Whereas, “Dense breast” tissue makes it harder to identify cancer on a mammogram, especially if there are no calcifications present within the cancer; and

Whereas, Patients with “dense breast” tissue are also associated with an increased risk of breast cancer (i.e., the risk is estimated to be four times greater for women with extremely dense breasts versus women with fatty breasts); and

Whereas, A “negative” screening mammography result does not reliably rule out cancer in women with dense breasts; and

Whereas, These women with “dense breast” tissue often have higher stage cancers upon detection due to the fact that they are not discovered until they are larger and symptomatic; and

Whereas, Ultrasound and MRI have been shown to reduce interval cancers in women with “dense breasts”; and

Whereas, Approximately 30 states have adopted laws requiring notification to patients with “dense breasts”; and

Whereas, The decision to pursue additional screening should be a result of the conversation between individual patients and their physician-led health care team; and

Whereas, Insurance companies are not required to pay for additional screening; therefore be it

RESOLVED, That our American Medical Association support insurance coverage for supplemental screening recommended for patients with “dense breast” tissue following a conversation between the patient and their physician (New HOD Policy); and be it further

RESOLVED, That our AMA advocate for insurance coverage for and adequate access to supplemental screening recommended for patients with “dense breast” tissue following a conversation between the patient and their physician. (New HOD Policy)

Fiscal Note: Not yet determined

Received: 09/27/18
RELEVANT AMA POLICY

Screening Mammography H-525.993

Our AMA:

a. recognizes the mortality reduction benefit of screening mammography and supports its use as a tool to detect breast cancer.
b. recognizes that as with all medical screening procedures there are small, but not inconsequential associated risks including false positive and false negative results and overdiagnosis.
c. favors participation in and support of the efforts of professional, voluntary, and government organizations to educate physicians and the public regarding the value of screening mammography in reducing breast cancer mortality, as well as its limitations.
d. advocates remaining alert to new epidemiological findings regarding screening mammography and encourages the periodic reconsideration of these recommendations as more epidemiological data become available.
e. believes that beginning at the age of 40 years, all women should be eligible for screening mammography.
f. encourages physicians to regularly discuss with their individual patients the benefits and risks of screening mammography, and whether screening is appropriate for each clinical situation given that the balance of benefits and risks will be viewed differently by each patient.
g. encourages physicians to inquire about and update each patient’s family history to detect red flags for hereditary cancer and to consider other risk factors for breast cancer, so that recommendations for screening will be appropriate.
h. supports insurance coverage for screening mammography.
i. supports seeking common recommendations with other organizations, informed and respectful dialogue as guideline-making groups address the similarities and differences among their respective recommendations, and adherence to standards that ensure guidelines are unbiased, valid and trustworthy.
j. reiterates its longstanding position that all medical care decisions should occur only after thoughtful deliberation between patients and physicians.

Citation: (CSA Rep. F, A-88; Reaffirmed: Res. 506, A-94; Amended: CSA Rep. 16, A-99; Appended: Res. 120, A-02; Modified: CSAPH Rep. 6, A-12)