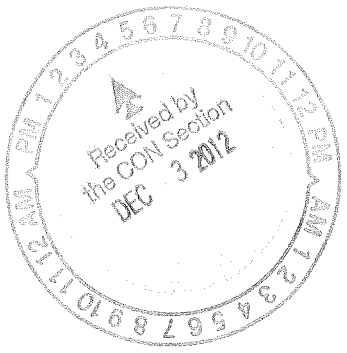
Comments on Mecklenburg Diagnostic Imaging, LLC d/b/a/ Presbyterian Imaging Center-Mooresville's Diagnostic Center Application



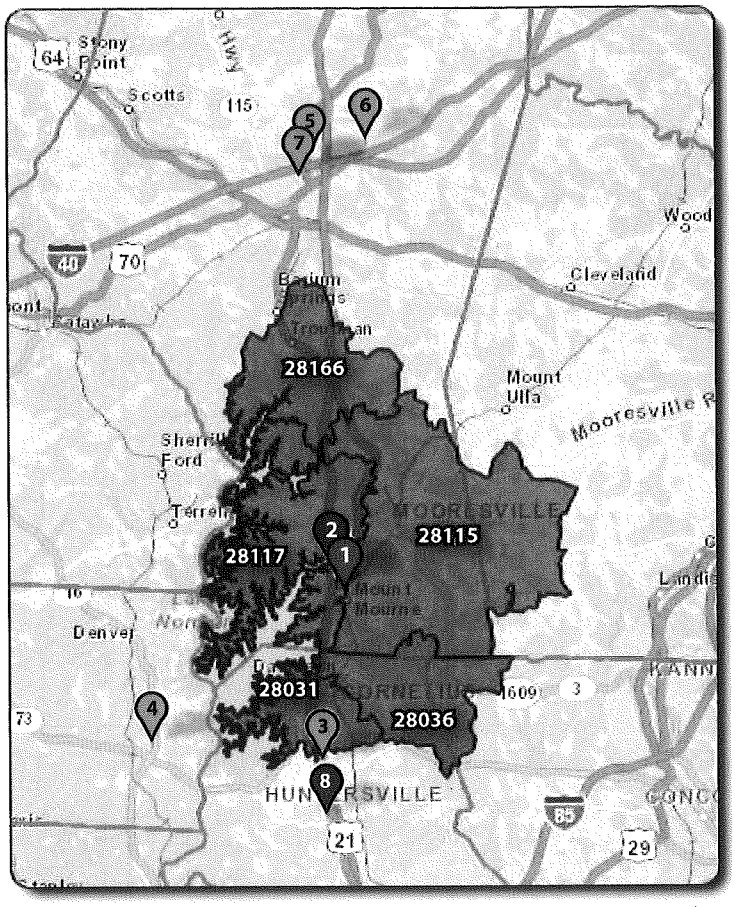
submitted by

Lake Norman Regional Medical Center

In accordance with N.C. GEN. STAT. § 131E-185(a1)(1), Lake Norman Regional Medical Center (LNRMC) submits the following comments related to Mecklenburg Diagnostic Imaging, LLC d/b/a/ Presbyterian Imaging Center-Mooresville's (PIC-Mooresville) application to acquire a mammography unit at its existing outpatient imaging facility which will require approval as a diagnostic center. LNRMC's comments include *"discussion and argument regarding whether, in light of the material contained in the application and other relevant factual material, the application complies with the relevant review criteria, plans and standards."* *See* N.C. GEN. STAT. § 131E-185(a1)(1)(c). In order to facilitate the Agency's ease in reviewing the comments, LNRMC has organized its discussion by issue, specifically noting the general CON statutory review criteria and specific regulatory criteria and standards creating the non-conformity relative to each issue:

Failure to justify the rationale for the proposed service area and the need for the project

PIC-Mooresville states that its proposed service area *"accounts for 58.1 percent of PIC-Mooresville's CY 2011 patient origin for existing services"* (page 35). LNRMC contends that a service area that accounts for only 58.1 percent of patients excludes geographies from which a significant percentage of patients originate without justification. Given the inconsistency between the patients it has historically served and the defined service area, LNRMC believes that PIC-Mooresville has defined its service area in an effort to circumvent the diagnostic center performance standards requiring an applicant to demonstrate that other providers will be appropriately utilized in the future [see 10A NCAC 14C.1804 (2)]. As the map below demonstrates, PIC-Mooresville's service area excludes at least six nearby mammography providers (Numbered symbols 3 through 8).



