

# **BREAST CANCER RADIO ADDRESS**

*Jan*



**OFFICE FOR WOMEN'S INITIATIVES AND OUTREACH**

TO: Sara Bianchi

FAX: 6-5557

DATE: 10/23

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FROM:

- Audrey Tayse Haynes, Director
- Sondra Seba, Agency Representative
- Robin Leeds, Agency Representative
- Other \_\_\_\_\_

NOTES:

*FINAL Briefing  
Paper - ~~FIE~~ w/ e-mail  
of members attending.*

**THE WHITE HOUSE**  
**OFFICE FOR WOMEN'S INITIATIVES AND OUTREACH**  
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## **PRESIDENT AND THE FIRST LADY ANNOUNCE NEW INITIATIVES TO IMPROVE PREVENTION AND EARLY DETECTION OF BREAST CANCER**

Embargoed Until October 25, 1997

Today the President and the First Lady announced new steps to ensure that more women get regular, high quality mammograms. Early detection, followed by prompt treatment, can reduce the risk of death by as much as 30 percent. However, a mammogram can fail to do its job because of poor medical techniques, processing or reading of the films; inadequate record keeping and reporting of results, and lack of effective quality assurance controls. In 1995, about 35 percent of mammography facilities that sought accreditation initially failed the quality requirements. Moreover, far too few women get regular mammograms. Thirty-three percent of women ages 50 to 64, and 45 percent of women over age 65 reported not receiving a mammogram in the last two years. The initiatives the President and the First Lady are announcing today include:

**Improving Quality Standards of the Mammography Facilities Nationwide.** The new FDA regulations announced today, authorized by the Mammography Quality Standards Act (MSQA), set new high standards for mammography facilities. They include important new clarifications that require facilities to hire capable technologists, to use equipment that produces clear and accurate images, and to ensure that physicians have the skills to interpret the rules. It also requires facilities to display their FDA certification, so women and their families know they have met the quality standards. They also require that patients be fully informed of results of a mammogram so that follow up testing and treatment can begin immediately. These new standards will ensure women receive high quality, accurate mammograms. The National Breast Cancer Coalition applauded the implementation of the final regulations stating that "this Rule will ensure that every woman in America will receive the highest quality mammography."

**Initiating a New Mammography Education Campaign at the National Cancer Institute (NCI).** Today, the NCI is initiating a new national education campaign that provides women and their families and health professionals clear, up-to-date information about steps they should take to detect mammography and breast cancer. The materials being released have been developed to educate women about the recommendations made by NCI this spring that women in their 40s and older should get regular screening mammograms. The NCI materials will be released to community organizations, doctor's offices, and other health care facilities around the country, providing education about the risk factors for breast cancer, the benefits and limitations of mammography, and the importance of regular mammograms for women in their 40s and older. They also highlight breast cancer incidence and mortality rates for women in different racial/ethnic groups.

**Launching the First Lady's National Annual Medicare Mammography Campaign.** Each year the First Lady has launched a mammography campaign to encourage older women to get mammograms. Despite the fact that mammography can significantly reduce mortality rates, 45 percent of women over age 65 have not had a mammogram in the last two years. To encourage more older women to get regular mammograms, this year the First Lady's campaign includes:

- **New Nationwide Public Service Announcements to Encourage More Older Women to Get Mammograms.** Today, the First Lady is announcing two new public service announcements to encourage older women to get mammograms. One of the PSAs features Candice Bergen and was aired this week at the close of the Murphy Brown Show. The second PSA includes breast cancer survivor and spokesperson Carol Baldwin and her sons, Alec, William, Daniel and Stephen. In addition to these PSAs, a number of corporations have made important new commitments to educate women about the importance of regular mammography and screening.
- **HORIZON Grants to Improve Mammography Rates Among Minority Women.** This year HCFA has focused the Medicare mammography campaign to reach minority Medicare beneficiaries who are even less likely to get mammography screenings. HCFA launched Horizon Project grants, a three-year initiative in six major cities which focuses efforts on increasing mammography rates among Hispanic and African-American Medicare beneficiaries. These comprehensive efforts will not only encourage more women in these areas to get regular mammograms but provide insight on how to overcome barriers that prevent women from getting mammograms. This week, we received the project's first report, and it is teaching us a great deal about how to identify barriers including lack of awareness about the Medicare mammography benefit, language barriers, and misconceptions that only women of childbearing age are at risk for breast cancer, and strategies to overcome them.

**The Initiatives Being Announced Today Build on the President's Strong Record in the Fight Against Breast Cancer.**

- **The Balanced Budget Act Made Medicare Mammograms More Affordable and Accessible.** The balanced budget the President signed into law this summer took steps to encourage more women to get regular mammograms by waiving deductibles for all mammograms and covering mammograms on an annual basis. Although Medicare has covered screening mammography since 1991, only 14 percent of eligible beneficiaries without supplemental insurance receive mammograms, indicating that cost can be a significant barrier. The balanced budget also expanded coverage to pay for annual screening mammograms all Medicare beneficiaries age 40 and over -- making coverage consistent with the new recommendations of national experts. Earlier in the year, President Clinton took action to bring Medicaid and Federal Employees Health Benefits in line with the new recommendations.
- **The President Has a Long Record in Fighting Breast Cancer.** The President has taken a number of important steps to fight breast cancer. Since the President took office funding for breast cancer research, prevention and treatment has nearly doubled to over \$500 million in 1997; the CDC breast and cervical program which provides screening low-income women has expanded nationwide; new space technology has been applied to research to gain valuable knowledge important about detection and treatment of breast and ovarian cancer; and funding has increased for an unprecedented partnership at the Department of Defense between the military, scientists, physicians and community members for grants to invigorate breast cancer research.

## CLINTON ADMINISTRATION INITIATIVES TO FIGHT BREAST CANCER

- **Introduced Legislation to Prevent Discrimination Based on Genetic Information.** The President has urged Congress to pass bipartisan legislation to prohibit health plans from inappropriately using genetic screening information to deny coverage, set premiums, or to distribute confidential information. For many diseases, such as breast cancer, we are beginning to identify hidden genetic disorders which can spur early treatment. However, genetic testing also can be used by insurance companies and others to discriminate and stigmatize groups of people. In fact, studies show that a reason women do not get genetic testing for breast cancer is because they fear the information will be used to discriminate against them.
- **Expanded Medicare to Pay for Annual Screening Mammograms for all Medicare Beneficiaries Age 40 and Over.** The balanced budget expands coverage to pay for annual screening mammograms for all Medicare beneficiaries age 40 and over, enabling women to follow the National Cancer Institute's (NCI) recommendations to undergo regular mammogram screening at age forty. President Clinton has also taken action to bring Medicaid and federal employee health benefits in line with NCI recommendations.
- **Made Medicare Mammograms More Affordable and Accessible.** The balanced budget enacted by the President this August waived deductibles for all screening mammograms, making annual mammograms more affordable for older women. Costs can be a significant barrier for older women to get mammograms. Although Medicare has covered screening mammography since 1991, only 14 percent of eligible beneficiaries without supplemental insurance receive mammograms.
- **Built on HHS Commitment to Breast Cancer Research, Prevention and Training.** Since the President took office, funding for breast cancer research, prevention and treatment has nearly doubled, from about \$276 million in FY 1993 to an estimated \$513 million in the President's FY 1997 budget.
- **Continued Department of Defense Funding for Breast Cancer Research.** In FY 1997, the DOD will spend \$112 million on breast cancer research. This is an unprecedented partnership between the military, scientists, physicians, and the community to fund grants to invigorate breast cancer research. One of the most important and innovative aspects of the program is that breast cancer survivors are actively engaged in defining the program and serve on scientific panels which review grant proposals.
- **Increased Funding for Genetic Research.** HHS-funded research led to the discovery of two breast cancer genes -- BRCA-1 and BRCA-2 -- which holds great promise for the development of new prevention strategies. On October 26, 1996, President Clinton announced \$30 million in new funding for research into the genetic basis of breast cancer.

