

ORAL REMARKS

**Testimony of LaSalle D. Leffall, Jr., M.D.
Chair-Elect, Board of Directors
The Susan G. Komen Breast Cancer Foundation**

**Joint Hearing of the Senate Health, Education, Labor and
Pensions Subcommittee on Public Health, and the Senate
Appropriations Subcommittee on Labor, Health and Human
Services and Education**

**February 28, 2002 2:30 p.m.
106 Dirksen Senate Office Building**

Thank you Senator Mikulski, Senator Harkin, Senator Frist, and Senator Specter and other Subcommittee members here today. Thank you for creating a forum for public discussion of the most recent debate on breast health.

As a surgeon, oncologist and medical educator, I have devoted most of my professional life to the study of cancer. I joined the faculty at Howard University in 1962 as assistant professor. In 1970, I became chairman of the department of surgery, a position I've held for 25 years. I am currently chair-elect of the Susan G. Komen Breast Cancer Foundation, a grassroots organization with more than 75,000 volunteers in 116 Affiliates across the country.

The Komen Foundation was established 20 years ago by Nancy Brinker to honor the memory of her sister, Susan Goodman Komen, who died of breast cancer at the age of 36. Today, the Komen Foundation is the nation's largest private funding source of breast cancer research and community-based outreach programs.

Modern medicine is full of uncertainty. But today, the assault on mammography has created a cloud of confusion and an atmosphere of suspicion. It has also done a true injustice to American women who understand that screening is not prevention. We're not surprised, but we are disappointed. That said, we

concur with the expert opinion of our times. Mammography is an imperfect screening tool. We should invest heavily in better technologies.

But while we are working to unlock the secrets of what causes breast cancer and eventually prevent the disease for future generations of women, the Komen Foundation understands the realities facing women and their families TODAY. Therefore, the Foundation applauds the mammography screening recommendations reported last week by the U.S. Preventative Services Task Force and the National Cancer Institute. These clear guidelines are the final word in this frustrating debate. Early detection saves lives. We need to end this unproductive rhetoric and move on to the truly unanswered questions.

Affiliates of the Komen Foundation currently provide grants for more than 1,600 breast health education and breast cancer screening and treatment projects in their communities. In addition, the Komen Foundation Research Program awarded more than \$20 million in grants during last year alone to support cutting-edge research at institutions around the globe. These grants include imaging technology research and research projects looking at novel approaches to early detection of breast cancer, as well as prevention strategies.

As someone who has been on the frontlines of the war on cancer, I know first-hand how mammography and breast cancer treatment has changed during the last 20 years. Mammography equipment has evolved. Mammography film quality has improved. Mammography technicians are better trained. Radiologists know more about breast cancer than ever before and know how to leverage the current and emerging screening tools that are at their disposal. In addition to scientific improvements, we have made great strides in ensuring access to quality health care for all women.

Two of the crown jewels of health care policy in the United States – both of which came about in the last decade – are the

Mammography Quality Standards Act and the CDC's Breast and Cervical Cancer Early Detection Program.

The Mammography Quality Standards Act (MQSA), enacted in response to serious concerns about the inconsistent, and often poor, quality of mammography women were receiving, established a national standard of mammography care. Our feedback from Komen Affiliate members across the country is that women are grateful for these minimum standards and uniformity. The Act requires that, to operate legally, all personnel must maintain regular continuing education requirements. Further, all mammography facilities must meet minimum quality standards for equipment and record keeping. Quality mammography saves lives.

Mammography screening, to reduce breast cancer mortality, must be sensitive enough to detect the disease. Poor quality mammography reduces the sensitivity and specificity of the screening test. The use of dedicated, up-to-date equipment is key to the performance of high-quality screening tests. Since the MQSA enactment, women throughout the country have gained further confidence in their mammograms, as well as in those individuals and facilities that provide service as part of screening for breast cancer.

In the early 1980s, when only 13% of women in the U.S. were getting mammograms, the average tumor size at detection was about 3 cm. By the late 1990s, when 60% were getting mammograms, the average detected tumor size was 2 cm. For many women, early detection means the possibility of less invasive treatments in some cases, as well as the option of breast conserving surgery, instead of a mastectomy.

In the past decade, breast cancer mortality rates have declined in the U.S. This is due, in large measure, to early detection and timely treatment. Regular mammography, as part of a three-step breast health regimen that includes monthly breast self-exams and annual clinical exams, saves lives. It enables women, as true partners in their health care, to become familiar

with the normal look and feel of their breasts so that when something changes, they notice. Some critics of mammography have said that suspicious changes in the breast and the associated procedures increase anxiety. But, the overwhelming majority of women say they would gladly accept that anxiety rather than remain ignorant about the changes happening in their own bodies. If we have learned nothing else in our 20-year history, the Komen Foundation knows that informed is empowered.

While mammography can sometimes lead to false-negative results—when a woman and her caregiver discover a suspicious lump that did not show up on a mammogram—further examination doesn't always entail surgery. There are well-accepted alternatives to surgical biopsy when assessing whether a lump detected through clinical exam or abnormal mammogram is breast cancer. The cost of making a breast cancer diagnosis is lowered dramatically by appropriate use of ultrasound and image-guided biopsies.

There is also the risk of false-positive results—when an abnormal mammogram is, in fact, not breast cancer—which may also result in further tests. But while these risks may result in unnecessary procedures for some women, our constituents in America's communities tell us that even these serious consequences seem acceptable if they are faced with the possibility of a life-threatening disease.

Finally, we ask what is really at the heart of this recent debate over mammography's effectiveness? If the opponents of mammography vehemently deny substantial benefits, arguing instead that the risks tip the scales unfavorably, why then is there no call for a national "cease and desist" order for all screening? There are always economic realities associated with healthcare, but if economics is at the heart of this debate, let's lay it on the table and exam it objectively. If there's an argument for spending public and private dollars on research rather than screening, then it, too, should be aired for public examination.

Women are in a quandary. Will you send the message to your mothers, sisters, aunts, wives and daughters to wait for a lump

to be felt to find their breast cancer, despite the fact that we have the capability of finding it much earlier?

Public Health is in a quandary. Will even low-cost, proven effective screening methods be disallowed in a time of tightened healthcare budgets?

And, researchers are in a quandary. Will their years of research be shelved due to the latest chapter in an exhausting debate?

Rather, we encourage the Senate to allow steadfast hearts and large minds to rule the day, and advocate instead for the recommendation of the U. S. Preventative Services Task Force: take advantage of the only widely available screening tool currently proven to find breast cancers before they grow to the size that can be felt by hand. The National Cancer Institute declares that the evidence will not support a change in their recommendations. We at the Komen Foundation will remain true to our recommendations as well. Thank you for this opportunity to appear before you today.