Legend	*Mammography Provider*	*Address*	*City*	*ZIP Code*
1	**LNRMC**	**171 Fairview Road**	**Mooresville**	**28117**
2	**PIC-Mooresville**	**118 Gateway Blvd**	**Mooresville**	**28117**
3	Charlotte Radiology	16455 Statesville Road	Huntersville	28078
4	CMC-Lincoln Imaging-Denver	275 North Highway 16	Denver	28037
5	Piedmont HealthCare Women's Imaging Center	617 Sullivan Road	Statesville	28677
6	Davis Regional Medical Center	218 Old Mocksville Road	Statesville	28625
7	Iredell Memorial Hospital	557 Brookdale Drive	Statesville	28677
8	**Presbyterian Breast Center-Huntersville***	**10030 Gilead Road**	**Huntersville**	**28078**

*Presbyterian Breast Center-Huntersville is owned by the same parent company, Novant Health, as PIC-Mooresville.

Three of these six mammography providers (Charlotte Radiology [#3], CMC-Lincoln Imaging-Denver [#4], and Presbyterian Breast Center-Huntersville [#8]) are located in ZIP codes where PIC-Mooresville's supporting physicians practice. For example, PIC-Mooresville provided 19 letters of support (of the 37 in total included in the application) from physicians who practice in ZIP code 28078 (Huntersville) which is where Charlotte Radiology and Presbyterian Breast Center Huntersville are located (see Exhibit 1 for LNRMC's analysis of PIC-Mooresville's letters of support). Given that over 50 percent of its physician support letters are from a single non-service area ZIP code and that its service area comprises less than 60 percent of its current patient origin, PIC-Mooresville should have provided further justification for its proposed service area.

Moreover, given that many of the supporting physicians are located in ZIP codes where other providers exist, **PIC-Mooresville fails to demonstrate that the patients referred by these physicians need access to the proposed facility,** when the physicians are located closer to other facilities. Additionally, PIC-Mooresville clearly fails to justify the rationale for the proposed service area and thus has not identified the population to be served. **As a result of these issues, PIC-Mooresville's application should be found non-conforming with Criterion 3 as well as with Rules .1803(7) and (8)(e).**

Failure to demonstrate the reasonableness of its market share and utilization rate assumptions

In the application, PIC-Mooresville assumes that it will achieve a 6.1 to 8.2 percent market share of mammography services. In its justification of these market share assumptions, PIC-Mooresville states that they *"take into account the extremely limited availability of mammography services in the proposed service area"* (page 38). However, as LNRMC has shown in the prior section, there are numerous imaging providers near PIC-Mooresville, but they are not discussed as the proposed service area appears to be designed in order to exclude them.

As the map and table above show, there are at least seven other providers of mammography services in close proximity to PIC-Mooresville and its service area. All of these facilities are closer to some areas of PIC-Mooresville's service area than PIC-Mooresville. For example, patients in the northern portion of ZIP code 28166 are closer to the three Statesville facilities than they are to PIC-Mooresville.

PIC-Mooresville also cites the number of referrals projected by providers in its letters of support as justification for its market share assumptions. There are numerous issues with PIC-Mooresville's letters of support and referral calculations. First, Dr. M. Grant Miller, whose letter of support is on the last page of the CON application (it is not paginated), has alerted LNRMC that he left the space for *"Patient Referrals/Month"* blank when he signed the letter. Therefore, it is clear that someone else fraudulently wrote *"40+"* in that space before it was submitted in the application, clearly intending to

deceive the Agency into believing that Dr. Miller plans to refer that number of patients. Please see Exhibit 2 for a copy of this letter that Dr. Miller sent to LNRMC where he indicated in a handwritten note that the 40+ *"is not my hand writing. I never committed to refer to this center, particularly not 40+ MMG* [mammography] *patients."* While this is the only physician that has made LNRMC aware of this issue, this incident casts doubt on the validity of all of PIC-Mooresville's physician support letters.

