KERN, Breast Cancer Survivor, testified (Testimony attached).

LINDA COLES, Program Director, American Cancer Society, testified American Cancer Society Guidelines state that women 40 and over should get yearly mammograms, an annual clinical breast exam performed by a health care professional, and should perform monthly breast self-examination. Early detection does save lives. A mammogram x-ray can detect breast cancer up to two years before it can be felt which can be the difference between life and death. In 1998 ND lost an estimated 100 women to breast cancer. It's the second major cause of cancer death.

PENNY WESTON, ND Nurses Association, testified (Testimony attached).

OPPOSITION - None.

Committee Discussion.

Rep. CLARA SUE PRICE asked committee to look at the fiscal note on the PERS plan. She stated regardless of laws we pass on insurance mandates, it does not affect every group. If it is a

self-funded group that's an ARISA Plan, we can't touch it. That has to be a federal mandate. On the chart, it covers 37% of the population that would fall under this bill.

Rep. WANDA ROSE moved DO PASS.

Rep. CAROL NIEMEIER second the motion.

Rep. CLARA SUE PRICE responded to Rep. BRUCE ECKRE's question and stated PERS Plan pays according to the law and timing of it. Rod Larson, Blue Cross/Blue Shield and Administrator of PERS Plan gave further explanation of payments.

Rep. CLARA SUE PRICE stated mandates increase costs. Rep. WILLIAM DEVLIN, Rep. PAT GALVIN, and Rep. CHET POLLERT basically stated increasing insurance coverage increases premium costs to consumer. Rep. CAROL NIEMEIER, Rep. WANDA ROSE, and Rep. SALLY SANDVIG basically stated if insurance coverage is granted, there is more incentive for women to get the procedure.

ROLL CALL VOTE #3: 7 yeas, 8 nays, 0 absent

Motion FAILED.

Rep. WILLIAM DEVLIN moved DO NOT PASS

Rep. TODD PORTER second the motion.

Further committee discussion.

ROLL CALL VOTE #4: 8 yeas, 7 nays, 0 absent

CARRIER: Rep. ROBIN WEISZ

FISCAL NOTE

(Return original and 10 copies)

Bill/Resolution No.: HB 1297 Amendment to: _____

Requested by Legislative Council Date of Request: 1-13-99

1. Please estimate the fiscal impact (in dollar amounts) of the above measure for state general or special funds, counties, cities, and school districts.

Narrative:

Last year this plan paid for 1,620 mammograms. It is estimated that this benefit would increase the number of mammograms by 628. The coverage cost per mammogram is $60. This provision would become effective for the PERS plan in 2001.

2. **State** fiscal effect in dollar amounts:

	1997-99 Biennium		1999-2001 Biennium		2001-03 Biennium	
	General Fund	Special Funds	General Fund	Special Funds	General Fund	Special Funds
Revenues:						
Expenditures:					27,129	48,231

3. What, if any, is the effect of this measure on the appropriation for your agency or department:
   a. For rest of 1997-99 biennium: _____
   b. For the 1999-2001 biennium: _____
   c. For the 2001-03 biennium: _____

4. **County, City, and School District** fiscal effect in dollar amounts:

1997-99 Biennium			1999-2001 Biennium			2001-03 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

If additional space is needed, attach a supplemental sheet.

Signed Sparb Collins

Typed Name Sparb Collins

Date Prepared: 1-18-99

Department P.E.R.S.

Phone Number 328-3901

1297

Date: 1-19-99
Roll Call Vote #: 3

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1297

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Pass

Motion Made By Wanda Rose Seconded By Carol Niemeier

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman		X	Bruce A. Eckre	X	
Robin Weisz - Vice Chairwoman		X	Ralph Metcalf	X	
William R. Devlin		X	Carol A. Niemeier	X	
Pat Galvin		X	Wanda Rose	X	
Dale L. Henegar		X	Sally M. Sandvig	X	
Roxanne Jensen	X				
Amy N. Kliniske	X				
Chet Pollert		X			
Todd Porter		X			
Blair Thoreson		X			

Total (Yes) 7 No 8

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Failed

1297

Date: 1-19-99
Roll Call Vote #: 4

1999 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1297

House Human Services Committee

☐ Subcommittee on _____
or
☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken Do Not Pass

Motion Made By William Devlin Seconded By Todd Porter

Representatives	Yes	No	Representatives	Yes	No
Clara Sue Price - Chairwoman	X		Bruce A. Eckre		X
Robin Weisz - Vice Chairwoman	X		Ralph Metcalf		X
William R. Devlin	X		Carol A. Niemeier		X
Pat Galvin	X		Wanda Rose		X
Dale L. Henegar	X		Sally M. Sandvig		X
Roxanne Jensen		X			
Amy N. Kliniske		X			
Chet Pollert	X				
Todd Porter	X				
Blair Thoreson	X				

Total (Yes) 8 No 7

Absent 0

Floor Assignment Robin Weisz

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1297: Human Services Committee (Rep. Price, Chairman) recommends **DO NOT PASS** (8 YEAS, 7 NAYS, 0 ABSENT AND NOT VOTING). HB 1297 was placed on the Eleventh order on the calendar.