- **Educated Older Women to Use the Medicare Mammography Screening Benefit.** The First Lady has launched a yearly mammography campaign to inform and encourage older women to use the Medicare mammography screening benefit. Despite evidence that early detection through mammography and clinical breast exams is essential, 45 percent of women over age 65 report they have not had a mammogram during the past two years. This year the First Lady's campaign focuses on encouraging women with particularly low mammography utilization rates to get mammograms.
- **Improved Mammography Quality Standards.** The final regulations the President announced today strengthen and improve the program the FDA implemented for mammography standards in 1994 to ensure that they meet standards for equipment, personnel, record-keeping, and quality control. Women and their families can look for the FDA certificate as evidence that the facility meets quality standards. These new standards will ensure women high quality, accurate mammograms. Women can find a certified mammography facility by calling 1-800-4-CANCER.
- **Supported Legislation That Prevents Women From Being Forced Out of the Hospital Only Hours After a Mastectomy.** In his State of the Union Address, President Clinton endorsed bipartisan legislation to ensure that women are not forced out of the hospital before they are ready because of pressure from their health plan. The Department of Health and Human Services also sent a letter to all Medicare managed care plans making it clear that they may not set ceilings for inpatient hospital treatment or set requirements for outpatient treatment, and that a woman and her doctor should make decisions about what is medically necessary.
- **Provided Screening for Low-Income Women.** CDC's National Breast Cervical Cancer Early Detection Program offers free or low-cost mammography screening to low-income elderly and minority women. On October 1, 1996, Secretary Shalala announced the expansion of the program to all fifty states. The goal is to reduce breast cancer deaths among these women by 30% and cervical cancer deaths by 90% through increased mammography and pap testing.
- **Applied Space Technology to Detect and Treat Breast Cancer.** NASA is applying cutting edge technology to improve ways to diagnose and treat breast cancer. For example, NASA uses the microgravity of space to grow human tissue for research and transplantation, gaining valuable knowledge important to the treatment of breast and ovarian cancer. Mars Pathfinder technology has been developed to enhance pictures is being modified to make three-dimensional models of breast tissue. This enables doctors to differentiate breast tissue more accurately without using painful invasive procedures.

## QUOTES SUPPORTING THE PRESIDENT'S INITIATIVES ON BREAST CANCER

"Thank you for your continuing commitment to eradicating breast cancer. . .Over the past five years, your Administration has helped make finding the cause of and a cure for breast cancer a national priority by increasing research efforts and improving current breast cancer policy."

"We applaud the Administration's dedication to improving breast cancer screening and the promulgation of the final regulations implementing the Mammography Quality Standard Act (MQSA). This Rule will ensure that every woman in America will receive the highest quality mammography."

--National Breast Cancer Coalition

"The American Cancer Society (ACS) applauds President Clinton for his leadership on breast cancer issues. ACS supports the issuance of the final regulation of the Mammography Quality Assurance Standards Act (MQSA) because it will give women more confidence in the quality of their mammography."

"ACS also supports the investment in screening programs to reach poor and underserved women who may not otherwise receive health care."

"Finally, ACS supports the National Cancer Institute initiative to educate women about the need for annual mammograms beginning at age forty."

--American Cancer Society

"On behalf of the National Alliance of Breast Cancer Organizations' 375 member organizations and the many thousands of women under their care, please accept our appreciation for your leadership in the fight against breast cancer. With new plans and initiatives and through support of federal programs and legislation, all American families have felt your concern about this most common form of cancer in women in our country."

"With your guidance, millions of women are now hearing lifesaving messages, and poor and underserved women are linked to health care services they require and deserve."

--National Alliance of Breast Cancer Organizations

“I am pleased to join millions of other Americans in applauding your leadership in all areas of women’s health, especially breast cancer detection and treatment.”

“Your initiatives to broaden access to mammography for all American women and to ensure that mammograms are done only by trained personnel at properly equipped facilities will undoubtedly save many lives.”

“ We also applaud your efforts to increase funding for breast cancer research.”

--Society for the Advancement of Women’s Health Research

“The American College of Radiology (ACR) today strongly supported the Administration’s far-reaching efforts to bring high quality screening mammography to under-served women across the nation.”

“As a result of this private/public partnership with the ACR accreditation program and FDA certification women can be assured of getting the best mammography available, which can save their lives through early detection.”

--American College of Radiology

“The American Medical Women’s Association applauds the efforts of the Clinton Administration in the area of breast cancer research, education, detection, diagnosis, and treatment.”

“As a long-time advocates for women’s health, President and Mrs. Clinton are to be commended for their support of the FDA’s Mammography Quality Standards Act, which ensures that all mammography facilities in the United States are certified by the FDA as providing quality mammography in order to lawfully continue to provide mammography services.”

--American Medical Women’s Association

“I want to commend you for your leadership of a national effort to combat breast cancer.”

“The efforts of your Administration to expand Medicare coverage of mammograms are critical if elderly women are to take advantage of this important screening tool. Of equal significance is making women aware of the need for mammograms and that coverage is available.”

--American College of Obstetricians and Gynecologists

“Shaklee applauds the efforts of Hillary Clinton and the Clinton Administration to change Medicare guidelines to allow women over 50 access to annual mammogram testing.”

--Shaklee Corporation

496-3934

**THE WHITE HOUSE  
WASHINGTON**

**RADIO ADDRESS ON BREAST CANCER AWARENESS AND  
THE MAMMOGRAPHY INITIATIVE**

**DATE:** Friday, October 24, 1997  
**TIME:** 4:30 PM - 5:00 PM  
**LOCATION:** Oval Office  
**FROM:** Maria Echaveste  
 Audrey Tayse Haynes  
 Barbara Woolley  
 Brenda Anders

**I. PURPOSE**

In conjunction with National Breast Cancer Awareness Month, you will announce new regulations that will dramatically improve the quality of mammography screening and will launch an unprecedented mammography education campaign by the National Cancer Institute. The First Lady will launch her annual Medicare mammography campaign to encourage older women to get regular mammograms. At this event, the First Lady and Secretary Shalala will also introduce two new Public Service Announcements that are being released to encourage older women to get mammograms.

**II. BACKGROUND**

October is National Breast Cancer Awareness Month and the 27th anniversary of the National Cancer Act. You will be making two announcements today: 1) releasing the final regulations for the Mammography Quality Standards Act (MQSA) which will assure that women are receiving quality mammograms by trained medical personnel at properly equipped facilities, and will require patients to be fully informed of results so that follow up testing and treatment can begin; and 2) a mammography campaign by NCI to educate women and health providers about mammograms and breast cancer. The materials being released today were developed by NCI after they recommended that women in their 40's and older should get regular screening mammograms.

