



# MIKE ROHRKASTE

STATE REPRESENTATIVE • 55<sup>TH</sup> ASSEMBLY DISTRICT

## Senate Bill 543

Relating to: requiring facilities that perform mammography examinations to provide notice to certain patients regarding dense breast tissue and granting rule-making authority.

Testimony of State Representative Mike Rohrkaste

Senate Committee on Health and Human Services

February 6, 2018

Thank you, Chair Vukmir and members of the Senate Committee on Health and Human Services, for holding this public hearing.

As many of you are aware, breast cancer impacts millions of people across the country and thousands of our fellow Wisconsinites each year. Breast cancer is also the most commonly diagnosed cancer in women. In fact, one in eight women in the U.S. will be diagnosed with breast cancer in their lifetime, and it is estimated that over 250,000 American women are diagnosed with breast cancer each year.

Early detection, prevention, and awareness are incredibly important when it comes to diagnosing breast cancer. One obstacle to early detection is dense breast tissue, which can make it harder to detect tumors in a mammogram and is itself a risk factor. This combination is problematic because approximately 40% of women have dense breast tissue. Because of the higher risk factor and more difficult detectability, it is very important to provide women with the information they need concerning their health.

Senate Bill 543 seeks to provide women with the information they need regarding dense breast tissue. The legislation requires facilities that perform mammograms to provide a notice to women regarding dense breast tissue if they have heterogeneously or extremely dense breast tissue. The notification would be provided on a federally-mandated summary of mammography results which is already sent to women after their mammogram. The goal of the notification is to raise women's awareness regarding breast density and to ensure they have the information necessary to discuss their breast health with health-care providers. Currently, 31 states require some form of reporting to women regarding breast density, and several more are considering legislation.

Thank you for your time and I encourage members of the committee to support Senate Bill 543.

# Alberta Darling

## Wisconsin State Senator

Co-Chair, Joint Committee on Finance

Testimony before the Senate Committee on Health

Senate Bill 543

Tuesday, February 6, 2018

Thank you Chair Vukmir and committee members for holding a public hearing on Senate Bill 543. This important piece of legislation requires facilities that perform mammograms to provide patients who exhibit dense breast tissue with a breast density notification.

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Breast cancer is the most common cancer among women in the US. In fact, it is the 2<sup>nd</sup> leading cause of cancer death in women in the US. In Wisconsin, the Department of Health Services estimated that 4,730 women would be diagnosed with invasive breast cancer in 2016. One risk factor for breast cancer is the presence of dense breast tissue.

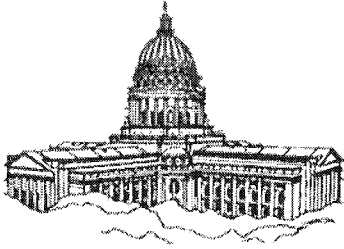
Breast density is determined by a mammogram. Breast density is described in one of four categories, ranging from fatty to extremely dense tissue. Nearly 40% of women have dense breast tissue. While dense breast tissue is a normal test result of a mammogram, women with extremely dense tissue are 4 to 6 times more likely to be at risk for breast cancer.

Not only are women with dense breast tissue at higher risk for breast cancer, but the dense tissue actually can hide existing cancers on a mammogram. Much like masses and lumps, dense tissue appears white on a mammogram. Due to this appearance, suspicious lumps may be masked by dense breast tissue and go unnoticed on a mammogram. In these instances, a woman's cancer can progress undetected despite regular mammograms.

Senate Bill 543 requires facilities who perform mammograms to provide information regarding dense breast tissue to women with dense breast tissue. The statement provides statistics about dense tissue and recommends that the patient discuss the results with their health care professional to further discuss the patient's risk and other potential screening options. Facilities are already required to provide patients with information after their mammogram, and Senate Bill 543 simply adds a breast density notification for applicable women.

This bill is crucial to ensuring that women in Wisconsin have accurate information about the results of their mammograms. Early detection is key to treating breast cancer, and this bill will help women with dense tissue detect cancer faster. In passing this legislation, Wisconsin will join 30 other states who have instituted a breast density notification.