Additionally, PIC-Mooresville states in its application and represents in its physician support attachment that *"physician support for this project indicates monthly referrals of approximately 458 to 495 patients. Assuming one patient has one mammography procedure then PIC-Mooresville can project an annual referral estimate of 5,496 to 5,940 patients"* (pages 31 and 39, calculation in Attachment Z). However, PIC-Mooresville's application only includes letters of support indicating monthly referrals of 303 to 450 patients (assuming Dr. Grant Miller will not provide any monthly referrals as he has indicated to LNRMC). The summary table in Attachment Z which provides the basis for PIC-Mooresville's numbers lists nine physicians (also listed in the table below) who did not provide letters of support:

Provider	*Monthly Mammo Referrals as Listed*	*Included in PIC-Mooresville Application*
C. Williams	25	Not Included
L. Arigo	5	Not Included
M. Poole	15 to 20	Not Included
S. Curlson	10	Not Included
D. Witlan	5	Not Included
M. Hardee	20	Not Included
A. Schaefer	20	Not Included
M. Haahs	10	Not Included
C. White	5	Not Included
TOTAL	**115 to 120**	

Combined with Dr. Miller's statement that he did not agree to refer patients to a new imaging center, the false representation that these nine physicians provided letters of support and projected referrals calls all of PIC-Mooresville's monthly referral data into question.

Finally, as mentioned above, the **majority** of the support letters that are included in the application are from providers outside of the service area as shown below:

Letters of Support by Provider ZIP Code

Provider in Service Area	*Provider ZIP Code*	*Number of Physician Support Letters*	*Monthly Mammo Referrals**
No	28037	5	107
No	28078	19	78 to 96
No Subtotal		**24**	**185 to 203**
Yes	28031	6	45 to 47
Yes	28117	7	73 to 85
Yes Subtotal		**13**	**118 to 132**
TOTAL		**37**	**303 to 335**

See Exhibit 1 for detailed information by provider.
*LNRMC has only provided the low end of the referral range.

As the table demonstrates, 24 of the 37 total physician support letters (or 65 percent) are from physicians who practice outside of the proposed service area. These physicians account for 61 percent of the questionably projected monthly mammography referrals included in the application. PIC-Mooresville's service area includes five ZIP codes and physicians from only two of those ZIP codes provided letters of support for the project. Also of note, of the physician support letters provided in Attachment Z, 95 percent (35 letters of 37 total) are from physicians employed by Novant Health, the same company that owns PIC-Mooresville.

PIC-Mooresville's representation that providers outside of their service area will refer a significant percentage of its volumes further indicates that its service area is contrived and not based on reasonable assumptions. In addition, the referrals from these providers are an unreliable justification for PIC-Mooresville's market share assumptions within its service area as these providers are not in the service area. Assuming that the projected referrals are accurate, the number of referrals from only those providers in its service area are insufficient to appropriately utilize PIC-Mooresville's proposed mammography equipment.

Equipment Utilization based on Referrals from Providers in Service Area Only

	Maximum Monthly Mammo Referrals	*Annual Mammo Referrals*
Providers in Service Area	132	1,584
Annual Capacity		2,800
Percent Utilization		57%

Finally, PIC-Mooresville's assumption that all women over 40 years of age in the service area will seek mammography services is unreasonable. In 2009, the U.S. Preventative Services Task Force recommended against routine screening for women 40 to 49 and the mammography rate declined by almost eight percent in response (see Exhibit 3 for an article on this topic).

As a result of this issue, PIC-Mooresville's application should be found non-conforming with Criterion 3 as well as Rules .1803(8)(e), .1804(2), and .1804(3).