You will also amplify your strong record on fighting breast cancer including, doubling funding for breast cancer research, prevention, and treatment, including \$30 million in funding for research into the genetic basis of breast cancer; eliminating the deductible for the Medicare mammography benefit; and expanding Medicare coverage to all women ages 49 and older making this benefit consistent with recommendations from the National Cancer Institute (NCI).

The First Lady will launch her annual Medicare mammography campaign. This year HCFA has focused their campaign on reaching minority Medicare beneficiaries who are

III PARTICIPANTS

4:15 PM - Pre-Brief in Oval Office:

Secretary Shalala, Maria Echaveste, Audrey Tayse Haynes, Ann Lewis, Jordan Tamagni, Brenda Anders and Barbara Woolley.

Radio Address audience of 60 people including (list attached):

Breast cancer survivors and advocates from NBCC, NABCO, Susan G. Komen Foundation, and other advocacy groups;  
Representatives from health care organizations and providers;  
Science and technology representatives;  
Corporate representatives;  
Several persons featured in the new PSA's with the First Lady; and  
Personal friends and White House staff.

**IV. SEQUENCE OF EVENTS**

Briefing.

Mrs. Clinton makes brief welcoming remarks.

You and Mrs. Clinton tape radio address.

Greet guests.

**V. PRESS PLAN**

White House photos only. The ABC, CNN, AP, C-SPAN, CBS, NBC, Mutual, UPI, USA, American Urban Radio Network, and Standard News radio networks will carry the address live to the collective thousands of stations across the country on Saturday at 10:06 AM ET.

**VI. REMARKS**

Prepared by speech writers.

**VII. ATTACHMENTS**

List of participants.

List of National and Corporate Commitments for the National Mammography Campaign.

List of Women Editors' Commitments for the National Mammography Campaign.

Transcripts of three PSA's featuring the First Lady, and the First Lady's remarks in the PSA's.

▶ **Elise Millsap**  
**10/23/97 08:26:15 PM**  
.....

**Record Type: Record**

**To: See the distribution list at the bottom of this message**

**cc:**

**Subject: MEMBERS ATTENDING RADIO ADDRESS**

**••I'll send a final list tomorrow morning.**

**CONFIRMED TO ATTEND:**

- Sen. Feinstein**
- Sen. Moseley-Braun**

**PENDING:**

- Sen. D'Amato**
- Sen. Barbara Boxer**
- Rep. Lowey**
- Rep. DeLauro**
- Rep. Slaughter**
- Rep. Roukema**
- Rep. Bilirakis**
- Rep. Pelosi**

**Message Sent**

**To:**

- 
- Rebecca A. Cameron/WHO/EOP**
  - Sondra L. Seba/WHO/EOP**
  - Sarah A. Bianchi/OPD/EOP**
  - Christopher C. Jennings/OPD/EOP**
  - Jennifer M. Palmieri/WHO/EOP**

MQSA Final Reg.\*  
Draft Press Release

## FDA ISSUES FINAL STANDARDS FOR MAMMOGRAPHY FACILITIES

As part of Breast Cancer Awareness Month, the Food and Drug Administration today announced final regulations that significantly improve the quality and performance of equipment and personnel at all mammography facilities in the United States. The rules expand and strengthen interim regulations in effect since 1994.

"High quality mammograms are essential for early detection of breast cancer," said Health and Human Services Secretary Donna E. Shalala. "FDA's mammography quality program assures women that their mammograms will be done by trained medical personnel at properly equipped facilities and that the resulting images will be of the best possible quality. Our final regulations will help assure that high quality standards will be a reality at virtually all facilities that perform mammography in this country."

The final regulations implement the Mammography Quality Standards Act (MQSA) passed by Congress in 1992 because of concern that not all women were receiving high quality mammography services and worry that breast cancer was being missed in some women.

MQSA requires that all mammography facilities in the United States meet certain stringent quality standards, be accredited by an FDA-approved accreditation body, and be inspected annually.

Over the past three years, the quality of mammography has improved dramatically.

Almost all of the nation's 10,000 mammography facilities have been inspected and accredited.

Prior to 1992, only about 46 percent of facilities were accredited and many facilities were never inspected.

The regulations require that personnel who perform mammography be adequately trained and qualified to conduct mammography examinations and interpret results; that mammography equipment have appropriate design and performance characteristics; and that doctors and patients be quickly and fully informed of results so that any follow-up testing or treatment can begin immediately.

The final rules toughen the standards for personnel, equipment, quality assurance and quality control, patient notification of results, and accreditation body performance. For example, physicians who interpret mammograms must now have 60 hours training in mammography, technologists must keep their skills current by doing an average of 200 mammograms every two years, and medical physicists who survey mammography equipment and facilities must meet initial and ongoing training requirements.

The regulations better define equipment capabilities needed for high quality mammography. They spell out requirements for mammography equipment, including for motion of the tube-image receptor assembly, image receptor sizes, beam limitation and light fields, magnification, focal spot selection, compression, technical factor selection and display, automatic exposure control, x-ray film, lightening, and film masking devices.

The final rules also require more quality control of mobile mammography units and set new standards for imaging breast implants. They also require that each facility have a consumer complaint mechanism. In addition, the rules make it clear that original mammograms must be

made available to other medical facilities at the patient's request. This last change is expected to end the difficulty many women experienced under the interim regulations obtaining previous original mammograms for comparison with new mammograms, an essential aid to diagnosis.

The new regulations balance cost with the need for mammography to be accessible; they also balance achieve ability and flexibility.

Annual inspections to date show that overall the nation's mammography facilities have a very good record of complying with standards. The first year's inspections in 1996 showed that 80 percent of the facilities had either no violations or minor ones, and that only two percent had violations serious enough to warrant a warning letter from the FDA. The second year's inspections have shown further improvement. So far, less than one percent of facilities have been found to have serious problem.

The names and locations of accredited facilities are available to calling the Cancer Information Service at 1-800 4-CANCER (1-800-422-6237). They are also available on the internet on FDA's home page at [www.fda.gov/cdrh/dmgrp.html](http://www.fda.gov/cdrh/dmgrp.html).

All accredited facilities receive a certificate from the FDA which they must prominently display stating that they are certified to perform mammography.

###

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## Background on Mammography Bill

S. 537 (Senator Barbara Mikulski) and H.R. 1289 (Representatives Nancy Johnson and Eleanor Holmes Norton) reauthorize the Mammography Quality Standards Act (MQSA) of 1992 for another five years, through FY 2002. MQSA established national quality standards for mammography and requires that all mammography facilities be accredited by an approved accreditation body, and certified by FDA. **The bills also make a number of technical changes to the Act.** Highlights of these changes will:

- ensure patients and referring physicians be advised of any mammography facility deficiencies.
- ensure women have the right to obtain the original of their mammogram upon request for transfer to another medical facility or physician.
- clarify that inspection authority may be delegated to local as well as state agencies (this technical change recognizes that some inspections are now being performed by county or municipal authorities, such as the city of New York).

**For the most part, S. 537 and H.R. 1289 are consistent with the final regulations; however, there is an unresolved question on requirements for patient notification of results.** The final regulations require that facilities establish a system to ensure the communication of mammography results to the patient (could be oral, written, through referring physicians, or a combination of all three). There is some interest in amending the statute in S. 537 to require facilities to provide a written lay summary of mammography results directly to the patient.