I'd like to thank Representative Rohrkaste for his leadership on this issue. I would also like to thank the many brave cancer survivors who have shared their stories and reached out in support of this bill. I urge your support on Senate Bill 543.



# LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

**Testimony of State Senator Lena C. Taylor  
Senate Committee on Health and Human Services  
Public Hearing Senate Bill 543  
February 6, 2018**

Good Morning Chairwoman Vukmir, Vice-Chair Moulton and members of the Senate Committee on Health and Human Services. Thank you including SB 543, regarding mammography exam notifications, in today's public hearings.

In 2015, my office was contacted by Congresswoman Gwen Moore, to request that I introduce legislation requiring notice to be provided to patients regarding findings of the condition of breast dense tissue as the result of mammography examinations. Moore, who personally received such a notification, indicated that a variation of the bill had been done on the federal level. Also, of particular interest, to both the Congresswoman and me, were the disproportionate number of African-American women impacted by these findings.

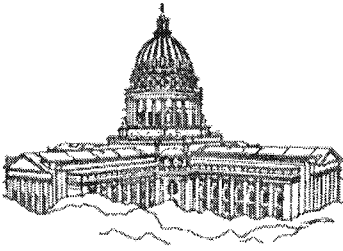
During breast cancer screenings, there are a number of women who have test results that are difficult to read. When radiologists review breast images, they may score the density, the fibrous and glandular tissue of the breast, from 1 to 4 (lowest to highest) or a - d.

According to health care professionals, a problem arises in screening women with dense breasts for cancer because that fibrous and glandular tissue produce cloudy-white, blobby images in mammograms. Normal fat, by contrast, tends to appear dark gray or black in the images. The benign fibro-glandular material tends to mask cancer, making it hard for the radiologist to see. Additionally, breast density is believed to be the main cause of false negatives (when screening fails to detect cancer that is present) in mammography.

I moved forward with drafting the legislation, only to be contacted by two womens' issue advocacy groups asking that I hold off on introducing the bill. I was surprised and didn't understand the controversy. They indicated that doctors raised two concerns, increased reporting mandates and that the additional screenings that would be required could overwhelm medical resources. They asked they I wait until there was more information to support the necessity of notification of this condition. I relented and agreed.

A lot has happened since that conversation 2 years ago. There are now 25 states that have passed similar legislation, and at least 5 states have bills pending. Most breast imagers believe knowledge about breast density is beneficial. It will help women's in screening decisions and follow-up care. When I learned that Sen. Darling had this on her radar, I was excited to join her in calling for this important legislation.

Medical professionals have been grappling with and responding to this issue for years. The treatment is inconsistent from doctor to doctor or facility to facility. This legislation seeks to make uniform the manner in which all impacted patients can learn of the initial determination of dense breasts. It will allow them to proactively, along with their doctors, make decisions about the next steps in their healthcare.



# LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

Therefore, I encourage your support for SB 543 and appreciate your consideration for this important legislation.

**Senator Lena C. Taylor**  
**4<sup>th</sup> Senate District**

Senate Bill 543

Relating to: Requiring facilities that perform mammography examinations to provide notice to certain patients regarding dense breast tissue and granting rule-making authority.

Testimony of Gail Zeamer

Senate Committee on Health and Human Services

February 6<sup>th</sup>, 2018

Thank you, Chair Vukmir and members of the Senate Committee on Health and Human Services, for holding this public hearing on Senate Bill 543.

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My name is Gail Zeamer, and I am a breast cancer survivor. I would like to believe that I had been a very dutiful patient, doing all the right things in regards to preventative care for myself and my family, before my diagnosis in February, 2016. My healthcare provider informed me that as I get older, having a mammogram every year, plus a clinic visit spaced out within the year would ensure that my breasts were being examined every 6 months. This seemed like a great plan in theory. Nothing could possibly be missed if someone was checking me for anything unusual twice per year, right? As it turns out, there was an enormous piece missing in my preventative care, and I wish, more than anything, that I could go back in time and change it. That missing piece was the fact that I had never been informed that I had dense breasts.