Failure to reasonably demonstrate the utilization of other providers

In its application, PIC-Mooresville provides analysis and assumptions in its response to the performance standards in the special rule and criteria for diagnostic centers (10A NCAC 14C .1804). PIC-Mooresville states in response to .1804 (1) that "[b]*ased on information that is available to PIC Mooresville at the time of filing this application, PIC-Mooresville assumes that LNRMC's mammography units have exceeded 80 percent of capacity in the previous 12 month period*" (see page 28). In addition, PIC-Mooresville provides assumptions and data in response to .1804 (2) to support its statement that it "*anticipates that LNRMC will continue to perform at or above its current procedure levels for its mammography services*" (page 28). However, PIC-Mooresville's responses to these performance standards contain false assumptions and as a result, the Agency should find the application **nonconforming with the Performance Standards in Rule .1804, and also find that the applicants failed to document the inability of existing providers to meet the mammography needs of service area residents.**

First, PIC-Mooresville underestimated the capacity of LNRMC's mammography units by over 132 percent. Rather than estimating the capacity of LNRMC's mammography units, PIC-Mooresville could have contacted LNRMC to inquire as to the capacity of its units. However, PIC-Mooresville failed to do so and thereby significantly underestimated LNRMC's capacity. In fact, LNRMC is currently operating below 80 percent of capacity. LNRMC's three mammography units are available from 8:00am to 5:00pm, Monday through Friday, not from 8:30am to 4:15pm as assumed by PIC-Mooresville. In addition, LNRMC's mammography units can serve as many as four patients per hour, not two per hour as assumed by PIC-Mooresville. As such, LNRMC's mammography units each have a capacity of 9,180 patients per year (9,180 patients = 255 days x 9 hours per day x 4 patient per hour). LNRMC's actual capacity is 132 percent greater than what PIC-Mooresville assumed in its application (132 percent = 9,180 patients per year ÷ 3,952 patients per year shown on page 28 - 1). Using its actual capacity, LNRMC's mammography units operated at 39 percent of capacity in Federal Fiscal Year 2011, well below the performance standard of 80 percent (39 percent = 3,548 per unit ÷ 9,180 patients of capacity).

This available capacity at LNRMC is further demonstrated by the fact that the medical center could also extend its capacity, if needed, by operating on nights and weekends.

However, the demand for additional procedures is not present in the area, and LNRMC has tailored its hours of operation to meet the need in the area. As shown in the preceding paragraph, even without extending its hours of operation, additional capacity is currently available, based on the existing schedule.

LNRMC believes that the Agency can utilize the capacity analysis provided above to evaluate PIC-Mooresville's application in a manner consistent with the Agency's review and denial of Scotland Memorial Hospital's application to acquire a new CT scanner (Project ID # N-7772-06). In that review, the Agency utilized data provided during the public comment period to determine that another unit of similar equipment had not historically been utilized at 80 percent of capacity:

> [I]n *10A NCAC 14C .2300 – Criteria and Standards for Computed Tomography Equipment,* the applicants failed to demonstrate that each existing CT scanner is the project's CT service area shall have performed at least 5,100 HECT units over the past 12 months prior to submittal of the application. Although the applicants identified a CT scanner operated by Scotland Imaging, LLC, and located across from the hospital at 507 Lauchwood Drive, Laurinburg, the applicants state they were unable to obtain the number of HECT units performed on that scanner during the previous year.
>
> Nevertheless, on January 2, 2007, the Agency received "*Comments regarding Scotland Memorial Hospital Outpatient Imaging Center, Project I.D. # N-7772-06*", from Scotland Imaging, LLC indicating it performed 1,148 CT procedures and 2,141.25 HECT units during calendar year 2006. Because SILLC's current volume did not exceed the minimum number of HECTs, SMH's application was found nonconforming with Performance Standards in Rule .2300, and the applicants failed to document the inability of existing providers to meet the CT diagnostic service needs of service area residents.
>
> In addition, SILLC provided data on the utilization of its existing X-ray system during the past twelve months. SILLC stated its X-ray system performed 1,828 procedures and has a capacity of 15,300 procedures per year. Thus, SILLC calculated its X-ray system has been used at only 11.9% capacity.

> In summary, the applicants failed to demonstrate the need of the population for the proposed project. Therefore, the application is nonconforming with this criterion.
>
> See Agency Findings for Project ID # N-7772-06.