1999 SENATE INDUSTRY, BUSINESS AND LABOR

HB 1297

1999 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB1297

Senate Industry, Business and Labor Committee

❑ Conference Committee

Hearing Date March 2, 1999

Tape Number	Side A	Side B	Meter #
2	x		0-2390
Committee Clerk Signature			

Minutes:

Senator Mutch opened the hearing on HB1297. All senators were present.

Representative Sandvig introduced the bill to the committee and read testimony from Dr. Shari Orser.

Senator DeMers testified as a cosponsor in support of HB1297.

Senator Heitkamp asked her if there is less exposure for people over 50. Senator DeMers said that it has always been recommended that women 50 and over have a mammogram every year.

Linda Folt, Program Director for the American Cancer Society, testified in support of HB1297. Her testimony is included.

Representative Rose testified in support of HB1297. She said that in 1997 there was more cases of breast cancer found in women in their forties rather than their fifties.

Senator Klein said that he feels that this is more of education rather than paying $70.

Penny Weston read testimony of Donna M. Kern. Included.

Penny Weston, North Dakota Nurses Association, testified in support of HB1297. Her testimony is included.

Senator Mutch closed the hearing on HB1297.

Senator Mathern motioned for a do pass committee recommendation on HB1297. Senator Heitkamp seconded her motion. The motion carried with a 5-2-0 vote.

Senator Heitkamp will second the bill.

~~SB 1~~

SR 515314

Date: 3/03

Roll Call Vote #: 1

1999 SENATE STANDING COMMITTEE ROLL CALL VOTES
HOUSE BILL/RESOLUTION NO. 1071

Senate INDUSTRY, BUSINESS AND LABOR COMMITTEE Committee

☐ Subcommittee on _____

or

☐ Conference Committee

Legislative Council Amendment Number _____

Action Taken DO PASS

Motion Made By MATHERN Seconded By HEITKAMP

Senators	Yes	No	Senators	Yes	No
Senator Mutch	X				
Senator Sand	X				
Senator Krebsbach		X			
Senator Klein		X			
Senator Mathern	X				
Senator Heitkamp	X				
Senator Thompson	X				

Total (Yes) 5 No 2

Absent 0

Floor Assignment HEITKAMP

REPORT OF STANDING COMMITTEE

HB 1297: Industry, Business and Labor Committee (Sen. Mutch, Chairman) recommends **DO PASS** (5 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). HB 1297 was placed on the Fourteenth order on the calendar.

1999 TESTIMONY

HB 1297

Essential Medical Checkups for Women, Ages 40 and over

Mortality rates from **breast cancer** are on the decline, partly because more women are following the guidelines for early detection screening recommended by the American Cancer Society and the National Alliance of Breast Cancer Organizations:

1. Annual mammogram, beginning at age 40
2. Annual clinical breast exam
3. Monthly breast self-examination

There are **other health problems** that, if found early, can also be treated successfully. Don't delay! Get the essential medical checkups you need regularly—and Claim Your Health, Claim Your Beauty.

The following guidelines are provided by the editors of *Women's Health: A Lifelong Guide,* published by the staff of SCIENTIFIC AMERICAN.

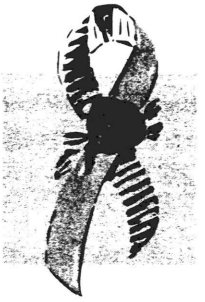
- **Cardiovascular Diseases**
  Blood pressure and cholesterol tests during regular medical checkups. Women approaching menopause should ask about electrocardiograms and other tests.
- **Cervical Cancer**
  Annual Pap test and pelvic exam.
- **Diabetes Type II**
  Blood glucose test every three years for women aged 45 and over.
- **Osteoporosis**
  Bone density test—an x-ray of the hips, spine, or wrists—for women approaching menopause or with risk factors.

For more information about breast cancer, contact the American Cancer Society at 1-800-ACS-2345, the Y-ME Breast Cancer Hotline at 1-800-221-2141, or the National Alliance of Breast Cancer Organizations (NABCO) at 1-888-80NABCO.

AVON

claim your health, claim your beauty

Join Our Crusade Against Breast Cancer



AVON'S BREAST CANCER AWARENESS CRUSADE

1297

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GYN. NEW

SCREENING WOMEN IN THEIR FORTIES

Radiologists Take Aim at NCI's Stand On Mammography

National Cancer Institute has been faulted for relying on outdated study data.

BY PEGGY PECK
Midwest Bureau Chief

CHICAGO — If the National Cancer Institute wants to maintain credibility with physicians, it will have to abandon its opposition to regular mammography screening for women in their forties.

That is the tack Dr. Stephen A. Feig will take when he testifies at this month's National Institutes of Health consensus development conference on breast cancer screening for women aged 40-49.

And he plans to use data presented at the annual meeting of the Radiological Society of North America as ammunition.