When I was diagnosed, I was found to have Stage 3C, advanced stage cancer. What is so frightening to me was that JUST 7 DAYS EARLIER, I had a 3D mammogram, which did not detect any abnormality in my breast. Nothing. NO tumor showed using the BEST technology that we currently have to detect breast cancer. It did show an enlarged lymph node on the left side, however, and so for the FIRST time, I was offered a breast ultrasound. 3D mammography is widely available in breast screening centers in Wisconsin. It is currently the Gold Standard for screening and diagnosing breast abnormalities. I even decided to pay the \$65.00 out of pocket cost, because if I happened to have cancer, I wanted to make sure it was CAUGHT EARLY. However, even this 3D mammogram missed my tumor, which was nearly 4 cm in size. I could feel it, but it never showed up on these diagnostic tests. The cancer was not detected until it had moved to my lymph nodes. Later, halfway through my cancer treatment, I would finally be told by a radiologist that finding my tumor was like "finding a polar bear in a snowstorm". You see, dense breasts show up as white on a regular or 3D mammogram, and so do tumors. It was, quite frankly, IMPOSSIBLE to see my tumor, without an ultrasound or breast MRI. Once I was diagnosed, I received life-saving treatment in the form of 6 rounds of intense chemotherapy, a double mastectomy, three reconstructive surgeries, 30 rounds of radiation, and additional targeted chemotherapy for 1 year. I am also currently taking a daily course of medication to attempt to keep the cancer away, for the next 5 or possibly more years.

As I was receiving treatment, I read everything I could about breast cancer, and I began to wonder why, with all the preventative mammograms I received in the past, did my cancerous tumor get missed? It turns out, everyone knew about my dense breasts: my doctors, the radiologist, the breast diagnostic clinic. Everyone knew, but ME. My breast density information was hidden deep in my medical records, WHICH IS DIFFICULT TO ACCESS AS A PATIENT, and nearly impossible to read. I was unable to ask the

right questions, get a second opinion, or advocate for myself because I simply DID NOT KNOW THAT BREAST DENSITY WAS A RISK FACTOR FOR BREAST CANCER. I was unaware that I had dense breasts and I was unaware of how they affected my risk of getting breast cancer, or that having dense breasts could affect the ability to see a tumor on a mammogram.

Nearly 40% of women have dense breasts. This is a normal occurrence. Higher breast density is common in women under 50. Some breasts have more fatty tissue, which show up dark on a mammogram. The rest of us have either heterogeneously dense or extremely dense breasts, based on traditional BiRads classifications consistently used by radiologists. This tissue shows up as white on a mammogram. Dense breasts are correlated with a higher risk of breast cancer. The reason for this is not yet known, but recent research has now determined that dense breasts are an important risk factor, surpassing family history and genetic disposition. Women with dense breasts are often diagnosed with later stage cancer because it is so difficult to detect the cancer early. In addition, our outcomes and survivorship are poorer. For many women with dense breasts, even a 3D mammogram is simple NOT ENOUGH. In my case, a simple ultrasound 18 months earlier, when I first felt a lump, would have detected my cancerous tumor at an EARLIER STAGE, with less rigorous treatment, and ultimately, less burden on my insurance company for the hundreds of thousands of dollars it took to save my life.

Women in Wisconsin are NOT routinely informed of their breast density, nor are we afforded EQUAL access to breast density information in order to make informed, educated choices about our breast health. Not every woman with dense breasts needs additional screening procedures, but information about our breast health is POWERFUL, and the best decisions are made when we are fully INFORMED.

This is why I am asking you to please support this very important breast density notification legislation. Currently, there are 31 states that have breast density notification laws helping women be advocates of their healthcare. These states include our Midwest neighbors Michigan, Minnesota, Iowa and Ohio. The women of Wisconsin also deserve to be notified at the point of their mammogram about their breast density, so that we can have a meaningful discussion with our healthcare providers and make EDUCATED decisions about our health care needs. I feel it is important to clarify that the legislation does NOT mandate additional screening, or impose additional screenings, but rather brings awareness to a woman, so that she can consult with her health care provider about what, if any, additional screening may be needed. I dream of a day when women enter a breast screening facility, and ask "what is my breast density?" as routinely as we now ask "what is my blood pressure?" Breast density notification will surely lead to earlier diagnoses, lower treatment costs, and most importantly, more lives saved!