Secondly, PIC-Mooresville fails to demonstrate the impact that its new mammography unit will have on LNRMC or any other provider. As shown in its response to 10A NCAC .1804 (2), PIC-Mooresville assumes that LNRMC's mammography volume will grow 1.0 percent annually through 2016. PIC-Mooresville assumes that its new mammography unit will have no impact on LNMRC. This assumption is simply unrealistic. The LNRMC mammography center is located within 800 yards of PIC-Mooresville, according to Google Maps. This distance is approximately half a mile and represents a one minute drive time. As PIC-Mooresville notes in its application, LNRMC is the only provider of mammography services in the proposed service area. The only hypothetical circumstance under which LNRMC would be unaffected is if there was a mammography patient population in the service area which LNRMC (or any other provider) could not serve and therefore was completely without access. This hypothetical situation could exist in an area where every provider was at 100 percent of capacity and there were still patients that needed mammography services but could not get them because existing providers had no capacity. This is simply not the case; there is no lack of access to mammography in the proposed service area and the applicant has failed to even allege such a situation exists. PIC-Mooresville did not demonstrate that there is a lack of access in the service area. As shown above, LNRMC's mammography units are operating at 39 percent of capacity (and even PIC-Mooresville's invalid assumptions failed to show that LNRMC is at 100 percent of capacity). Given the capacity that exists at LNRMC, PIC-Mooresville's proposed mammography volumes, if realized, will undoubtedly result in a decline at LNRMC.

Finally, PIC-Mooresville fails to consider the utilization of the six other nearby mammography providers, as shown in the map and table above, three of which are located in ZIP codes where PIC-Mooresville's supporting physicians practice. Moreover, one of these facilities, Presbyterian Breast Center-Huntersville is owned by the same parent company, Novant Health, as PIC-Mooresville. As such, PIC-Mooresville should have been able to provide Presbyterian Breast Center-Huntersville's mammography utilization in order to demonstrate that additional mammography capacity is needed. While the rule specifies that the applicant should consider facilities within its defined diagnostic center service area, it is clear from the discussion above that PIC-Mooresville has proposed a service area in order to attempt to avoid considering other providers such as Presbyterian Breast Center-Huntersville. Even if the proposed service area is accepted, PIC-Mooresville's response to Section III.6.(a) and (b) should have considered its sister facility, Presbyterian Breast Center-Huntersville, given that it is located in 28078, which is adjacent to the proposed service area, and that

more than half of the physician support letters (and thus projected referrals) are from physicians located in the same ZIP code.

In its review of PIC-Mooresville's application, the Agency should be consistent with the review of Scotland CT. The Agency should use the capacity data provided by LNRMC to find that existing equipment does not currently exceed the utilization threshold, and therefore **find PIC-Mooresville nonconforming with Performance Standards in Rule .1804, and also find that the applicants failed to document the inability of existing providers to meet the mammography and ultrasound needs of service area residents.** Additionally, given that PIC-Mooresville's failure to appropriately identify its service area, the Agency should find it **nonconforming with Information Required of Applicant in Rule .1803(4)**