### **Status:**

Senator Mikulski may try to bring it to the floor either this week or next week. There is no movement, as of yet, on the House side.



# NASA Facts

National Aeronautics and  
Space Administration

Washington, D.C. 20546  
(202) 358-1600



Terri Hudkins  
Headquarters, Washington, DC  
(Phone: 202/358-1977)

For Release

October 23, 1997

## SPACE TECHNOLOGY USED TO DETECT AND TREAT BREAST CANCER

NASA today announced how its research and technology is revolutionizing American lifestyles in many ways, including the diagnosis and treatment of breast cancer. Teaming with industry, academia and government, NASA joins the front lines in the battle against the disease and continues its October campaign for Breast Cancer Awareness Month.

"As a husband, father of two daughters, and a grandfather, few subjects are as important to me as women's health," said NASA Administrator Daniel S. Goldin. "That is why I am so proud of how NASA technologies, originally developed for our space and aeronautics programs, improve health care for women, men and children around the world."

Breast cancer is the leading cause of death of women ages 35 to 50 in the United States. More than half a million women undergo breast biopsies in the U.S. each year.

"The statistics of breast cancer are startling. Thanks to NASA technology, doctors are using a more sensitive and efficient diagnostic tool and a less painful, less traumatic procedure," said Administrator Goldin. "Looking to the future, NASA will continue to search for more ways to use technology for breast cancer diagnosis and treatment."

In addition to exploring space and developing aeronautics, NASA is charged with applying its technology to improve the quality of life.

"Our visionary researchers and entrepreneurs have made giant leaps in applying technology to medical uses. Who would have dreamed that we could map breast tissue by using the same technology for mapping distant stars?" he concluded.

Several NASA biomedical experiments have resulted in successful new technology programs between NASA, the National Institutes of Health, the National Cancer Institute and the U.S. Department of Health and Human Services Office on Women's Health.

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## **IN YOUR DOCTOR'S OFFICE TODAY**

### **Digital Breast Imaging Technology**

From research into the mysteries of the universe comes a technology to better detect breast cancer. Silicon chips in the Hubble Space Telescope that convert a distant star's light directly into digital images have been adapted so doctors can easily detect tiny spots in breast tissue. Locating the exact spot allows doctors to analyze the tissue using a needle rather than by traditional surgery. This procedure is less painful and less traumatic for the patient and eliminates scarring or disfigurement. The new procedure requires half the time of traditional techniques and reduces costs from \$3500 to \$850.

The new technology images breast tissue more clearly and efficiently than conventional x-rays. Both the Hubble Telescope and mammograms require similar technology: high resolution to see fine details, wide dynamic range to capture in a single image structures spanning many levels of brightness, and low light sensitivity to shorten exposure and reduce x-ray dosage. The new highly sensitive Hubble-based technology is improving breast cancer detection. Scientists working with Hubble at NASA's Goddard Space Flight Center, Greenbelt, MD, continue to refine and develop this technology.

## **TOMORROW'S TECHNOLOGY**

### **Next Generation Digital Imaging Mammography**

Space-based instruments used to study the atmosphere may soon have a place in the medical examination room. This new approach is significant because it can accommodate different tissue density. This is particularly important for younger women, who have more dense tissue than older women. This new technology application is possible because atmospheric studies and mammography both require compact, reliable, low-power sensors and digital computers.

NASA is working with the National Institutes of Health on a prototype that would create an image of the entire breast with superior resolution.

The computer scans each part of every mammogram image and reports any suspicious areas. The electronic images can then be transmitted to other experts if more opinions are needed. Using the best mammogram technique currently available, tumors as small as 0.2 mm, about the thickness of a piece of thread, have been detected. The goal of digital mammography is to identify clearly tumors as small as 0.1 mm. The approach of NASA's Langley Research Center, Hampton, VA, will be faster, safer, easier to use and save countless lives.

-more-

## **Advanced Ultrasound Technology**

Technology developed to improve the quality of pictures from Mars Pathfinder is being modified to make three-dimensional models of breast tissue. The NASA effort, led by scientists at NASA's Ames Research Center's Computational Sciences Division, Moffett Field, CA, combines ultrasound with advanced computing, automated learning, and high-resolution imaging techniques developed for space missions. Using the three-dimensional model, physicians will be able to differentiate between cancerous and healthy tissue without painful invasive procedures. The experimental system also will discern differences in tissue by comparing changes in shape and by analyzing the ultrasound signal. The system will potentially improve cancer treatment by focusing ultrasound signals on cancerous tissue without destroying healthy tissue.

## **Smart Robot Probe for Cancer Detection**

NASA technology being developed to perform surgery on astronauts in space is being adapted to help physicians operate on delicate parts of the human body, including the brain and the breast. Led by the NeuroEngineering Group at NASA's Ames Research Center, scientists have developed a robot that can map physical characteristics of the brain, allowing the surgeon to make precise movements during surgery. The technology is being modified further to have the robot feel tumors in other parts of the body to severity and appropriate treatment.

The density of cancerous tissue is different from healthy tissue. While a surgeon can, through experience, learn to feel the difference, the experimental robot can use a smaller, less invasive probe, and it can make more delicate and precise movements than a human, thus reducing damage to healthy tissue and arteries.

## **Telemammography**

The most effective method for improving breast cancer survival is early detection. For women living in remote areas, access to mammography experts may be hundreds of miles away. Currently, the traditional transmission of data through telephone lines is slow and costly; it can take hours to transmit one image. NASA technology will help provide quality medical diagnosis and information services to remote areas in a faster, more cost-effective manner.

Telemammography, the electronic transmission of digitized mammograms, can connect patients in rural locations with medical experts across the country.

NASA's Lewis Research Center, Cleveland, OH, working with breast cancer research hospitals, including the Cleveland Clinic and the University of Virginia, is performing critical research to allow new satellite networks to support telemammography.

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## **Tissue Growth In the NASA Bioreactor**

NASA's Johnson Space Center, Houston, TX, is leading a project using the microgravity of space to assemble and grow human tissue for research and transplantation.

The bioreactor is a special tissue culture chamber designed by NASA to grow cells in three dimensions. One of the first experiments in this unique environment will allow cancer tissue to be assembled and grown from individual cells. The three-dimensional tissues are crucial to understanding cancer and how the human immune system responds. The bioreactor permits scientists to grow cells similar to tissues found in the human body. By testing three-dimensional tissues for sensitivity to chemotherapy and hormonal therapy, researchers gain valuable knowledge important to the treatment of breast and ovarian cancer.

-end-

### **EDITOR'S NOTE:**

Photo and video resources and interview opportunities with contacts nationwide are provided below.