Thank you, sincerely, for listening to the story of my personal cancer journey, and for your time and attention to this most important legislation for the women of Wisconsin.

Are You DENSE?  
exposing the best-kept secret\*

Are You DENSE?  
**ADVOCACY**  
because your life matters\*

February 6, 2018

The Honorable Leah Vukmir, Chair  
The Honorable Terry Moulton, Vice Chair  
Senate Committee on Health and Human Services  
Madison State Capitol  
Madison, WI 53702

Re: **Breast Health/Dense Breast Tissue Reporting –Senate Bill 543-Support**

Dear Chair Vukmir, Vice-Chair Moulton and Members of the Committee on Health & Human Services:

My name is Nancy Cappello and I reside in Woodbury CT. It is an honor to be in Madison today to **support SB543** and to illustrate the importance of this bill for women of Wisconsin and their families.

I ate healthy, exercised regularly, had no family history of breast cancer and never missed my mammogram appointment. In 2004, I was diagnosed with **advanced stage IIIC** breast cancer within weeks of my 11<sup>th</sup> NORMAL mammogram. **I first learned about my dense breast tissue and its impact to ‘see’ cancer by mammography alone after my advanced stage cancer diagnosis**, even though it was in a separate report, that I never saw, from my breast center to my health care provider about my decade of mammography results.

My physicians informed me, after I nearly arm wrestled them as to what happened to **the promise of early detection**, that **my years of mammography screening failed to detect my cancer because of my dense breast tissue**. In addition to my advanced tumor, my cancer **metastasized to 13 lymph nodes**. Six surgeries, 5 months of chemotherapy, 24 radiation treatment, life-long therapies, countless tests, invasive screenings, massive medical costs, quality of life issues and **a greater likelihood of dying prematurely from this disease is the reality of my advanced stage breast cancer**.

Searching the scientific journals during my 3 week ‘sick leave’ from my work at the Connecticut State Department of Education, I was stunned and later outraged that my story of **missed, delayed and advanced stage breast cancer, while compelling, is common as 40% of women have dense breast tissue**. As the density of the breast increases, the reliability of the mammogram- both by 2d and 3d decreases. There are other tests, when added to mammography, that will **significantly detect invasive cancers invisible on mammogram**. Having dense tissue is also a risk factor – greater than family history.

When my team of docs refused my pronouncement to disclose dense breast tissue as part of a woman’s mammography reporting results, my husband and I sought **justice through the Connecticut Legislature** and in 2009, after more drama than a Shakespearean tragedy, **Connecticut became the first state in the nation to standardize density reporting to women through their mammography report**.

Page Two

The Honorable Leah Vukmir, Chair

The Honorable Terry Moulton, Vice Chair

SB543-Support

February 6, 2017

Connecticut's legislative action and our persistent advocacy **fueled a global movement of patients turned advocates** - a testament to the fact that there is no shortage of women **harmed** by their dense tissue. With a google search, I started **hearing from women all across the globe** about their later stage breast cancer, less than a year after a normal mammogram. **That's how Gail Zeamer, Wisconsin resident, found me.**

**Thirty-one states**, mostly inspired by advocates and led by state legislative champions, have since enacted breast density legislation to **protect the public safety** of its residents. An additional 8 states, **including Wisconsin**, have introduced density reporting bills this session.

Women can only rely on what their doctors choose to reveal to them. **Shared decision making and empowering the patient** are fantasies if women are kept in the dark about the **number one predictor of mammography missing cancer – dense breast tissue**. Unless density reporting is standardized, too many Wisconsin women will falsely have confidence in their “normal” mammography report and yet their **reporting results are far from normal. Later stage cancers are costlier to treat, convey fewer treatment options and have worse survival outcomes.**

I applaud Senator Alberta Darling & Representative Mike Rohrkaste for championing this important breast health bill. **It will improve life outcomes** for women of Wisconsin and eliminate the intense grief of families whose loved ones die prematurely from this disease, **which may have been prevented if they had equal access at an earlier diagnosis.**

Sincerely,

*Nancy M. Cappello*

Nancy M. Cappello, Ph.D.