When to begin screening, and whether mammograms should be done annually or biennially, has been a hot button issue since 1993 when NCI broke rank from the American Cancer Society, American Medical Association, and American College of Radiology (ACR) by recommending that screening be put off until age 50.

Dr. Feig has always disagreed with NCI's stand. Granted, "when NCI made its decision, we didn't have the benefit of two metaanalyses that were published in 1995 and 1996. [Both metaanalyses] reported a 24% decline in cancer mortality associated with screening

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Mammography

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women in their forties. . . . This is totally convincing proof."

Dr. Feig, who chairs ACR's Ad Hoc Committee on Mammography Screen Guidelines of the Task Force on Breast Cancer, said his own work has convinced him that yearly mammograms beginning at age 40 can cut breast cancer mortality by as much as 40%.

NCI has maintained that proponents of an age-40 kickoff for mammography screening rely upon retrospective studies in which the findings may be flawed. It has said randomized, controlled trials are needed.

A secondary argument is that cancers in younger women are far more aggressive, so screening programs are of little value. Finally, NCI has argued that younger women are more likely to have dense breasts, so mammography in these patients can miss small lesions.

At the Radiological Society of North America's annual meeting, the program was heavily weighted with studies aimed at debunking all those arguments.

Dr. Feig, who is also director of the breast imaging center at Thomas Jefferson University Hospital in Philadelphia, led off with a cost-effectiveness analysis based on published studies. Although his work is just the type of study that NCI has frowned upon, Dr. Feig staunchly defended its conclusions.

Using the NCI's Surveillance, Epidemiology, and End Results data and the results of the Swedish Two-County Trial (1977-1988), he calculated years of life expectancy gained. Total costs were estimated, including the cost of mammography as well as costs of additional tests that might be required as follow-up.

All preventive health measures, such as screenings, are expensive undertakings, but Dr. Feig said that the $8,899 price tag for each year of life gained by annual mammograms starting at age 40 is a fraction of the cost of osteoporosis, hypertension, or cholesterol screening. The cost drops to $6,360 if mammography screening is done every 2 years, but he opposes this option since fewer years of life are gained.

Dr. W. Phil Evans, medical director of the Susan G. Komen Breast Center at Baylor University Medical Center in Dallas, joined Dr. Feig in attacking the randomized trial argument. "Evidence continues to mount [to support screening at age 40]. To wait for absolutely perfect proof is unrealistic."

In his retrospective study of 3,733 women, Dr. Evans found that ductal carcinoma in situ (DCIS) is more likely to be found in women aged 40-49 than in women over age 50. Since DCIS is believed to be "a beginning stage for invasive carcinoma, there is a strong incentive for earlier screening."

There were a total of 1,179 primary cancers found in these women, with most of the lesions occurring in women over age 50, Dr. Evans explained. But 46.6% of the 294 cancers in the younger women were highly treatable DCIS, compared with 36.7% of the 885 cancers found in older women.

Dr. Erik L. Thurfjell, a radiologist at University Hospital in Uppsala, Sweden, weighed in with more data: results of a 7-year screening program in Uppsala County, Sweden.

Some 57,000 women aged 40-74 participated and each was screened from 0 to 4 times.

There were 671 primary breast cancers diagnosed, 70% by mammography. The survival rate after 7 years was 92% for women younger than 50 and 87% for women aged 50 or older.

Dr. Thurfjell said there was no significant difference in the stage at which the cancers were detected in the younger women, compared with women over age 50.

Regarding the argument that mammography is less accurate in younger women because they are more likely to have dense breasts, New York City radiologist Thomas M. Kolb said high-resolution ultrasound can solve the problem of screening dense breasts.

Of 8,323 women receiving mammograms at his private practice, 2,600 were identified as having dense breasts. High-resolution ultrasound detected 250 solid masses in 195 of the women. Ten of those lesions were cancer, Dr. Kolb reported.

He noted that ultrasound is not a substitute for mammography, but he urged its use as an adjuvant screen in women with dense breasts. Ultrasound examination would add on about $ the cost of breast screening. ■

POPULATION-BASED SCREENING STUDIES

Studies Show Annual Screen Benefits Women 40-49

BY ANNA NIDECKER
Staff Writer

CHICAGO — Annual mammograms can have a significant impact on breast cancer mortality for women in their forties, outcome measures from population-based screening programs in the United States and Canada indicate.

"The randomized, case-controlled trials in Europe have shown us that mortality is reduced in this population, but these service screening studies are more related to clinical practice in the United States," Dr. Edward Sickles said at a workshop on guidelines for breast cancer detection sponsored by the American Cancer Society.

In a study of roughly 25,000 women in his mobile screening program, surrogate measures for mortality rates in a noncontrolled population did not differ between women in their forties and those over 50. The size of invasive cancers did not differ between the affected women in each group, and a similar percentage of women in each group had node-positive or stage II or higher tumors.

Screening sensitivity was higher for those who had a 1-year screening interval, compared with those with a 2-year screening interval in both age groups.

