

## HEALTH CARE FOR THE EMPOWERED WOMAN

### UNDERSTANDING MAMMOGRAM REPORTS

Recently the State Senate and State Assembly have put forth a bill that awaits the governor's signature that tremendously affects the interpretation of mammogram reports. While the intention is laudable it is not founded on science and indeed exemplifies the dictum that "bad information makes bad laws". It is well documented and is a fact of physiology that women before menopause have dense breast tissue because they have glands and tissue that are in the potential of milk production. After menopause the breasts are primarily fatty. Currently the American College of Radiology (x-ray specialists) reports that dense breasts make the diagnosis of malignancy harder to interpret but are prohibited by the insurance industry from doing alternative procedures such as sonograms and mri's on the same day. Unfortunately there are legislators (the sponsors of the bill) that have MISTAKENLY concluded that dense breasts are a risk factor for breast cancer. There is no scientific evidence to support that claim and they misinterpret that because dense breasts make the mammogram harder to read although breast cancer risk is not increased solely because the tissue is dense. This is a ludicrous argument with no evidence to support it. They would make it a law that the ordering physician would have to counsel the patient of the supposedly increase risk of cancer and order additional and expensive and risky additional modalities. These might result in biopsies and x-rays that are not indicated, expensive, and have inherent risks. Failure to comply would result in the physician facing sanctions and increased liabilities when the general mood is cost containment. The American Congress of Obstetricians and Gynecologists opposes this bill (and I personally lobbied against it in Albany) because 1.) There are no medical guidelines that recommend additional screening solely on the basis of high breast density; 2.) Data and scientific evidence is being compiled so it is premature to legislatively codify the science before medical guidelines have been developed, 3.) No screening test is perfect but mammography is the best we have. 4.) Current legislation will substantially increase additional breast imaging without demonstrated benefit to the population of women with dense breasts. 5.) If all women with dense breasts are referred for additional imaging this is a clear and expensive example of defensive medicine...6.) All women are at risk of developing breast cancer regardless of tissue patterns. The American College of Obstetricians and Gynecologists endorses healthcare choice for women that are supported by scientific evidence and we continue to balance the costs of healthcare with the needs for our patients. For these reasons ACOG opposes this bill.