### **Stereotactic Biopsy using HST technology**

- **Photos: Stereotactic Biopsy Machine**

  - 94-HC-168 color; 94-H-180 b&w

  - Charged Coupling Device**

  - 94-HC-169 color; 94-H-183 b&w

  - Hubble Photos of Star Fields Using STIS**

  - 97-HC-314 color; 97-H-314 b&w

  - Hubble Space Telescope in space**

  - 94-HC-10 color; 94-H-13 b&w

  - Eagle Nebula Image using HST**

  - 95-HC-631 color; 95-H-631 b&w

- **Video resources:**

  - "War Against Breast Cancer" October 1995

  - "Stereotactic" Testimonials, Aug. 1996 TRT 3:30

- **Interviews:**

  - Space Telescope Science Institute:**

  - Mr. Ray Villard**

  - Director of Public Affairs**

  - Baltimore, MD**

  - 410/338-4514**

**NASA's Goddard Space Flight Center:**

**Ms. Tammy Jones**  
Public Affairs Officer  
Greenbelt, MD  
301/286-5566

**Clinicians Using Technology:**

**David Dershaw, MD**  
Director, Breast Imaging  
Memorial Sloan-Kettering Cancer Center  
New York, NY  
212/639-7295

**Dr. Wendi Berg**  
Director, Breast Imaging  
University of Maryland Medical Systems  
Baltimore, MD  
410/328-1289

**For interviews with patients:**

**Ms. Chris Westerman, Director of Communications**  
Memorial Sloan-Kettering Cancer Center  
New York, NY  
212/639-3627

**W. Phil Evans, MD, FACR**  
Medical Director, Susan Coleman Breast Center  
Baylor University  
Dallas, TX  
214/820-4775

**Steve H. Parker, MD**  
Medical Director, Sally Jobe Breast Center  
Denver, CO  
303/741-1501

**Lawrence W. Bassett, MD**  
Iris Cantor Professor of Breast Imaging  
University of California Los Angeles School of Medicine  
Los Angeles, CA  
310/206-9608

**Valerie P. Jackson, MD**  
John A. Campbell Professor of Radiology  
Indiana University School of Medicine  
Indianapolis, IN  
317/656-3919

**Developer of CCDs for Hubble:**

Al Jenkins  
Scientific Imaging Technologies, Inc. (SITE)  
Beaverton, OR  
503/644-0688

**Stereotactic Biopsy Equipment Manufacturer:**

Ms. Anne Smith  
Lorad Division, Trex Medical Corporation  
Danbury, CT  
203/790-1188

**Digital Mammography**

Photos: SAGE instruments  
Video: SAGE III videofile 10/97 with 1 interview  
Internet: <http://oea.larc.nasa.gov/PAIS/Mammography.html>  
Interviews:

Mike Finneran  
Office of Public Affairs  
NASA Langley Research Center  
Hampton, VA  
757/864-6121

**Advanced Ultrasound Technology**

Internet: <http://ic-www.arc.nasa.gov/ic/projects/bayes-group/super-res/>  
Interviews: Peter Cheeseman, PhD  
Data Understanding Group  
Computational Sciences Division  
NASA Ames Research Center  
Moffett Field, CA 94035  
650/604-4946

**Smart Robot Probe for Cancer Detection**

Photos: Dr. Robert Mah and smart robot probe  
AC-97-0063-7 & AC-97-0063-8  
Drs. Robert Mah and Stefanie W. Jeffrey, discussing  
development of smart probe for breast cancer  
AC97-0350-2

Video: robot probe in brain surgery AAV1563 5/29/96  
Internet: [http://ic-www.arc.nasa.gov/ic/projects/neuro/SMART\\_SYSTEM](http://ic-www.arc.nasa.gov/ic/projects/neuro/SMART_SYSTEM)  
Interviews: Robert W. Mah, PhD  
NeuroEngineering Group  
NASA Ames Research Center  
Moffett Field, CA 94035  
650/604-6044

Stefanie S. Jeffrey, MD  
Chief of Breast Surgery  
Assistant Professor  
Div. of Surgical Oncology  
Dept. of Surgery  
Stanford University  
School of Medicine  
Palo Alto, CA 94305  
650/723-4617

Russell J. Andrews, MD  
Department of Neurosurgery  
SUNY Health Science Center 650/723-4617  
750 East Adams St.  
Syracuse, NY 13210  
315/464-4470

**NASA Bioreactor and Cancer Cell Research**

Photos: Astronaut working with Bioreactor  
94-HC-288  
Mary Ellen Weber works with Bioreactor  
95-HC-497 color; 95-H-497 b&w

**Interviews:**

Dr. Neal Pellis  
NASA Researcher  
NASA Johnson Space Center  
Houston, TX  
281/483-2357

Jeanne L. Becker, PhD  
Principal Investigator, Ground-Based Bioreactor Studies  
Associate Professor  
University of South Florida  
Tampa, FL  
813/254-7774

Elliot M. Levine, PhD  
Professor, Wistar Institute  
Philadelphia, PA  
215/898-3884

**Telemammography**

Photos: ACTS Satellite  
93-HC-527 color; 93-H-575 b&w

Video: Cleveland Clinic with 1 interview 10/97

**Interviews:**

Sally V. Harrington  
Public Affairs Specialist

**NASA Lewis Research Center  
Cleveland, OH  
216/433-2037**

**Samuel J. Dwyer III, MD  
Department of Radiology  
University of Virginia  
Charlottesville, VA  
804/924-5976**

**Kimberly A. Powell, PhD  
Assistant Staff Scientist  
The Cleveland Clinic Foundation  
Cleveland, OH  
216/445-9364**

**William A. Chilcote, MD  
Staff Radiologist  
The Cleveland Clinic Foundation  
Cleveland, OH  
216/444-6413**

**Linda Dukes-Campbell  
NASA Lewis Research Center  
Public Affairs Office  
Cleveland, OH  
216/433-8920**

October 25, 1997

Contact: FDA Press Office  
(301) 443-3285

## Mammography Quality Standards Act

*Overview: In October 1997, years of effort culminated in the publication of the final rules of the Mammography Quality Standards Act (MQSA). The final regulations toughen the requirements that first became effective in 1994. They assure that mammograms are done only by trained medical personnel at properly equipped facilities, that the resulting images are of the best possible quality, and that facilities employ skilled physicians to interpret the results.*

*Congress passed the MQSA in 1992 to ensure that all mammography done at the approximately 10,000 facilities in this country is safe and reliable. The Food and Drug Administration (FDA), the agency responsible for implementing and enforcing the MQSA, set forth initial standards that mammography professionals and facilities had to meet by October 1, 1994. The publication of the final rules this year builds on and strengthens those standards. Standards must be met within 18 months after the publication of the final rules and all facilities are inspected annually to ensure compliance.*

### Breast Cancer's Tragic Toll

- Breast cancer is the second leading cause of cancer deaths in American women, following lung cancer.
- Since the early 1970s, the incidence of breast cancer has increased about 1 percent a year.
- An estimated 44,000 women will die from breast cancer in 1997, and an estimated 180,000 new cases of the disease will be diagnosed.
- Nearly half a million women will die of breast cancer in the 1990s, and more than one-and-a-half million new cases will have been diagnosed in this decade.

→ more description & rule

### Mammography: Why High Quality Is Important

- Mammography, a special x-ray examination of the breast, is currently the most effective method for detecting breast cancer early.
- High-quality mammography can find 85 to 90 percent of breast tumors in women over 50.
- Widespread screening of women over 50, followed by prompt treatment when needed, can reduce cancer deaths by as much as 30 percent.
- If breast cancer is detected early, the cancer is less likely to have spread, giving a woman the best chance for survival.

### Setting a New Standard

Mammography can fail to do its job because of poor technique in taking, processing or reading the films; inadequate record keeping and reporting of results; and lack of effective quality assurance controls. Under the MQSA, all mammography facilities are required to display their FDA certificate. To be certified, a facility must meet quality standards for x-ray images and equipment, personnel standards, and record keeping and reporting requirements.

