



Highlights of [GAO-06-724](#), a report to congressional requesters

## Why GAO Did This Study

Mammography, an X-ray procedure that can detect small breast tumors, is an important tool for detecting breast cancer at an early stage and, when coupled with appropriate treatment, can reduce breast cancer deaths. In 2002, GAO reported in *Mammography: Capacity Generally Exists to Deliver Services* ([GAO-02-532](#)) that the capacity to provide mammography services was generally adequate, but that the number of mammography facilities had decreased by 5 percent from 1998 to 2001 and that about one-fourth of counties had no machines. GAO was asked to update its information on facility closures and mammography service capacity.

The Food and Drug Administration (FDA) regulates mammography quality and maintains a database on mammography facilities and other capacity elements. GAO reviewed FDA data on facility closures and examined reasons for closures in recent years. GAO analyzed changes in the nation's capacity for and use of mammography services using FDA capacity data and National Center for Health Statistics data on service use. GAO also interviewed state and local officials about the effects of the loss or absence of mammography machines on access, including access for medically underserved women, such as those who are poor or uninsured.

[www.gao.gov/cgi-bin/getrpt?GAO-06-724](http://www.gao.gov/cgi-bin/getrpt?GAO-06-724).

To view the full product, including the scope and methodology, click on the link above. For more information, contact Marcia Crosse at (202) 512-7119 or [crossem@gao.gov](mailto:crossem@gao.gov).

## MAMMOGRAPHY

# Current Nationwide Capacity Is Adequate, but Access Problems May Exist in Certain Locations

## What GAO Found

Closures of certified mammography facilities outpaced openings during a recent 3-year period, and financial considerations were most often cited as the reason for facility closures. FDA data show that from October 1, 2001, to October 1, 2004, the number of mammography facilities nationwide decreased from 9,306 to 8,768. During this period, 1,290 facilities closed and 752 began providing services, resulting in a net loss of 538 facilities, or 6 percent. Mammography facility officials most often cited financial considerations as the reason their facility closed. Experts said that another factor that could affect closures is difficulty recruiting and retaining radiologic technologists who perform mammography and physicians who interpret mammograms.

Although key elements that make up mammography capacity have decreased and the use of screening mammography has grown, current nationwide capacity is adequate. The numbers of mammography facilities, machines, radiologic technologists, and interpreting physicians decreased from 2001 to 2004. From 2000 to 2003, the estimated number of women who received a screening mammogram increased, mostly because of population growth. Based on GAO's calculation that the estimated number of mammograms performed in the United States in 2003 was substantially lower than the number that could have been performed, GAO found that current capacity is adequate. Most of the experts GAO interviewed believe the nation's current overall capacity is likely adequate, but all of the experts expressed concern that the flow of personnel into the field may be insufficient to serve the growing number of women needing screening. This potential development could result in access problems in the future.

The loss or absence of machines in certain locations may have resulted in access problems, including problems for women who are medically underserved, such as those who have a low income or lack health insurance. About one-fourth of counties had no mammography machines in 2004. The majority of officials GAO interviewed about access in their states, including access in 18 of the 117 counties that had lost over 25 percent of their machines from 2001 to 2004, said that machine losses had not resulted in access problems because women were able to obtain services at other facilities. However, some officials told GAO that the loss or absence of machines in certain counties resulted in access problems consisting of lengthy wait times or travel distances to obtain services. Lengthy travel distances may especially pose an access barrier for medically underserved women. Access problems for these women are of concern because uninsured and poor women have lower-than-average screening mammography rates.

In commenting on a draft of this report, FDA provided additional details and clarification regarding aspects of its regulation of mammography, which GAO incorporated as appropriate.