Director and Founder

Are You Dense, Inc.

Are You Dense Advocacy, Inc.

[Nancy@AreYouDenseAdvocacy.org](mailto:Nancy@AreYouDenseAdvocacy.org)

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## The Best-Kept Secret

by Nancy M Cappello, Ph.D.

### My Story

On February 3, 2004, I was diagnosed with advanced stage breast cancer within weeks of a 'normal' mammogram. It was at this time I first learned that I had dense breast tissue & its significance for my breast health & survival outcomes as:

- 1) Mammography misses every other cancer in dense breasts. Cancer & dense tissue appear white on mammogram-thus there is no contrast to 'see' cancer.
- 2) The mammography report, written by a radiologist to the referring doctor, has detailed information about a woman's breasts BUT that report is seldom shared with her.

**Just 6 weeks prior** to my late stage cancer diagnosis, my 'Happy Gram' mammography results were reported as 'normal.' At my subsequent annual exam, my doctor felt a 'ridge' in my breast and ordered a mammogram. The mammogram revealed 'nothing' but **that same day** the ultrasound detected a quarter-size lesion. The pathology report revealed **13 Metastasized Lymph Nodes-Stage 3C.**

### What happened to Early Detection?

Because cancer was detected at an advanced stage, I endured an aggressive treatment consisting of chemotherapy, radiation, numerous surgeries and hormonal therapy.

I am compelled to expose the Best-Kept Secret of dense tissue and its impact on missed, delayed & advanced cancers.

\* \* \* \* \*

**To withhold a woman's breast tissue composition from her is denying her the right to make an informed decision about her breast health.**

(Cappello, N. J Am Coll Radiol 2013;10:903-908)

## Awards & Recognition

**A Citation by the Connecticut General Assembly** for "extraordinary commitment to promoting early detection of breast cancer through successful legislative advocacy and public awareness and for the courage to transform a personal tragedy into a positive force."

**Parade Magazine-Health Hero**

**Person of the Year-Litchfield County Times**

**Angel Award-American Cancer Society**

**Ruby Award-Soroptimist**

**Health Care Leadership -Waterbury Chamber of Commerce**

**Woman of Strength -Get in Touch Foundation**  
**Aixplorer Achievement Award-Supersonic Imagine**  
**State Advocacy Honoree-St. Vincent's Hospital**  
**Making a Difference -Safe Haven of Greater Waterbury**

**Pink Pioneer-The Pink Paper Publication**

**Women of Innovation - CT Technology Council**

**Women Making a Difference - Griffin Hospital**

**Nancy Plover Breast Cancer Award - Congressman**

John Larson

**Susan G. Komen Promise Award - Presented by**

Joan Lunden

**Wellness Honoree - Connecticut Women's Hall of**

Fame

**UNICO National - Americanism Award**

### MEDIA AND SPEAKING ENGAGEMENTS

**Dr. Cappello** is a sought after speaker across the United States & has lectured in Puerto Rico, Canada, Japan, Italy and Paris. Her message, conveyed with inspiration and humor, tells her journey from patient to advocate & activist. **Her story inspires others to use their life's lessons to make a difference.** Dr. Cappello's tragedy of her advanced breast cancer, resulting in CT's landmark legislation & the national grassroots legislative efforts, are featured in media outlets such ABC, NBC, CBS & Fox as well as Prevention, NY Times, Wall Street Journal, Reader's Digest, European Hospital and NPR. Her popular blog, **Nancy's Chalkboard**, is published by the Huffington Post.

