

Pennsylvania breast density law: 'What did *they* do now?'

What happened in Pennsylvania?

On Nov. 1, 2013, Gov. Tom Corbett signed the Breast Density Notification Act (PA Act 86 of 2013), making Pennsylvania the 13th state to pass legislation of this type. Effective Jan. 30, 2014, this law specifically dictates that every Pennsylvania patient who undergoes a mammogram MUST receive notification of their breast density. Medical societies (including the Pennsylvania Radiological Society) raised concerns with our legislators and governor as to what commotion this legislation might create and pointed out that there is currently no mechanism in place to handle the anticipated increase in anxiety that patients would likely experience. In spite of these concerns, the law passed and Pennsylvania physicians are now faced with (yet another) legislated medical practice.

The breast density law's 'required' language

Currently, every patient undergoing a mammogram is required to receive written results, as dictated by the Mammography Quality Standards Act (MQSA) legislation from the 1990s. With the new Pennsylvania breast density legislation, these "results" will be augmented to include specific language about a patient's breast density. Specifically, the new law requires the following language:



"This notice contains the results of your recent mammogram, including information about breast density. If your mammogram shows that your breast tissue is dense, you should know that dense breast tissue is a common finding and is not abnormal. Statistics show many women could have dense or highly dense breasts. Dense breast tissue can make it harder to find cancer on a mammogram and may be associated with an increased risk of cancer. This information about the result of your mammogram is given to you to raise your awareness and to inform your conversations with your physician. Together, you can decide which screening options are right for you, based on your mammogram results, individual risk factors or physical examination. A report of your results was sent to your physician."

Several concerns immediately present themselves. Consider the following sentence from this language:

"Dense breast tissue can make it harder to find cancer on a mammogram and may be associated with an increased risk of cancer."

Of course, this statement is not "new information," but by emphasizing this to the patient, it is likely to create

increased anxiety. The paragraph continues:

"Together [with your physician], you can decide which screening options are right for you..."

This legislated language is clearly putting the onus for further dialogue squarely on the shoulders of physicians and, in most cases, the primary care physician.

Things don't necessarily end there! Because the breast density law dictates the above language, many mammography facilities will choose to supplement the required language to further explain and calm the recipient patients. The end result? Patients now will receive a significantly lengthier, written explanation than they were previously accustomed to receiving.

What to expect from patients

With all the new additional written information patients will receive, they are likely to have new concerns and a heightened sense of anxiety. Many patients may express greater concern about whether they could have "undetected" breast cancer and may experience "decreased faith" in their screening studies. Since breast density can vary from year to year, some patients may experience panic from this perceived "change from last year."

Some patients might insist on additional imaging studies, which may not be reimbursed by their insurance carrier. Other patients might experience "avoidance behavior" in regard to

further imaging studies – either overtly declining or, less consciously, “missing” appointments. The bottom line is that patients are likely to have far more questions and concerns than ever before about their mammogram results and its implications. Combined with the fact that about half of all women over 50 years old have “dense” breasts, this could easily translate into a high volume of unanticipated phone calls and office visits to their physicians to address their concerns.

What should physicians do?

Many physicians might find that they are receiving frequent calls from patients, inquiring about their (“newly identified”) breast density. Patients may ask specific questions about breast density, the implications for breast cancer detection and what other studies are needed. Indeed, some physicians could be inundated with a voluminous number of telephone calls, which they simply do not have the resources to handle.

There is no current consensus on the best way to image women with “dense” breasts. In most cases, no additional imaging studies are required. Other times, Screening Breast Ultrasound, Breast MRI, 3-D Mammography (Tomosynthesis) and/or molecular imaging might be considered. Usually, these additional imaging studies will NOT be reimbursed by the patient’s insurance carrier unless there are other indications besides “dense breasts.”

In navigating the impact of this new legislation, patients are going to require greater empathy, education and patience from their physicians. It might behoove your office to take some proactive steps in anticipation of the fallout from this legislation. A

Useful breast density resources

PA 2013 Act 86 (Breast Density Notification Act)

The recently passed PA law
<http://www.legis.state.pa.us/cfdocs/legis/li/uconsCheck.cfm?yr=2013&sessInd=0&act=86>

American College of Radiology – Breast Density Patient Brochure

An excellent 2-page resource about breast density and breast cancer screening
http://www.acr.org/NewsPublications/~/_media/180321AF51AF4EA38F-EC091461F5B695.pdf

Breast Density.Info

California-based organization with information for patients and physicians
<http://www.breastdensity.info/>

Recent Diagnostic Imaging Article “Breast Density Notification Laws Unclear On Delivery and Goal”

<http://www.diagnosticimaging.com/>

[breast-imaging/breast-density-notification-laws-unclear-delivery-and-goal?GUID=5FA29331-23EC-4569-B9BD-E66D-8136D007&rememberme=1&ts=30122013](http://www.amsos.org/~/media/180321AF51AF4EA38F-EC091461F5B695.pdf)

American Cancer Society – Breast Cancer Screening Guidelines

Information for patients and physicians
<http://www.cancer.org/healthy/information-forhealthcareprofessionals/acsguidelines/breastcancerscreeningguidelines/index>

American College of Radiology Resources for Physicians on Breast Density Notification

<http://www.acr.org/Advocacy/eNews/20131004-Issue/ACR-Offers-Resources-to-Physicians-on-Breast-Density-Notification>

IBIS Breast Cancer Risk Evaluation Tool

<http://www.ems-trials.org/riskevaluator/>

“cheat sheet” or “handout” with useful information for patients about breast density and where to go to learn more (see resource box), is a good first start. Reacquaint yourself with current breast cancer screening guidelines and which imaging studies are appropriate for which patients. Alert your office staff about the required language in the new legislation and educate them about what to anticipate from patients and how to respond. Consider creating a “triage pathway” for how such calls will be handled by your office.

Final thoughts

The Pennsylvania breast density

legislation will create new challenges for patients and physicians. In anticipation of the impact from this legislation, physician practices should consider taking proactive steps to be better prepared to manage the likely influx of questions from concerned patients. While a certain “adjustment period” is inevitable, being advocates for our patients is the best way to help this process proceed more smoothly.

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