Exhibit 1

Included in Application	Physician Name as Listed by PIC-Mooresville in Attachment Z	Physician Name (if corrected)	Referrals per Month	Referrals per Month (High Range)	Practice	Employed by Novant	ZIP Code
Yes	T. Lessavis	T. Lessaris	2		Gilead Road Pediatrics & Internal Medicine	Yes	28078
Yes	J. Honeycutt		1		Gilead Road Pediatrics & Internal Medicine	Yes	28078
Yes	W. Flaney	W. Flannery	4		Huntersville Pediatrics and Internal Medicine	Yes	28078
Yes	T. Webb		3		Huntersville Pediatrics and Internal Medicine	Yes	28078
Yes	B. Jayne		10		Huntersville Pediatrics and Internal Medicine	Yes	28078
Yes	C. Crosland		5		Randolph Ob-Gyn	Yes	28031
Yes	C. Beaver		5	10	Lakeside Family Physicians (Mooresville)	Yes	28117
Yes	R. Panuski		30		Lakeside Family Physicians (Mooresville)	Yes	28117
Yes	B. Mather		8	10	Lakeside Family Physicians (Mooresville)	Yes	28117
Yes	S. Elkins		15	20	Lakeside Family Physicians (Mooresville)	Yes	28117
Yes	R. Bundy		10		Lakeside Family Physicians (Mooresville)	Yes	28117
Yes	M. Thomas		10		Lakeside Family Physicians (Jetton)	Yes	28031
Yes	Amy Alexanian		10		Lakeside Family Physicians (Jetton)	Yes	28031
Yes	C. Zagar		10	12	Lakeside Family Physicians (Jetton)	Yes	28031
Yes	D. Cook		10		Lakeside Family Physicians (Jetton)	Yes	28031
Yes	C. Wolff		NA		Lakeside Family Physicians (Jetton)	Yes	28031
Yes	E. Stoffel		15		Lakeside Family Physicians (Denver)	Yes	28037
Yes	J. Josephson		12		Huntersville Obstetrics & Gynecology	Yes	28037
Yes	A. Clark		40		Huntersville Obstetrics & Gynecology	Yes	28037
Yes	J. Ryan		10		Lakeside Family Physicians (Denver)	Yes	28037
Yes	L. Schrader		30		Lakeside Family Physicians (Denver)	Yes	28037
Yes	K. Carpenter		2		University Medical Associates	Yes	28078
Yes	B. Archer		3		University Medical Associates	Yes	28078
Yes	S. McCune		2		University Medical Associates	Yes	28078
Yes	Aram Alexanian		5	10	Lakeside Family Physicians (Rosedale)	Yes	28078
Yes	J. Gracia		5	10	Lakeside Family Physicians (Rosedale)	Yes	28078
Yes	B. Meyer		3	5	Lakeside Family Physicians (Rosedale)	Yes	28078
Yes	G. LiCause		2		Lakeside Family Physicians (Rosedale)	Yes	28078
Yes	L. Barrington	L. Barringer	2	4	Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	B. Baker		2	4	Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	S. Phillips		2	4	Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	E. Sharaway		30		Huntersville Obstetrics & Gynecology	Yes	28078
Yes	T. Jenike		NA		Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	M. Sherill		NA		Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	J. Berger		NA		Lakeside Family Physicians (Northpoint)	Yes	28078
Yes	R. Appleton		5		Passport Health	No	28117
Yes	M. Miure	G. Miller	0*		Lake Norman Obstetrics & Gynecology	No	28117
No	*C. Williams*		*25*				
No	*L. Arigo*		*5*				
No	*M. Poole*		*15*	*20*			
No	*S. Curlson*		*10*				
No	*D. Witlan*		*5*				
No	*M. Hardee*		*20*				
No	*A. Schaefer*		*20*				
No	*M. Haahs*		*10*				
No	*C. White*		*5*				

* Based on Dr. M. Grant Miller's communication with Lake Norman Regional Medical Center (provided in Exhibit 2).

Source: Presbyterian-Huntersville website's "Doctors" Search (http://www.presbyterianhospitalhuntersville.org); physician practice websites, Google web searches.

Exhibit 2

Date: 10/2, 2012

Mr. Craig R. Smith, Chief
Department of Health and Human Services
Division of Health Service Regulation
Certificate of Need Section
701 Barbour Drive
Raleigh, NC 27603

RE: Letter of Support for Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center - Mooresville
Development of a Diagnostic Center in Iredell County

Dear Mr. Smith:

As a physician practicing in Iredell County and the surrounding area, I am writing this letter to express my support for the development of a diagnostic center by Mecklenburg Diagnostic Imaging, LLC d/b/a Presbyterian Imaging Center - Mooresville ("PIC-Mooresville") so that PIC-Mooresville can offer mammography services in the Mooresville area. The availability of these services at PIC-Mooresville would be of great benefit to local residents and physicians. I intend to refer patients to PIC-Mooresville's diagnostic center for the proposed imaging services. I estimate referring the following number of patients each month for imaging services at PIC-Mooresville:

Imaging Service	Patient Referrals/Month
Mammography	40+

Sincerely,

MD

M. Grant Miller Jr. MD
(Print Name)
131 Medical Park Rd
(Address) Suite 102

THIS IS NOT MY HAND WRITING! I NEVER I AGREED TO COMMITTED TO REFER TO THIS CENTER, PARTICULAR NOT 40+ MMG PATIENTS.