*There are too many women who are unaware of their breast density, believe their "happy gram" when it reports 'normal', and are at risk of receiving a late-stage cancer diagnosis. Be informed about your breast density. Cancers detected Early have better treatment and survival outcomes.*

The MISSION of Are You Dense, Inc is to educate the public about dense breast tissue to prevent delayed diagnoses & later stage cancer. Your support reveals the best-kept secret about the screening challenges and risks of dense breast tissue.

Are  
ou  
**DENSE?**<sup>®</sup>  
exposing the best-kept secret

\* Forty percent of women have dense breast tissue.

\* Breast density predicts the accuracy of a mammogram at any age.

\* Mammography misses every other cancer in dense breasts.

\* Breast density is a well-established risk factor, exceeding family history.

**Are You Dense, Inc.**  
A 501(c)(3) Public Charity

**AreYouDense.org**



Scan to view our Website!



## HOW DO I KNOW IF I HAVE DENSE BREAST TISSUE?

A Radiologist determines the density of a woman's breasts by examining a mammogram. Dense tissue is comprised of less fat & more fibrous & connective tissue & appears white on a mammogram as does cancer. Thus, cancer can be masked by dense tissue. Request a copy of your mammography report from your referring doctor. Make sure it is the report that is generated by the radiologist and not a form letter. Read the report carefully & look for descriptions of your breast tissue.

**D.E.N.S.E.®**

**Connecticut was the first state to** standardize density reporting through the mammography report. For information about other state density reporting laws & federal & regulatory efforts visit [AreYouDenseAdvocacy.org](http://AreYouDenseAdvocacy.org).

## WHAT DO I DO IF I HAVE DENSE BREAST TISSUE?

Ask your doctor about having added screening studies such as ultrasound or breast MRI. Connecticut General Statutes require insurance coverage for comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on BIRADS (Breast Imaging Reporting and Data System) established by the American College of Radiology (ACR). To determine the insurance laws in your state contact your state representatives or public health department & visit [AreYouDenseAdvocacy.org](http://AreYouDenseAdvocacy.org).

### Remember to:

- ~ Have a mammogram. A mammogram distinguishes the density of a woman's breasts.
- ~ Be breast aware. Look for changes in your breasts.
- ~ Have your physician conduct a thorough yearly breast exam.

There are two BIRADS (Breast Imaging Reporting and Data System) scales that are used by radiologists to standardize mammography reporting. The following (ACR) BIRADS scale categorizes breast density:

- a The breasts are almost entirely fatty.
- b There are scattered areas of fibroglandular density.
- c The breasts are heterogeneously dense, which may obscure small masses.
- d The breasts are extremely dense, which lowers the sensitivity of mammography.

**Discuss with your health care provider your category of breast tissue. Most likely the mammography report you receive will not contain this information unless you reside in a state with a density reporting law.**

The other BIRADS scale characterizes the findings that are **seen** on the mammogram. Most mammography reports reference this **BIRADS\*** scale:

0	Incomplete - Need Additional Imaging Evaluation and/or Prior Mammograms for comparison
1	Negative
2	Benign Findings
3	Probably Benign
4	A: Low suspicion for malignancy B: Moderate suspicion for malignancy C: High suspicion of Malignancy
5	Highly Suggestive of Malignancy
6	Known biopsy - proven Malignancy

**A woman with dense breast tissue cannot rely solely on the above BIRADS\* scale to determine findings of breast cancer.**

\* Dr. Thomas Kolb's seminal study found that by adding ultrasound to mammography markedly increases cancer detection in women with dense breasts. While mammography detected 98% of cancer in women with fatty breasts, it found **only 48% in the densest breasts.** (American Medical Association: September 19, 2002 & AMA scientific paper of the year award)

\* Mammography misses **every other cancer** in dense breasts. (Berg et al, JAMA: 2012)

\* Breast density is consistently associated with **breast cancer risk**, more strongly than most other risk factors, and **extensive breast density** may account for a substantial fraction of **breast cancer.** (Journal of National Cancer Institute: Aug., 2010)

\* We're finding small, **mammographically occult** [not visible] cancers at a **significant rate** & we're able to do that & still be **efficient.** (ACR Bulletin: Oct., 2012; Dr. Regina Hooley, Yale School of Medicine)