"A screening interval of 2 years is just too long for women in their forties . . . and in the United States a 12-month recommended interval will probably result in 18-month compliance, similar to the achieved screening interval in several European communities," commented Dr. Sickles, of the department of radiology at the University of California, San Francisco.

No differences in screening efficacy between racial groups were evident, he added.

Dr. Michael Linver reported similar results from a study of the screening program at his large private practice of 12 general radiologists in Albuquerque, N.M.

Screening sensitivity and biopsy rate remained constant over all age groups in a study of the roughly 150,000 mammograms performed at the practice between 1988 and 1994. The cancer detection rate and positive biopsy rate both increased incrementally with age, and median invasive tumor size and rate of lymph node positivity were equal in all age groups.

"Application of the high-quality standards of modern screening mammography now mandated by federal law has made mammography as successful in detecting breast cancers with favorable prognostic factors in women aged 40-49 as in women over 50," said Dr. Linver.

In the largest study, Dr. Linda Warren and her colleagues at the University of British Columbia, Vancouver, examined similar outcome measures in their government-funded screening program, which serves roughly 250,000 women. The abnormal screen recall rate varied very little with age, although cancer incidence increased with age. Women who received regular mammograms beginning in their forties exhibited lower cancer rates later in life than their counterparts who came in for their initial screens in their fifties, sixties, and seventies.

Tumor size did not change significantly with age, nor did cancer stage at detection or node positivity.

These studies demonstrated a more dramatic benefit for mammography than did the randomized trials in Europe and Canada, Dr. Sickles commented. He speculated that modern mammographic techniques were partially responsible for the improvement.

Dr. Linver suggested that dividing and comparing women under 50 with women over 50 artificially created the large differences in outcome observed in the randomized European trials.

Dr. Sickles believes that North American service screening studies demonstrate that regular screening for women in their forties has a substantial, beneficial impact on a diverse clinical patient population in North America. Critics of the randomized European and Canadian trials contend that the benefit observed in these populations is difficult to translate to a clinical situation, in which compliance and radiologic skill can vary.

Dr. Linver added that a single definitive randomized trial in the United States to test screening efficacy is not realistic, since more than 1.5 million women would need to be enrolled and it would not yield results for 10-15 years. ■

LESS EXTENSIVE SURGERY, FEWER RECURRENCES

Secondary Benefits of Mammograms for Ages 40-49

BY BRUCE JANCIN
Rocky Mountain Bureau Chief

SAN ANTONIO — Putting aside the controversial issue of whether mammographic screening of women in their forties has a survival benefit, the practice clearly provides secondary benefits of great importance to patients, Dr. Gasan Mackarem said at the annual breast cancer symposium sponsored by the Cancer Therapy Research Center and the University of Texas Health Science Center at San Antonio.

These benefits include less extensive surgery, less need for systemic therapy, and fewer cancer recurrences, said Dr. Mackarem, of the Lahey Hitchcock Clinic, Burlington, Mass.

He retrospectively reviewed the records of 433 women in their forties treated for breast cancer at the clinic from 1982 to 1994. Thirty-six percent presented with mammographically detected lesions. The remainder presented with cancer detected clinically on the basis of a palpable mass, nipple discharge, or a skin lesion.

The mammographically detected cancers were skewed toward earlier stage; 48% of them were 1 cm or less, compared with a mere 6% of tumors detected clinically.

Women with mammographically detected cancers were more likely to undergo breast conservation, less likely to undergo axillary dissection, and one-third as likely to have chemotherapy, the physician said.

At a median follow-up of 54 months, 4 of the 156 (2.5%) patients in the mammographically detected group and 57 of the 277 (20.6%) patients in the clinically detected group had a distant recurrence. Two patients (1.3%) in the mammographically detected group were dead of breast cancer, vs. 76 (27.4%) in the group detected clinically.

It's worth asking whether any woman in her forties with breast cancer detected clinically wouldn't rather have had her malignancy diagnosed mammographically 2-3 years earlier before she became symptomatic, Dr. Mackarem said. ■

AMERICAN CANCER SOCIETY

Women 40-49 Should Get Mammograms Annually

Change from current recommendations.

BY ANNA NIDECKER
Staff Writer

CHICAGO — The American Cancer Society's decision to change its recommendation from biennial to annual mammographic screening for women in their forties was the easy part. The real challenge will be to improve compliance and communication about the benefits and limitations of mammography.

At a workshop on guidelines for breast cancer detection which was sponsored by the American Cancer Society, members of an advisory panel to the ACS agreed that the effectiveness of annual screening for this age group hinges on the daunting task of enhancing compliance and communication.

The ACS convened the advisory panel in early March to reassess its guidelines for breast cancer detection in light of new data from randomized clinical trials and large-scale service screening studies.

The advisory panel concluded that a metaanalysis of eight randomized controlled trials, new evidence from two Swedish studies, and data from screening programs in the United States and Canada indicated that annual mammography for women in their forties is necessary to achieve the full benefit of screening. This warranted a change of the previous ACS guidelines recommending that women begin mammographic

See **Mammograms** *page* 17

KEVIN FOLEY, RESEARCH/LOUISE A. LYNCH, DESIGN

Mammograms

from page 1

screening by age 40 at 2-year intervals.