Exhibit 3

Young Women Skip Mammo After USPSTF Recs

By Charles Bankhead, Staff Writer, MedPage Today
Published: September 15, 2012
Reviewed by Robert Jasmer, MD; Associate Clinical Professor of Medicine, University of California, San Francisco

SAN FRANCISCO -- Rates of screening mammography among women younger than 50 declined within 2 months of a negative recommendation by the U.S. Preventive Services Task Force (USPSTF) and have remained below baseline rates, according to a study reported here.

The mammography rate among women 40 to 49 decreased by almost 8% in the period immediately after the 2009 release of the USPSTF recommendation against routine screening mammography for that age group.

Two years after publication of the screening guideline, the mammography rate among women 40 to 49 remained more than 5% lower than the baseline level.

Action Points

Note that this study was published as an abstract and presented at a conference. These data and conclusions should be considered to be preliminary until published in a peer-reviewed journal.

Rates of screening mammography among women younger than 50 had declined within 2 months of a negative recommendation by the U.S. Preventive Services Task Force (USPSTF) and have remained below baseline rates.

Point out that in contrast, the screening mammography rate did not change among women 50 to 64.

In contrast, the screening mammography rate did not change among women 50 to 64.

In absolute terms, the decline in mammography rates meant that "more than 90,000 fewer mammograms were performed in women 40 to 49 in this dataset in the 2 years after the USPSTF update," Amy Wang, MD, of the Mayo Clinic in Rochester, Minn., and colleagues concluded in a poster presentation at the Breast Cancer Symposium.

"These findings underscore the need for further research on the benefits and risks of screening mammography, as it is difficult to act on numerous sources of contradictory information," they added.

In November 2009 the USPSTF issued updated recommendations for screening mammography. The recommendations included two key changes: The panel recommended against routine screening mammography for women younger than 50. Additionally, the USPSTF changed the recommended screening interval for women ≥50 to every 2 years instead of annually.

In recommending against routine mammography for younger women, the USPSTF, perhaps unknowingly, tossed a lighted match into a powder keg of controversy. In particular, opposition to the recommendation reached all the way to Congress, and Health and Human Services Secretary Kathleen Sebelius issued a statement distancing the Obama administration from the USPSTF decision.

The debate has continued to flare periodically almost 3 years after the USPSTF announced the decision.

Despite the widespread publicity and controversy, the recommendation's impact on clinical practice remained unclear. Wang and colleagues sought to inform on the issue by comparing rates of screening mammography before and after the USPSTF update.

Investigators analyzed claims data from more than 100 health plans for the years 2006 to 2011. They selected 2006 as the starting point to account for potential effects of the economic recession. They limited the analysis to women 40 to 64 because the dataset did not include Medicare recipients.

The analysis included 11.4 million women. Baseline mammography rates were 39.3 per 1,000 women in the 40 to 49 age group and 47 per 1,000 women in the 50 to 64 group.

Two months after the USPSTF announced the update, the screening mammography rate was 7.59% lower among women 40 to 49 as compared with rates prior to the announcement. The decline continued as the analysis extended to 2 years after the recommendation was published.

One year after the USPSTF update the mammography rate in younger women remained 5.33% below the baseline rate. At 2 years, 5.02% women ages 40 to 49 underwent screening mammography as compared with the baseline rate.

The screening rate among women 50 to 64 did not change at any point in the period included in the analysis.

Symposium invited discussant Thomas Buchholz, MD, said the study showed that the USPSTF recommendation impacted clinical practice related to screening mammography, but the reasons are not entirely clear.

"For some young women who really did not want to get their first mammogram, did it lead them not to get the mammogram? Perhaps, but we're not sure of that," said Buchholz, of the University of Texas MD Anderson Cancer Center in Houston. "I'm sure it influenced some doctors' recommendations, and that's a contributor. And I'm sure it influenced some third-party payers."

The authors reported no conflicts of interest.

Primary source: Breast Cancer Symposium
Source reference:
Wang AT, et al "Impact of the US Preventive Sevices Task Force update for breast cancer screening" *BCS* 2012; Abstract 5.

Add Your Knowledge ™

Related Article(s):

Canadian Panel Nixes Mammograms for Women in Their 40s