\* Doctors have spoken to **less than one in 10 women** about their breast density. (Harris Interactive Survey: 2010)

\* The randomized controlled trials of mammography conclude that the magnitude of the **reduction of advanced disease** is associated with the magnitude of the **reduction of mortality.** (Tabar et al, The Breast Journal, Nov., 2014)

\* All the issues of the profession cannot be solved by **withholding a woman's dense tissue composition** from her. (Cappello, N. J Am Coll Radiol 2013;10:903-908)



*For more information contact:*  
**Nancy M. Cappello, Ph.D.**  
**Director & Founder**  
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Testimony to the Senate Committee on Health and Human Services

[REDACTED]  
February 6, 2018

Position: Neutral

By [REDACTED] on behalf of the Wisconsin Breast Cancer Coalition  
(Retired, Executive Director; currently serving on the Policy Committee)

Thank you to Committee Chair, Senator Vukmir, Vice Chair, Senator Moulton, and committee members for the opportunity to provide testimony on SB 543, regarding breast density notification. The WBCC appreciates the intent behind its introduction and we are wholly supportive of the personal advocacy of patients who've come forward to tell their stories about their diagnoses.

By way of quick introduction, the WBCC has been working for 24 years, almost exclusively as volunteers, to:

- Educate the public and policy makers about breast cancer issues
- Advance and participate as advocates in quality breast cancer research
- Help create the best public policy possible as relates to breast cancer – including ensuring that all women, regardless of income or insurance status – have equal access to all of their breast health needs

As an organization, we believe that women SHOULD have all the information they need regarding their breast cancer risk. We have long been aware of the masking effect of density on mammographic imaging. We acknowledge, and have been following, the science evolving around breast density as a risk factor. And, we are satisfied that the language laid forth in SB543 is better than language put forth in some other states.

However, we remain neutral on the bill due to its lack of a mandate that supplemental screening for women diagnosed with dense breasts be covered by insurance companies. If a screening mammogram is covered in order to detect breast cancer at an early stage – which we all agree is vital – then it logically follows that should a more effective screening modality be required to detect cancer in women who have dense breasts, it should also be covered. Density is a physical characteristic that a woman has little to no control over. A woman with dense breasts deserves the same quality screening that a woman who does NOT have dense breasts receives. One size screening does not fit all.

We know that women without insurance coverage are more likely to die of breast cancer than insured women. This disparity already exists not just in our state but around the world. Optimal screening and breast health assessment should not only be available to women who can afford it. If we truly care about saving lives from breast cancer, then we must ensure that any policy that benefits one group of women, benefits all women. The legislation as it stands does not ensure that all Wisconsin women will have equal access to early detection of breast cancer.

We would like to point out that when this density notification movement started, the founder ensured that her state – Connecticut – first mandated that ultrasound screening be covered for women with dense breasts. The notification law that started this national movement at the state level came 4 years later.

Our concern also extends to the acknowledgement by the American College of Radiology that categorization of breast density remains a visual, subjective assessment and support *their* position that supplemental screening should be covered by insurance.

We are concerned that general practitioners may not have the depth of knowledge on risk assessment to have a meaningful and accurate conversation with their patients about what their density score means. This is a relatively new and evolving field of study. We don't even know yet exactly by which mechanisms density increases risk of disease. A hallmark of WBCC's advocacy has always been to act based on rigorous scientific evidence. There are a lot of unknowns in the scientific world about density as a risk factor and little consensus on guidelines for recommendation of supplemental screening.

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At the very least, if we are going to notify women that they are at increased risk for breast cancer and that their mammogram MAY NOT be accurate due to their dense tissue, then we should ensure that we have a plan that treats all women equally as they plan their next, best step.

February 2, 2018

Senator Leah Vukmir, Chair  
Senate Committee on Health and Human Services  
Wisconsin State Legislature  
State Capitol  
Madison, WI, 53708

**Re: Letter in Support, SB 543**

Dear Chairwoman Vukmir,

DenseBreast-info.org is an information resource focused on providing education about dense breast tissue to both patients and health care professionals. This educational tool is the most comprehensive and up-to-date on the topic and developed to address the informational needs which arise from the enactment of breast density inform laws. The website's interactive legislation map features legally-vetted analysis of state density "inform" laws and is featured on, among other venues, the National Institutes of Health (NIH) / National Cancer Institute (NCI) website.