During the discussion following this decision, members of the panel agreed that significantly more investigation and documentation needs to be done on issues of the efficacy of mammography and new screening technology, especially with regard to a woman's individual risk.

New mammographic technology makes it easier to find abnormalities, especially in the typically dense breasts of younger women, but variations in mammogram reading, compliance, and risk assessment continue to complicate the picture.

The panel also emphasized the importance of evaluating recruitment techniques and methods to improve compliance. Robert Smith, Ph.D., senior director of the cancer control department at the ACS, noted that cooperation between physicians is imperative to make this recommendation work. He cited the difficulty obtaining prior mammograms from a patient's previous physician for the comparisons necessary for detecting abnormal changes in the breast.

Despite a similar call from the National Cancer Institute to resolve these problems, the ACS was dissatisfied with the NCI's refusal to endorse regular mammography for women in their forties. Earlier this year, a National Institutes of Health consensus development panel and the Cancer Advisory Board of the National Cancer Institute both concluded that despite new evidence they could not support a recommendation for routine mammographic screening for women in their forties.

However, the final NIH report did not include the data from the Gothenberg Trial, the Swedish Two-County Trial, or a similar metaanalysis of the eight trials.

"It's inexplicable how much data the NIH ignored when they made their decision," Dr. Smith said in an interview.

The American Cancer Society was disappointed by the report's lack of emphasis on the outcome data of the new trials and alarmed by the undue emphasis on the risks of mammography, added Joann Schelenbach, a spokeswoman for the ACS.

Not only is regular screening imperative for this age group, but annual screening provides the maximum benefit, said Stephen Duffy, of the MRC Biostatistics unit, Cambridge, England.

New data from the Swedish studies revealed that more cancers were caught in all age groups—including women aged 40-49—with a 1-year screening interval, compared with a 2- or 3-year interval.

"There was also a strong relation between screening interval and the reduction in mortality," said Mr. Duffy, who presented the analysis at the ACS workshop.

He cited faster growing breast cancers in younger women as a contributing factor to the benefit of shorter screening intervals for women in their forties.

There were some dissenters on the ACS panel who cautioned the society to be more careful in its approach to mammography.

Women need to be aware that the benefit of mammography and the risk of getting breast cancer increase incrementally with age and that a woman at 40 won't have the same risk/benefit ratio as a woman at 55, said Dr. Barbara Hulka, of the University of North Carolina, Chapel Hill.

Although the randomized trials suggested that European women can benefit from regular mammography, it remains to be seen how this benefit translates to screening women in the U.S. general population, she added.

Dr. Daniel Kopans, of the department of radiology at Harvard Medical School in Boston, responded that evidence from the three population-based screening studies showed women in the general population can benefit from annual mammographic screening. (See accompanying story.) ■

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New evidence indicates that annual mammography for women in their forties is necessary to achieve the full benefit of screening.

NCI Jumps on Bandwagon

At press time, the National Cancer Institute and the American Cancer Society released a joint statement recommending regular mammographic screening for women in their forties.

This is an unexpected turnaround for the National Cancer Institute, which stated in late February that it would stick with its 1993 decision *not* to recommend screening mammography for women in this age group.

"The new NCI guidelines are totally compatible with the American Cancer Society's recommendation," Dr. Barbara K. Rimer, chair of the Cancer Advisory Board to the NCI, said at a press conference. The ACS recommends that women in their forties receive screening mammography every year.

The NCI guidelines advise women at average risk for breast cancer to receive mammographic screening every 1-2 years while in their forties.

Women at high risk for breast cancer should seek medical advice about screening before age 40 and about screening frequency when they are in their forties.

The ACS and the NCI will develop educational materials for women and health care providers about a woman's individual risk for developing breast cancer as well as the risks and benefits of mammography.

—A.N.

PRELIMINARY GUIDELINES

Breast Self-Exams Optional if Women Get Mammograms

The guidelines also recommend annual mammograms for all women over age 40.

BY EDWARD SUSMAN
Contributing Writer

FORT LAUDERDALE, FLA. — The breast self-examination is an option rather than a standard of care for those who undergo annual mammography and clinical breast exams, according to new preliminary guidelines issued by the National Comprehensive Cancer Network, a consortium of 16 academic oncology centers.

The guidelines also elevate mammography's importance, recommending yearly mammograms for all women 40 and older. Dr. Eva Singletary, who chaired the breast screening panel, presented the guidelines at the annual meeting of the National Comprehensive Cancer Network (NCCN) sponsored by the University of Texas M.D. Anderson Cancer Center.

"If we are going to have an impact on this disease, we need to have early detection," she stated. The best hope for early detection lies more with mammography than with breast self-examination (BSE), according to the guidelines.