Evidence of problem

### Finding a Certified Facility

Information on regional certified facilities is available from the toll-free number of the NCI's Cancer Information Service at 1-800-4-CANCER.

October 25, 1997

Contact: HHS Press Office  
(202) 690-6343  
NCI Press Office (301) 496-6641  
FDA Press Office (301) 827-6242

### **BREAST CANCER: NEW EFFORTS UNDERWAY**

*Overview: Breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer deaths among American women. There is no proven way to prevent breast cancer, so early detection through mammography and clinical breast exams is essential.*

*For women age 50-69, having regular mammograms can reduce the chance of death from breast cancer by one-third or more. Despite these numbers, 33 percent of women ages 50-64, and 45 percent of women age 65 and older reported not receiving a mammogram during the past two years.*

*The Clinton Administration has responded to the significant threat posed by breast cancer with increased efforts in research, prevention and treatment. HHS Secretary Donna E. Shalala convened a conference in December 1993 to establish a National Action Plan on Breast Cancer. The national plan, which is being carried out today by the public, private and volunteer sectors, is a key element of the Administration's commitment to fighting breast cancer.*

*At the same time, spending on breast cancer research at HHS, National Institutes of Health has increased from \$229 million in FY 1993 to \$401 million in FY 1997, and a proposed budget of \$408 million in FY 1998.*

*In 1995, First Lady Hillary Rodham Clinton launched a campaign urging older women to obtain mammograms, and, in particular, to promote use of Medicare coverage for mammography. Both the President and the First Lady have appeared in TV public service announcements encouraging older women to get mammography screening.*

*And this year, President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.*

### **Background: More Women Can Survive Breast Cancer**

- The lifetime risk of developing breast cancer today is one in every eight women, up from one in every 13 women just two decades ago. Although death rates from breast cancer have been declining in recent years, breast cancer accounts for 31 percent of all cancers among women.

- Approximately 180,000 new cases of breast cancer will be diagnosed in 1997, and about 44,000 women are expected to die from breast cancer. Epidemiologic studies estimate that breast cancer will be diagnosed in 1.5 million American women in this decade and that breast cancer will claim nearly half a million lives.
- Death rates from the disease are highest among older, black, and low-income women. With proper screening and treatment, however, the chances of surviving breast cancer are improving. Breast cancer mortality trends among both black and white women have improved markedly in the United States since the 1980s. Between 1982 and 1987, breast cancer incidence for women increased about 4 percent per year, but recently has leveled off.

The death rate for women with breast cancer declined 6.3 percent between 1991 and 1995. The greatest reductions in death rates were among younger women (9.3 percent) and white women (6.6 percent), with more modest reductions among African Americans (1.6 percent) and women age 65 and older (2.8 percent).

- During the most recent 5-year period, death rates among white women declined for all decades of age from 30 to 79 years. Among black women, rates were down for all decades of age from 30 to 69 years. Among both groups, the greatest improvements in mortality were seen in the younger age groups. For women aged 30 to 39 years, rates dropped about 13 percent among whites and 5 percent among blacks. For women aged 40 to 49 years, rates dropped 9 percent among whites and 2 percent among blacks.

### HHS Spending On Breast Cancer

HHS discretionary funding for breast cancer research, prevention and treatment has increased from approximately \$274 million in FY 1993 to an estimated \$513 million in FY 1997. As the Centers for Disease Control and Prevention (CDC) have worked to increase access for all women to mammography screening and follow up services, the resources devoted to breast cancer services have increased from an estimated \$42 million in FY 1993, to \$81 million in FY 1997. Cancer research is vital to our understanding of how to prevent, detect and treat breast cancer. The Clinton Administration has invested in breast cancer research at the National Institutes of Health by increasing funding from \$229 million in FY 1993, to \$401 million in FY 1997, and a President's budget request of \$408 million in FY 1998. HHS also helps provide treatment for breast cancer through the Medicare and Medicaid programs and through the Indian Health Service.

### HHS Action To Combat Breast Cancer

Under President Clinton, a wide array of activities are underway and new initiatives have been launched:

#### New Mammography Benefit

President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.

## Mammography Quality Standards

Congress passed the Mammography Quality Standards Act (MQSA) in 1992 to ensure that all women have access to high quality mammography services. Under the final rules of the Mammography Quality Standards Act (MQSA), published in October 1997, the FDA sets high standards for mammography facilities and certifies those which meet the standards. The roughly 10,000 mammography facilities nationwide accredited by the FDA must meet quality standards for equipment and personnel, and are inspected annually.

These regulations spell out the details for requiring facilities to hire capable technologists, use quality dedicated equipment that produces clear images, and employ skilled interpreting physicians to interpret the results both accurately and efficiently. The rules also require that doctors and patients be fully and quickly informed of results so that any follow-up testing or treatment can begin immediately. The names and locations of FDA certified mammography facilities are available by calling the Cancer Information Service at 1-800-4-CANCER. In addition, the FDA has included a list of all FDA certified mammography facilities in the United States on its internet home page. The address is <http://www.fda.gov/cdrh/faclist.html>.

## National Action Plan on Breast Cancer

HHS' Office on Women's Health is coordinating the *National Action Plan on Breast Cancer*. This first-ever national plan was developed in 1993 under Secretary Shalala's leadership. The Plan has awarded over \$9 million in grants for 99 innovative research and outreach projects, with a special emphasis on the development of public-private partnerships targeted in the six priority areas:

- *The Information Action Council Working Group* is working to improve access to information about breast cancer for consumers, scientists, and practitioners via the Internet and other information technologies.
- *The Etiology Working Group* is focusing on efforts to expand the scope and breadth of biomedical, epidemiological and behavioral research on breast cancer. The group has identified four priority areas: chemicals and hormones, viruses, radiation and electromagnetic fields, and lifestyle factors.
- *The National Biological Resources Banks Working Group* (NAPBC) has focused on the development of a national mechanism and standard for obtaining and storing tissue for multiple areas of breast cancer research. The NAPBC has awarded funds to establish a national biological resources bank and is now conducting a survey of tissue banks throughout the country to identify and determine the accessibility of all available biological resources.
- *The Working Group to Ensure Consumer Involvement* has defined several specific activities to help ensure consumer involvement at all levels in the development of national research, education, and service delivery programs related to breast cancer.
- *The Clinical Trial Accessibility Working Group* has identified a series of initiatives to address four types of barriers to participation in clinical trials, including barriers associated with the informed consent process, patient and physician misperceptions about clinical trials, lack of information about the availability of trials, and cost.

*The Working Group on Heredity Susceptibility* is evaluating the ethical, legal and policy issues of individuals carrying breast cancer susceptibility genes.

On October 27, 1996, President Clinton launched the National Action Plan on Breast Cancer (NAPBC) Internet web site. The web site, developed by a public/private partnership and coordinated by the Department of Health and Human Services Office on Women's Health, is designed to serve as a gateway to information on breast cancer research, treatment, and prevention. The web site provides answers on frequently asked questions about breast cancer, as well as information on the NAPBC, breast cancer clinical trials and research, breast cancer organizations and advocacy groups, educational conferences, publications, and government and private resources. The web site address is: <http://www.napbc.org>.

