



For Immediate Release

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Strategic Radiology® Takes Unified Stance Against New USPSTF Guidelines

Nation's leading independent radiology physician coalition not alone in expressing frustration over misleading guidelines.

May 3, 2015—In response to the proposed mammography guidelines from the US Preventive Services Task Force (USPSTF), Strategic Radiology® (SR®) fully aligns itself with organizations such as American Congress of Obstetricians and Gynecologists (ACOG), the American College Of Surgeons, Susan G. Komen for the Cure, American Cancer Society (ACS), American College of Radiology (ACR), and Society of Breast Imaging (SBI) to unanimously recommend regular screening mammography for women beginning at age 40 in order to reduce breast cancer mortality.

“As the nation’s largest coalition of independent radiology group practices, Strategic Radiology felt it was imperative to step up and speak out regarding the USPSTF’s draft questioning the value of annual screening mammograms for women starting at age 40,” said Arl Van Moore, Jr, MD, FACR, CEO of SR. “We stand united with the healthcare industry’s leading associations, including the American College of Radiology, in the current screening mammography guidelines that have saved countless lives since the inception of this vital breast imaging technology.”

The proposed guidelines from the USPSTF draft create the possibility of insurance companies to restrict mammogram coverage for most women under age 50, even as the task force acknowledges that not screening such women will result in the deaths of women whose lives could have been otherwise saved. The existing guidelines would give the exam for women under age 50 a letter grade of “C,” meaning insurance companies would no longer be required to cover the procedure under the terms of the Affordable Care Act. The burden of uninsured mammograms would fall particularly heavily on women who are economically disadvantaged. Furthermore, all women would be burdened by any decision to restrict insurance to

mammograms only every other year. Analysis of the task force's guidelines suggests that up to an additional 6,500 women will die from breast cancer annually if its recommendations are fully followed.

The task force's recommendation that mammograms be performed only every other year for women ages 50 and over may potentially encourage a rollback of current law mandating insurance coverage for annual exams. Although the task force agrees that screening can be more effective for women in their 40s who have a family history, they do not take into account the fact that 75% of women ages 40 to 49 diagnosed with breast cancer have no family history. As with the task force's earlier guidelines, SR believes this update will likely cause widespread confusion among women in regard to the age at which screening mammography should begin as well as the frequency of exams.

"It is very disturbing that this flawed report will cause confusion about what are already proven benefits for women 40-plus years old," said Matthew Gromet, JD, MD, FACR, chief of mammography of Charlotte Radiology. "This will cause some women to skip their annual mammograms, which will lead to unnecessary deaths as well as discovery of cancers in later clinical stages, complicating their treatment."

As an organization consisting of more than 1,300 physicians, SR believes the guidelines are fundamentally flawed and not supported by scientific evidence. The panel did not include breast cancer care or screening experts, but rather relied upon computer models in place of actual research.

Since mammography screening began at a national level over two decades ago, annual breast cancer mortality rates have declined by 30%. Screening mammography often allows for earlier detection of breast cancer, which in turn affords women more treatment options, reduced surgeries, better cosmetic outcomes, and may eliminate the need for harsh chemotherapy. The breast imaging specialists serving in SR's 21 member groups strongly agree with industry experts that breast cancer therapy is most effective when the disease is caught early.

"Just as breast cancer treatment has evolved from the 'one size fits all' approach of past years to more personalized and targeted therapies, breast cancer screening is evolving as well, and any screening recommendations must account for an assessment of an individual's risk," said Susan G. Komen President and CEO Judith A. Salerno, MD, MS. "It is becoming increasingly clear that age-based recommendations cannot be our only standard." More of Dr. Salerno's message is available at: <http://komencolumbus.org/susan-g-komen-statement-on-u-s-preventative-services-task-force-mammography-screening-guidelines/>

"The USPSTF limited its consideration to studies that underestimate the lifesaving benefit of regular screening and greatly inflate overdiagnosis claims," said Barbara Monsees, MD, FACR, chair of the ACR Breast Imaging Commission. "They ignored more modern studies that have shown much greater benefit. These limitations result in the misrepresentation of the real trade offs that women and healthcare

providers need to know about in order to make good decisions about screening. They also ignored the demonstrated views of American women on screening. Unfortunately, these recommendations will only add to confusion that is placing women at risk.” More of the ACR and SBI’s joint response to the panel’s guidelines is available at: <http://www.sbi-online.org/Portals/0/Position%20Statements/2015/2015%20USPSTF%20-%20ACR%20SBI%20Joint%20Position%20Statement.pdf>

SR urges American healthcare consumers, particularly women, to let the panel know how they feel about the proposed recommendations and the possibility of losing insurance coverage for mammograms. Comments on the draft will be accepted until May 18 and may be submitted at: <http://www.uspreventiveservicestaskforce.org/Comment/Collect/Index/RecommendationStatementDraft/breast-cancer-screening1>.

SR consists of geographically diverse and forward thinking American radiology group practices representing more than 1,300 radiologists. The goal of SR is to achieve higher quality patient care and more cost efficient delivery of medical imaging through an integrated approach of shared data and best practices, interchanging clinical expertise, and consolidating certain practice expenses. More information can be found on the SR website at <http://www.strategicradiology.org>.

Current SR members include:

- Advanced Radiology Services; Grand Rapids, MI
- Austin Radiological Association; Austin, TX
- Casper Medical Imaging and Outpatient Radiology; Casper, WY (affiliate member)
- Central Illinois Radiological Associates; Peoria, IL
- Charlotte Radiology; Charlotte, NC
- Diversified Radiology; Denver, CO
- Huron Valley Radiology; Ann Arbor, MI
- Inland Imaging; Spokane, WA
- Jefferson Radiology; Hartford, CT
- Mountain Medical Physician Specialists; Salt Lake City, UT
- Northwest Radiology; Indianapolis, IN
- Professional Radiology, Inc.; Cincinnati, OH (affiliate member)
- Quantum Radiology; Atlanta, GA
- Radiant Imaging, Inc.; Pasadena, California including The Hill Medical Corporation and Arcadia Radiology Medical Group divisions
- Radiologic Medical Services; Iowa City, IA (affiliate member)
- Radiology Associates of North Texas; Fort Worth, TX
- Radiology Associates of South Florida; Miami, FL
- Radiology Ltd.; Tucson, AZ
- Riverside Radiology and Interventional Associates; Columbus, OH
- Southwest Diagnostic Imaging; Phoenix, AZ and affiliates EDVI Medical Imaging and Scottsdale Medical Imaging and Valley Radiologists
- University Radiology; East Brunswick, NJ

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