Annual mammographic screening of women aged 40-49 will result in a 17%-20% increase in survival, said Dr. Singletary, professor of surgery at the University of Texas M.D. Anderson Cancer Center in Houston. That

See **Mammograms** *page 5*

Mam ograms

from page 1

increase is small when compared with the benefit achieved by screening women at age 50 and beyond but "still worthwhile."

The decision to consider the BSE optional is based on the lack of evidence that self-exams result in better survival. The optional status means that women who are comfortable doing the exams should continue to do them, but they are not considered mandatory.

One recent study in particular supports this approach. In the preliminary results from a large ongoing trial of 267,040 Shanghai textile workers, investigators found no survival advantage for those practicing BSE (J. Natl. Cancer Inst. 89[5]:355-65, 1997).

This was the first randomized clinical trial to assess the benefits of teaching women to perform monthly breast exams. A previous case-control study also found no benefit.

Half of the Shanghai study's participants received rigorous instruction on proper breast self-examination and intensive follow-up to reinforce BSE performance, while the control group received information on low back pain.

From 1989 to 1994, the first 5 years of the study, breast cancer was diagnosed in 331 of 133,375 women in the instruction group and in 332 of 133,665 women in the control group. The groups' breast cancer mortality rates were 30.9 and 32.7 per 100,000, respectively.

Although the groups' rates of breast cancer detection and mortality were equivalent, more benign lesions were detected in the instruction group.

In separate interviews, representatives of the NCCN and the American College of Obstetricians and Gynecologists discussed the implications of the BSE guidelines and the Shanghai study's findings for practicing ob.gyns.

The study confirms what physicians have known all along: No evidence supports the notion that the BSE will decrease mortality, said Dr. Douglas J. Marchant, emeritus director of the Breast Health Center at Women and Infants Hospital of Rhode Island, Providence.

Physicians and their support staff should teach women how to perform BSE to encourage them to participate in their own health care, said Dr. Marchant, who was identified by ACOG as an expert in the field of breast disease. "If they do [BSE] regularly . . . they will be able to report changes such as new tenderness, new nipple discharge, or lumps before their scheduled exam," he stated.

However, some women become anxious examining their breasts for suspected lesions or are otherwise uncomfortable with BSE. Physicians can reassure such patients that self-examination is not required as long as they undergo annual mammography and clinical breast exams, said Dr. Marchant, who is also professor of obstetrics and gynecology at Brown University in Providence.

When assessing the Shanghai study, remember that it is a preliminary report of ongoing study, advised Dr. William H. dle, director of the Breast Diagnostic enter at Women's and Children's Hospital, University of Southern California, Los Angeles, Medical Center.

He noted that a minimum of 5 years is necessary to measure the breast cancer mortality difference between a study group and a control group.

"Among women 40-50 years old, 8 years of follow-up are necessary. With [this] study, you wouldn't expect to see changes between the groups yet," said Dr. Hindle, who was also identified by ACOG as an expert in the area of breast disease.

"All health care providers should give accurate information to patients about BSE's value and the reason for doing it. . . . However, BSE should not be promoted as a method of cancer detection or early diagnosis," said Dr. Hindle.

Regarding mammography's elevated role in the NCCN guidelines, Dr. Rodger Winn, chair of the NCCN's Adult Guidelines Steering Committee, explained that the smallest lesions palpable on BSE are one-half inch in diameter. "Mammography can find lumps that are one-fifth that size," detecting breast cancers early enough to make differences in life or death, said Dr. Winn, also of the M.D. Anderson Cancer Center.

The guidelines also contain a recommendation calling for early mammography in high-risk women: those who had radiation therapy in their teens for Hodgkin's disease and those with a strong family history of breast cancer.

The guidelines recommend these women start getting mammograms at age 25 and receive a physical examination every 6 months, beginning about 10 years after having undergone radiation for Hodgkin's disease, Dr. Singletary said.

Women with a family history of breast cancer or confirmed *BRCA1* or *BRCA2* gene mutations also should have mammograms once a year and physical exam-

No evidence suggests that breast self-exams improve survival.

breast cancer was diagnosed in their relatives.

The NCCN guidelines also recommend that physicians perform clinical breast exams on women of all ages in an attempt to locate the 10% of tumors that are palpable yet can be missed in a mammogram. Ideally, these exams would be performed in concert with an annual Pap smear, Dr. Singletary said.

Medical professional societies agree that women 50-74 years old should undergo annual mammograms. However, only the American Cancer Society and the American College of Radiology recommend annual mammography beginning at age 40.

Last year, the National Cancer Institute straddled the controversy by stating that women aged 40-49 years should have the option to have mammography performed every year or every other year.

The NCCN guidelines are subject to revision. The approved guidelines are slated to be published in a supplement to the November 1998 issue of Onc y. ■

What to Tell Patients

Consider the following points when counseling patients about whether to perform breast self-examination:

- The p e of breast self-examination is o promote the patient's
- Be honest about BSE's limited role. Discuss the Shanghai study and other findings that have found no connection between BSE and either breast cancer survival or early detection.
- Be sensitive to the patient's attitude

House Human Services Committee
Testimony of Dr. Shari Orser Regarding HB 1297

Thank you for the opportunity to express my support for HB1297. I feel strongly that women should have yearly mammograms from age 40 on, and most women will do that only if their insurance provides coverage.

