

US panel's screening guidelines threaten mammograms for 17 million women

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An estimated 17 million women could lose access to free annual mammogram coverage if the US Preventive Services Task Force (USPSTF) adopts its new proposed breast cancer screening guidelines.

The Affordable Care Act (ACA) requires that many health plans cover certain preventive services at no cost to patients if a procedure receives a grade of A or B. The USPSTF is proposing a letter grade C for breast cancer screening mammograms for women ages 40-49, potentially disqualifying them from guaranteed free coverage.

A study by consulting firm Avalere Health estimates that 17 million women are at risk of losing access to free mammograms, including 13.4 million with employer-based health insurance, 1.3 million with non-group coverage, 1.2 million with ACA coverage and 1.1 million with coverage under the ACA's expansion of Medicaid.

If the new recommendations are adopted and the Department of Health and Human Services (HHS) does not oppose them, thousands of cases of breast cancer will be missed and thousands of preventable deaths will result. Working class women who are unable to pay the cost of the mammograms out of pocket will be most affected.

Breast cancer is the most common form of cancer for US women of all races and ethnicities. An estimated 231,840 new cases of invasive breast cancer will be diagnosed in 2015, and about 40,290 people will die from the disease, according to the American Cancer Society.

USPSTF is a panel of primary care physicians and epidemiologists funded, staffed and appointed by the HHS's Agency for Healthcare Research and Quality. Despite claiming that cost does not factor into its recommendations, the panel utilizes so-called evidence-

based research to weigh the benefits of preventive screenings with the aim of cutting costs for government, insurers and the health care industry.

In 2009, USPSTF made a similar recommendation on breast cancer screenings, sparking opposition from medical organizations, members of Congress and some White House officials. The task force's recommendation was sidestepped via an amendment to the ACA which allowed women in their 40s to continue to get free mammograms.

The new guidelines have been roundly condemned by medical groups and breast health advocates, the vast majority of who recommend annual mammograms for all women from the age of 40. The USPSTF also recommends only biennial mammograms for women ages 50-74 and has no guidelines for women over age 75.

In a letter to President Obama and HHS Secretary Sylvia Burwell, the American College of Radiology wrote: "If the draft recommendations are adopted as final, many women could be forced to make a financial decision about breast cancer screening and may not be able to benefit from the shared decision making process with their physicians, as recommended by the Task Force."

A statement by the Susan G. Komen for the Cure advocacy group noted: "We believe that all women should be able to make informed decisions about breast cancer screening with their health care providers and develop a schedule that is right for them, without fear of economic or other barriers to their care."

The USPSTF's recommendations are based on the assertion that "some women in their 40s will benefit from mammography, most will not, while others will be harmed." Apparently, the task force considers that those in this age group who stand to benefit do not exist

is sufficient numbers to warrant the free screenings.

According to the American Cancer Society, however, one in six breast cancers occur in women aged 40-49, and the 10-year risk for breast cancer in a 40-year-old woman is one in 69.

The mortality rate for breast cancer for all age groups has decreased by 34 percent since 1990. Women under 50 have experienced the largest decreases in death rates, most likely as a result of advances in treatments and earlier detection through screenings and increased awareness, according to Breastcancer.org, a non-profit group dedicated to breast cancer information. It is precisely this age group that is being targeted by the task force.

The potential harms cited by the USPSTF for breast cancer screenings for women in their 40s include “a false-positive test result, which often leads to additional tests and procedures. While some women do not mind the anxiety that accompanies a false-positive mammogram, other women consider this a harm.” What goes unstated in this argument, and what is of particular concern for the task force and the government, is the potential cost of these “additional tests and procedures.”

In a video post on the task force’s web site, USPSTF Vice-Chair Kirsten Bibbins-Domingo, Ph.D., M.D, states, “Women deserve to be empowered with the scientific data about the benefits and harms of mammography so they can make informed choices about their health. Supported by the science, every woman should use her own values, preferences, and health history to make the decision that is right for her.”

This is so much cynical hogwash. If it is supposedly up to a woman to determine whether she wants to risk the potential harm from a false-positive mammogram, the reality is that this decision would be taken out of her hands if a “C” ruling of the task force places the mammogram out of her financial reach.

Of the potential harms cited by the task force of breast cancer screenings for women in their 40s, “the most serious is unneeded diagnosis and treatment for a type of breast cancer that would not have become a threat to a woman’s health during her lifetime.” Conveniently, there is no data on such non-life-threatening breast cancer cases, and there are no reliable methods to determine whether cancer that is

detected early might not have led to death if left untreated.

The threat to deprive millions of women of life-saving breast cancer screenings is another demonstration of the drive by the government and corporations to ration health care for ordinary Americans. The program popularly known as Obamacare is being used as a model for slashing medical costs in the health care system as a whole.

Specifically, the US Preventive Services Task Force is utilizing comparative effectiveness research (CER) to determine which screenings, tests and procedures should be allowed, and which are “unnecessary” and should be denied to patients unless they pay in full.

As with many medical procedures in the US, the cost of a screening mammogram varies widely—from as low as \$75 to more than \$1,000, depending on location. For the wealthy, this is of little concern. For working-class women who cannot afford to pay out of pocket, it could mean the difference between life and death.



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