We support a woman's notification of her breast density as:

- Breast density can both mask cancers on a mammogram and is also an independent risk factor for the development of breast cancer.
- Cancer is 4-6 times more likely in women with extremely dense breasts than in women with fatty breasts.
- Though mammograms find some cancers not seen on other screening tests, in dense breasts, mammograms will miss more than 50% of the cancers present.
- Other screening tests, such as ultrasound or breast MRI, in addition to mammography, substantially increase detection of early stage breast cancer in dense breasts.

Currently 30 states have enacted laws which provide for some level of notification about breast density to a patient after a mammogram. We support this timely legislation for the residents of Wisconsin.

Sincerely,

*JoAnn Pushkin*

JoAnn Pushkin  
Executive Director  
DenseBreast-info, Inc.

cc: DenseBreast-info, Inc. Board of Directors



To: Senator Leah Vukmir, Chair, Senate Committee on Health and Human Services, and Committee members.

From: Gregg Bogost, MD, Wisconsin Radiological Society

Date: February 6, 2018

Re: Testimony for information only on Senate Bill 543/Assembly Bill 653, relating to requiring facilities that perform mammography examinations to provide notice regarding dense breast tissue

Thank you Chairwoman Vukmir and committee members for the opportunity to comment on SB 543/AB 653, relating to requiring facilities that perform mammography examinations to provide a notice to patients regarding dense breast tissue. My name is Gregg Bogost. I am a doctor practicing radiology in South Central Wisconsin, including Madison.

As Legislative Chair and former past president of the Wisconsin Radiological Society, I represent a professional organization of physicians who are the diagnostic radiologists who perform the mammography and report the breast density being discussed today. Our profession performs the research on this topic, and we are the physicians who generate the information for patients proposed in this bill. The Wisconsin Radiological Society neither supports nor opposes this legislation and we are providing written testimony for information only. So would like to extend our expertise to members of this committee and would be happy to answer your questions and assist you in your decision making.

Our modern health care system, while well intended, is far from perfect, which increases the importance of patients advocating for themselves to navigate the complex multiple forks in the road and increase the chance that the health care that is delivered is right for each patient. Accordingly, being informed is a key tool for patients to be able to advocate for themselves in health care decision-making with their doctors.

So, opportunities to inform patients, such as that offered by this bill must be seen as an opportunity to potentially help patients. However, to be effective, and not cause harm, the information should have a strong evidence basis, it should help clarify a pathway towards decisions and should minimize the risks and the downstream costs of the added testing and procedures that may result.

Understanding what the information of having dense breast means is not necessarily straightforward. Most all patients will be left with the question: "Now what?" Providing the information to the patient puts them on the spot to understand what the information means, and then decide if they should do something. In this case, if a patient and her doctor elect to do something about it, that means performing alternative additional testing beyond the mammogram, known as "supplemental screening", usually whole breast ultrasound or MRI. Given



that 40% of patients have dense breasts, the costs of additional testing and procedures has the potential to scale significantly and the costs will be the responsibility of the patients since the supplemental ultrasounds and MRIs are usually not covered by insurance. Additionally, many primary care physicians will struggle when counseling patients given a lack of specialty knowledge about breast density and discomfort with the controversial data in support of supplemental screening.

Because of these complexities, WRS would like to make ourselves available to answer your questions in assessing the risks and benefits afforded by this bill. I apologize that, due to scheduling conflicts, I could not attend this hearing in person, but myself and WRS's breast imaging experts would be happy to meet with any member of this committee to discuss this legislation in more detail.

I would like to conclude by thanking Representative Rohrkaste for including us in his discussions about this bill. In addition, we would like to thank Senator Darling for her leadership in the state senate.

Please do not hesitate to contact me if you have questions.

Sincerely,

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