There are several reasons why mammograms should be covered, including:

1. The American Cancer Society and the American College of Radiology both now recommend beginning yearly mammograms at age 40, and the National Cancer Institute supports that recommendation.

2. Numerous studies published in the last few years show a 24 - 40% decline in cancer mortality associated with screening women in their forties. More cancers were detected in all age groups with a 1-year screening interval.

3. High-quality standards have made mammography as successful in detecting breast cancers with favorable prognostic factors in women aged 40-49 as in women over 50.

4. Other benefits of yearly mammographic screening for women in their forties include less extensive surgery, less need for chemotherapy, and fewer cancer recurrences.

Women should not be denied these benefits because their insurance does not cover yearly screens.

I urge you to approve HB 1297.

TESTIMONY RE: HB 1297
Donna M. Kern
Bismarck, ND

Chairman Price
Members of the Human Services Committee:

My name is Donna Kern. I am a fifty-five year old white female, wife, mother, church member, volunteer, and nurse. I am, for the purposes of this testimony, a breast cancer survivor. I am here to urge you to pass this bill which will assure insurance coverage for annual mammograms.

Breast cancer is diagnosed here in our state 600 times each year. Each year, 100 plus North Dakota women die from breast cancer. It is a devastating diagnosis, not only because of the fear of death that any cancer diagnosis carries with it, but the fear of drastic surgery and debilitating treatment. We did nothing, because of commission or omission, to bring this disease upon ourselves. The two criteria which put all women at risk for this disease are the fact of our gender, female, and getting older.

A mammogram, while not 100 percent effective at identifying small tumors, is the best tool we have for early detection of breast cancer. Unfortunately, the most current statistic still finds women discovering the lump, which turns out to be malignant, themselves. This is absolutely horrendous, when we know that a mammogram can often find a tumor two years before it can be felt! I am in that category of finding the lump myself at the age of 47, eight years ago. A lot has changed in eight years as far as educating women about the risks of breast cancer. Eight years ago, the common belief was that there had to be a family history of breast cancer in order to put a woman at risk. We now know that 75-80% of all breast cancer occurs in women who have no risk factors other than gender and getting older.

Annual mammograms must become as widely accepted as Pap tests as a routine screening for women. It is unfortunate that the acceptance by 3rd party payers, such as Medicare, and the various insurance companies is one means of validating the importance of this screening. But, that is the fact of

the way we view our health care today. It then becomes the responsibility of the woman and her health care provider to follow the recommendations of the American Cancer Society and others in the early detection of breast cancer. In no way can we encourage complacency with having an annual mammogram take the place of an annual thorough examination by a health care provider trained in breast exams and monthly breast self-exam by the woman herself.

Having waged two major battles in the past eight years in my personal war with breast cancer, I wish with all my heart that breast cancer was a disease of the past. It is not! What we have to do however, is support all cancer research and give our best shot to the early detection services we have at our disposal.

Thank you very much!

TESTIMONY ON HB 1297
NORTH DAKOTA NURSES ASSOCIATION

Representative Price and members of the House Human Services Committee. My name is Penni Weston and I am here today on behalf of the North Dakota Nurses Association. We wish to provide you with information and to go on record in support of this bill.

The following information I will present is from the American Cancer Society.

Breast cancer is the most common type of cancer that occurs among women, second only to skin cancer. It is the second leading cause of cancer death in women and is the leading cause of death in women 40-55 years of age. This is the ages of the women that this legislation proposes covering.

Each year in our country there are 179,000 new cases of breast cancer diagnosed. There are also 43,500 deaths each year from this disease. These statistics are troubling given the fact that if diagnosed early, breast cancer can often be treated very effectively, and in some cases cured.

Breast cancer is not a disease that can be prevented. The only battle we have against this disease is early detection and treatment. Breast cancer in its earliest stage does not produce any noticeable symptoms. Often, the first ny indication that breast cancer is present, occurs when the woman receives the results of her first "screening" mammogram.

The guidelines of the American Cancer Society indicate that all women age 40 and over obtain an annual mammogram. Their studies have shown that lives can be saved if women in their forties get yearly mammograms and cancer is diagnosed early. This is such a small price to pay to assure more women have the chance to be cancer survivors and not cancer victims.

I urge you to vote DO PASS on HB 1297. Thank you for the opportunity to present this information and I will be happy to answer any questions.

DAKOTA CLINIC, LTD.

Honorable Men and Women of the Human Services Committee
North Dakota House of Representatives
State Capitol
600 East Blvd Ave.
Bismark, ND 58505

Honorable Representatives:

The Obstetrician/Gynecologists and the CNM's at the Woman's Clinic of Dakota Clinic in Fargo recommend annual mammograms for all women over the age of 40.