#### Discovery of BRCA1 and BRCA2 Genes for Breast Cancer

Breast cancer research has been expanded at the National Institutes of Health. Promising news came late in 1994 when a team of investigators at the University of Utah, Myriad Genetics, and the National Institute of Environmental Health Sciences (NIEHS) identified a breast cancer susceptibility gene (BRCA1) that may account for 5-10 percent of the breast cancers diagnosed each year. The discovery of a second, entirely different breast cancer susceptibility gene, BRCA2, has helped us understand even more about the genetics of breast cancer. Most recently researchers discovered a particular variant of the BRCA1 susceptibility gene in Jewish women of eastern European descent (Ashkenazi Jews). While only 5-10 percent of all breast cancers are the result of an inherited anomaly, these findings hold promise for the development of new prevention and treatment strategies.

Other breast cancer research includes psychosocial research, which looks at how to enhance the quality of life in women with breast cancer, and the Breast Cancer Prevention Trial, which is studying ways in which to prevent breast cancer.

On October 27, 1996, President Clinton announced \$30 million in new funding for research into the genetic basis of breast cancer through a collaborative initiative between the Department of Defense and the National Institutes of Health.

#### Privacy of Medical Records and Breast Cancer

President Clinton is urging Congress to enact legislation to protect the privacy of personal medical records. For example, the Administration's recommendations would establish a basic national standard of protection for women who are carrying a specific genetic mutation such as those in breast cancer genes BRCA1 and BRCA2. There would be clear guidance and significant incentives for the appropriate use of personal information by those in the health care field, and real penalties for misuse.

*Genetic Discrimination Legislation*

## National Breast and Cervical Cancer Early Detection Program

The CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, minority, and Native American women nationwide. The resources devoted to breast cancer screening services have increased from an estimated \$42 million in FY 1993, to \$81 million in FY 1997. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

## Breast Cancer Among the Elderly

The Agency for Health Care Policy and Research (AHCPR) is currently funding a five-year Patient Outcomes Research Team study on the care, costs, and outcomes of early stage breast cancer. The study will examine three alternative treatments for early stage breast cancer in the elderly: modified radical mastectomy, breast-conserving surgery with radiotherapy, and breast-conserving surgery without radiotherapy. The project will look at quality and cost-effectiveness in these projects and will develop clear recommendations for treating early stage breast cancer in the elderly.

## New Frontiers In Breast Cancer Early Detection

The Department of Health and Human Services has been working with the Department of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer. In particular, the computer technologies that have been used to improve spy satellites may help improve breast cancer detection as well. In October, 1996, HHS awarded \$1.98 million to the University of Pennsylvania to conduct a series of clinical trials of imaging technology from the intelligence community -- originally used for missile guidance and target recognition -- to improve the early detection of breast cancer.

## Centers of Excellence

On October 1, 1996, the Department of Health and Human Services established six National Centers of Excellence in Women's Health to serve as national models for improving the health care of American women. The new Centers of Excellence program, with facilities located at academic institutions in different areas of the country, will integrate health care services, research programs, public education and health care professional training.

## Mammography Clinical Practice Guidelines

Recognizing the importance of the quality of screening mammograms in the early detection of breast cancer, the AHCPR in October 1994, developed a Clinical Practice Guideline--*Quality Determinants of Mammography*--with separate versions for mammography providers, health care professionals, and consumers. The guidelines provide information on the roles and responsibilities of each health care professional involved in mammography services, as well as information and recommendations for women.

### Mammography for Women with Addictive and Mental Disorders

Women who are in need or who receive substance abuse or mental health services often lack appropriate primary health care, including breast cancer education, detection, and treatment. Women-focused substance abuse and mental health programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) are designed to be comprehensive, delivering primary health care services to women who often are medically underserved. These services include education on breast self-examination and mammography services, and counseling on risks for breast cancer.

### Environmental Factors and Breast Cancer

HHS' Office on Women's Health has established a Federal Interagency Coordinating Committee on the Environment and Women's Health that focuses on how home, work, atmospheric pollutants, exogenous hormones, drugs, and other environmental factors may contribute to the risk of breast cancer and other disorders.

### Office of Cancer Survivorship

On October 27, 1996, President Clinton unveiled the new Office of Cancer Survivorship at the National Cancer Institute. Recent success of cancer prevention, early detection, and treatment efforts has created a new need: research into the physical, psychological, and economic well-being of the growing number of cancer survivors. The Office of Cancer Survivorship will support research covering the range of issues facing survivors of cancer, including long-term medical and psychological effects; factors that predispose survivors to second malignancies; reproductive problems following cancer treatment; and their unique insurance and employment issues.

###

## Limitations of Mammography

While mammography is the best screening tool available now, early detection does not necessarily mean lives will be saved. Mammography may not help a woman with a small but fast growing tumor that has already spread at the time of detection. And about 50 percent of women whose breast cancer is detected by mammography would not have died from the cancer even if they had waited until a lump could be felt because the tumors are slow-growing and easy to treat.

Breasts of younger women contain many glands and ligaments that appear dense on a mammogram, so it is sometimes difficult to spot tumors in their breasts. About 25 percent of breast tumors are missed in women in their 40s compared to 10 percent for women in their 50s. Also, between 5 percent and 10 percent of mammograms are abnormal. Of those in younger women that are followed up with additional tests (another mammogram, fine needle aspiration, ultrasound, or biopsy) most will not be cancer. Over the past 30 years, mammography has been able to detect a higher proportion of small tissue abnormalities called ductal carcinoma in situ (DCIS), abnormal cells confined to the milk ducts of the breast. Some believe these tumors are not life threatening, while others think they are. Because there is so little data to support either view, the abnormalities are commonly removed surgically.

HHS is supporting a variety of research projects aimed at improving breast cancer detection.

## HHS PROGRAMS SUPPORTING MAMMOGRAPHY

**Mammography Quality Standards.** Under the final rules of the Mammography Quality Standards Act (MQSA), published October 1997, the FDA sets high standards for mammography facilities and certifies those which meet the standards. The roughly 10,000 mammography facilities nationwide certified by the FDA must meet quality standards for both equipment and personnel, and are inspected annually. MQSA regulations require facilities to hire capable technologists, use quality dedicated equipment that produces clear images, and employ skilled interpreting physicians to interpret the results both accurately and efficiently. The rules also require that doctors and patients be fully and quickly informed of results so that any follow-up testing or treatment can begin immediately. Resources devoted to the MQSA total \$26.4 million for FY 1997, and the proposed budget for FY 1998 is \$27 million.

The names and locations of FDA certified mammography facilities are available by calling the Cancer Information Service at 1-800-4-CANCER. In addition, the FDA has included a list of all FDA certified mammography facilities in the United States on its internet home page. The address is <http://www.fda.gov/cdrh/faclist.html>

**Research To Develop Better Screening.** New imaging technologies under development for breast cancer screening include magnetic resonance imaging, breast ultrasound, and breast-specific positron emission tomography. In addition to imaging technologies, NCI-supported scientists are exploring methods to detect breast cancer using simple tests of the blood, urine, or nipple aspirates, and to detect genetic alterations that place women at increased risk for breast cancer.

In addition, HHS is working with the Department of Defense, the CIA, NASA, and other public and private entities to explore ways in which imaging technologies from other fields may be applied to the early detection of breast cancer. In particular, the computer technologies that have been used to improve spy satellites may help improve breast cancer detection as well. In October, 1996, HHS awarded \$1.98 million to the University of Pennsylvania to conduct a multi-site clinical trial of imaging technology from the intelligence community -- originally used for missile guidance and target recognition -- to improve the early detection of breast cancer.

