



**For Immediate Release**

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## **Strategic Radiology® Responds To US Preventive Services Task Force’s Revised Mammography Guidelines**

*National consortium of independent radiology group practices has one unified message: screening mammography saves lives.*

January 15, 2016 — The US Preventive Services Task Force (USPSTF) has finalized its draft guidelines on screening mammography that recommends “women at average risk for breast cancer should have a screening [mammogram](#) every other year beginning at age 50 up to the age of 74. Women in their 40s are advised to make an individual decision in partnership with their doctors, since the likelihood of benefitting from screening is lower for women in that age group.”

Strategic Radiology (SR), a consortium of large radiology practices across the country, is unified in its opposition to the new guidelines, citing the life-saving benefits of mammography beginning at age 40 and the long term risk to screening mammography insurance coverage as reasons for their disagreement.

“Studies, including those cited by the American Cancer Society, show that starting annual mammography at age 40 saves the most lives, and for that reason we will continue to encourage women to get annual mammograms starting at age 40,” said Arl Van Moore, Jr, MD, SR Chairman.

“This revision is going to lead to even more confusion,” he continued. “We felt strongly that we needed to weigh in on the issue and let women know our guidance has not changed. The USPSTF guidelines exclude an entire group of women—those ages 40 to 49—who have been shown to benefit from screenings that begin at 40.”

Physician organizations like the American Congress of Obstetricians, the American College of Radiology and the Society for Breast Imaging confirm the long held recommendation to begin at 40 and annually thereafter.

“We feel the new government guidelines are preoccupied with cost,” said Matthew Gromet, MD, a board certified radiologist with Charlotte Radiology and one of 1,300 members of SR. “Our concern is with women’s lives.”

Long term, the USPSTF recommendations could result in millions of women losing insurance coverage for their annual mammograms, forcing them to pay out of pocket or avoid the exam. What’s more, that scenario negatively impacts underserved populations most. It affects the women least likely to mobilize in opposition. “In addition, it impacts the minority population, which is at an increased risk for developing breast cancer,” said Dr. Gromet.

In December, both the US House and Senate passed the Protect Access to Lifesaving Screenings (PALS) Act. This legislation prevents the USPSTF draft breast cancer screening recommendations from being implemented for two years. This two year “time out” will allow for concerns to be addressed, while ensuring women’s continued access to lifesaving mammograms.

A few facts on life saving mammography that have led to opposition to the USPSTF revision:

- Between 75 and 85 percent of women diagnosed with breast cancer have no family history of the disease. (A mammogram is the best way to find the cancer they have no reason to suspect.)
- Since cancers found in women under age 50 are often more aggressive, screening women in their 40s is critical.
- Annual screening finds cancer in an earlier stage, providing a more favorable outcome.
- The cancer incidence rate increases with age, making annual mammography even more important to women in their 50s and up.
- Early detection is the key to beating breast cancer. Annual screening results in lower call back rates than does biennial screening and finds cancer at the earliest stage, providing a more favorable prognosis.

### **About Strategic Radiology (SR)**

SR consists of 25 geographically diverse and forward thinking US based 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 [www.strategicradiology.org](http://www.strategicradiology.org).

### **SR Core Members:**

- Advanced Radiology Services; Grand Rapids, MI

- Austin Radiological Association; Austin, TX
- Central Illinois Radiological Associates; Peoria, IL
- Charlotte Radiology; Charlotte, NC
- Diversified Radiology; Denver, CO
- Huron Valley Radiology; Ann Arbor, MI
- Integra Imaging; Washington State (Inland Imaging and Seattle Radiologists)
- Jefferson Radiology; Hartford, CT
- Mountain Medical Physician Specialists; Salt Lake City, UT
- Northwest Radiology; Indianapolis, IN
- Quantum Radiology; Atlanta, GA
- Radiant Imaging, Inc.; Pasadena, CA including The Hill Medical Corporation and Arcadia Radiology Medical Group divisions
- Radiology Associates of North Texas; Dallas/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

SR Affiliate Members:

- Casper Medical Imaging and Outpatient Radiology; Casper, WY
- Medical Center Radiology Group; Orlando, FL
- Modesto Radiologic Medical Group (MRMG); Modesto, CA
- Professional Radiology, Inc.; Cincinnati, OH
- Radiologic Medical Services; Iowa City, IA
- Rome Radiology Group; Rome, GA
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