Our recommendation follows the position statements of the American College of Obstetricians and Gynecologists and the American College of Nurse Midwives. We believe it is far cheaper to pay for annual mammograms and catch cancers at an early stage than to treat advanced tumors.

We also recommend annual preventative medicine exams for all women. If hysterectomy has been done pap smears every 3 years with annual pelvic and breast exams. These recommendations are also based on position statements of the professional colleges above.

Sincerely:

Terry Burrell, MS CNM
for CNM's

Greg Glasner, MD FACOG
Department Chairperson
for OB/GYN's

the RCTs, there is now statistically significant "proof" of benefit.

The argument should be moot. Nevertheless, the controversy has raised significant issues that will likely bear on future analysis. Medical and scientific organizations have an obligation to analyze all the scientific evidence concerning breast cancer screening and to provide the best medical guidance. The ability of the health care system and the available resources to provide the recommended care should be a separate discussion and the public should participate in the decision.

Although cost/benefit analysis is beyond the scope of this review, if the analysis by Rosenquist and Lindfors is correct,[38] then the cost per year of life saved from screening women beginning by the age of 40 is well within the costs from other accepted interventions such as coronary artery bypass surgery.[39]

The data strongly suggest that women aged 40 to 49 should be advised to be screened every year rather than every 2 years. Screening by mammography and clinical breast examination, if performed properly, can be expected to reduce the death rate from breast cancer for women in this decade by at least 25% to 30%.

ACKNOWLEDGMENT

Gratitude is owed to Myron Moskowitz, MD, for elucidating many of the issues covered in this review. I am personally indebted to him for his writing and the many hours of discussion in which he clarified issues for me and alerted me to the complexities involved in screening and the implications of the screening trials. Mike has been years ahead of the rest of us in understanding the elements involved in screening trials and their implications, and physicians and women owe him thanks for his clear thinking and perseverance against much unjustified criticism over the years. The fact is that Dr. Moskowitz has, virtually, always been correct.

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Chairman Nutch &

I'm Linda Kohls, program director for the American Cancer Society and a lifetime resident of ND. I am here to testify in favor of Bill #1297 for both professional and personal reasons.
First of all, as Rep Sandvig said American Cancer Society guidelines state that women 40 and over should get yearly mammograms, an annual clinical breast exam performed by a health care professional, and should perform monthly breast self-examination. Early detection saves lives. A mammogram is an xray picture that can detect breast cancer up to two years before a woman or health professional can feel it. Two years can be the difference between life and death. Numerous studies have shown that early detection increases survival and treatment options.
In 1998 we lost an estimated 100 women to breast cancer in ND, it's estimated that 500 were diagnosed, it is the second major cause of cancer death. An important link in education is recommendations by doctors for patients to get a mammogram. Recommendations won't be made in younger women because insurance won't pay for it. That is inexcusable.
My second reason for testifying is because I lost a 35 year old cousin to breast cancer ~~16 months~~ a year & a half ago ~~to this day~~. She left behind 5 children, at the time they were 2 ½, 5, 8, 11, & 12. Four of them are girls. The risk of breast cancer is higher in women who have a family history of breast cancer. The medical field recommends that one should get a mammogram ten years before the relative was diagnosed. In this case these four girls should start getting mammograms at age 25. Insurance is just that. Insurance. Insurance that these girls will grow up to raise their children. It should have been insurance that Janet would see hers grow up. We pay for that insurance. Don't let little girls and boys continue to grow up without their mothers. Early detection IS everything, and just being a woman puts us at risk for breast cancer.
Let's not make this an issue about what this will cost insurance companies. Let's make this an issue about the lives that are taken when it doesn't have to happen if a woman has access to yearly mammograms. This is about preventative health, it's about babies having a mom for a lifetime, it's about saving women's lives. I ask that you support this Bill to help save women's lives in North Dakota. Thank you. I'd be happy to answer any questions.
~~Hearing scheduled in House Human Services Committee 1:15 pm Fort Union Room~~.

Testimony on HB 1297
March 2, 1999
Representative Wanda Rose, District 32

Chairman Mutch, Members of the Senate IBL committee.

For the record I am Wanda Rose Representative from District 32, Bismarck.

I stand before you in support of HB 1297.

Breast cancer is the second leading cause of death by cancer among women in the US. The total cost of illness for brast cancer has been estimated ato be $8.3 billion, of which $1.8 billion represents medical care costs. It has been estimated that a breast cancer detected early is considerably less expensive than when the tumor is discovered at a later stage. Mass screening using mammography can improve early detection by as much as 15-35%.

Breast cancer is not a trival problem for women in their forties. More than 30% of the years of life lost to breast cancer are from women diagnosed while in their forties. Because of changing demographics, in 1995 and 1996, there were actually more women diagnoses with breast cancer in their forties than for women in their fifties. The data clearly show that screening women for breast cancer, ona an annual basis, beginning by age 40, can reduce the death rate by approximately 24%. It is important to separate medical and scientific analyses from the economic considerations.

I urge your positive consideration of this important issue.

Thank you for your time and I will answer any question that I can