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**Medicare and Medicaid Coverage of Mammography.** Since 1991, Medicare has covered mammography screening for the early detection of breast cancer. For women age 40-49, Medicare currently covers one screening mammogram every two years, except for women with a high risk (for example, a woman with a mother, sister or daughter who has had breast cancer), in which case annual mammograms are covered. For women age 50-64, annual screening mammograms are covered, and for women 65 and older, Medicare covers one screening mammogram every two years.

President Clinton proposed, and Congress adopted, the expansion of Medicare coverage which will help pay for annual mammograms for all Medicare beneficiaries age 40 and over. This new benefit will be available starting January 1, 1998.

Under Medicaid, diagnostic mammograms are a mandated service and states must cover them. Screening mammograms, however, are provided by states as an optional service, with most states covering screening mammograms in fee-for-service Medicaid. In addition, virtually all Medicaid managed care plans offer preventive services, including mammography, to their enrollees.

The Health Care Financing Administration has urged states to provide annual mammography screening to Medicaid beneficiaries at age 40; HCFA will continue to provide federal matching payments for annual mammography screening services.

**National Breast and Cervical Cancer Early Detection Program.** The CDC's National Breast and Cervical Cancer Early Detection Program offers free or low-cost mammography screening to uninsured, low-income, elderly, minority, and Native American women nationwide. The resources devoted to breast cancer screening services are estimated to have increased from \$42 million in FY 1993, to \$81 million in FY 1997. The program, which has been operating in an increasing number of states over the past six years, has provided screening tests to almost one million medically underserved women. In October, 1996, the program went nationwide, with funding for all 50 states.

**Privacy of Mammography Records.** President Clinton is urging Congress to enact legislation to protect the privacy of personal medical records. These recommendations would establish a basic national standard of protection for mammography records, and women whose medical records reflect a specific genetic mutation such as those in breast cancer genes BRCA1 or BRCA2. There would be clear guidance, and significant incentives for the fair treatment of personal information by those in the health care field, and real penalties for misuse.

**Mammography for Women with Addictive and Mental Health Disorders.** Women who are in need or who receive substance abuse or mental health services often lack appropriate primary health care, including breast cancer education, detection and treatment. Women-focused substance abuse and mental health programs funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) are designed to be comprehensive, delivering primary health care services to women who often are medically underserved. These services include education on breast self-examination and mammography services, and counseling on risks for breast cancer.

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Laurie Boeder

Deputy Assistant Secretary for Public Affairs

Phone: (202)690-7850

Fax: (202)690-5673

*Handwritten notes:*  
NIA  
HIV  
AIDS  
Issue

To: Sarah Bianchi

Fax: 456-5557 Phone: 456-5585

Date: 10/1/97 Total number of pages sent: 21

Comments:

Re: HCFA mammography materials

- Fact Sheet
- "Horizons" Summary

Please let me know if you have any questions. Thanks.

- Michele

## HCFA & Breast Cancer/Mammography

### I. New Annual Screening Mammography Benefit Under Medicare

New law signed by the President on August 5, 1997, as part of the Balanced Budget Act of 1997 provides Medicare coverage for annual screening mammograms for all Medicare eligible women age 40 and over, and waives the Part B deductible for screening mammography, effective for services provided on or after January 1, 1998.

#### Explanation of prior law compared to new law:

- o Frequency of coverage for mammography  
Prior law provided coverage of annual screening mammograms for women age 50-64, and those at high risk age 40-49. However, screening mammograms for women over 64, and for women at normal risk age 40-49, were covered only biennially. The new law expands coverage to pay for annual screening mammograms for all female Medicare beneficiaries age 40 and over, for services provided on or after 1/1/98. This change removes an anomaly in the prior law that provided more frequent mammography for women age 50-64 than for those over 64, even though the risk of breast cancer increases with age. It also makes coverage consistent with the frequency recommendations of most major breast cancer authorities.
  
- o Cost-sharing for mammography services  
Prior law required beneficiaries to pay the Part B deductible (to the extent not already met) and 20% coinsurance for both screening and diagnostic mammograms. The new law waives the deductible for screening mammograms for services provided on or after 1/1/98. Beneficiaries must still pay 20% coinsurance for screening mammography, and must pay both the unmet deductible and 20% coinsurance for diagnostic mammography.

### II. Programs Under HCFA's National Mammography Campaign

#### Mammography HORIZONS Project

As part of the HCFA HORIZONS Program: Special Partnerships for Special Populations, a mammography project is being conducted to develop local partnerships for Hispanic American and African American communities in six major cities - Philadelphia, Atlanta, Cleveland, Chicago, San Antonio, and Los Angeles. Partners will work together to conduct locally planned interventions to increase the rates of mammography screening for Medicare beneficiaries in these communities. We have completed the market research phase, examining the knowledge, attitudes and beliefs of beneficiaries and health care providers to better understand the barriers to mammography utilization in those cities. One-day meetings are being held in each of the cities, including all the key stakeholders, to begin planning appropriate interventions which will be conducted by the PROs in collaboration with the partner organizations. The mammography HORIZONS project is a three year commitment by HCFA to increase the use of Medicare mammography.

screening services.

#### **Preventive Screening Services Project**

A collaborative project with the Centers for Disease Control and Prevention and Maryland's Department of Health and Mental Hygiene is being conducted to evaluate the effectiveness of physician referral, prompted by an office reminder system for mammography and papsmears utilization (as reflected in Medicare billing data) for Medicare African-American beneficiaries age 65 and older.

#### **Mammography Campaign Print Materials**

HCFA tested mammography messages and visual designs on female Medicare beneficiaries age 65 and over in order to provide these women with relevant, understandable printed information about the importance of regular mammograms and Medicare coverage available for mammograms. Based on the results of this testing we designed postcards, posters, bookmarks and stickers. The messages and graphic design on the materials are simple and straight forward and were accepted amongst the variety of ethnic and racial groups tested. The materials are in English and Spanish and will be distributed to Medicare beneficiaries through HCFA's contractors (Peer Review Organizations, Carriers, ICA Grantees, and HMOs) and various partners (health departments, breast cancer groups, beneficiary advocacy groups, etc.).

#### **Mammography Data Books**

HCFA has printed mammography data books for 1994-1995 Medicare mammography utilization rates. This data can also be retrieved off of HCFA's homepage: [www.hcfa.gov/stats/mamm/mammover.htm](http://www.hcfa.gov/stats/mamm/mammover.htm). In addition, 1995-1996 data is being released in October.

#### **Radio Public Service Announcements**

HCFA is sending English and Spanish radio PSA scripts to radio stations nationwide that target the older population. The PSAs were designed and tested by one of HCFA's Peer Review Organizations.

#### **Media Campaign**

HCFA is in the midst of planning a media campaign to announce the expanded screening mammography benefit in January or February. A possibility is to hold a one or two day conference on breast cancer and mammography and to invite federal agencies, breast cancer leaders and the press. In addition, HCFA will update its print and video materials to reflect the message about new coverage for **annual** mammograms. Finally, HCFA will aggressively pursue print, tv and radio coverage of the benefit change.

### **III. Information on Medicare and Mammograms**

The Health Care Financing Administration (HCFA) has developed a fact sheet and an abstract regarding three programs related to breast health. Information about these

programs, the National Medicare Mammography 2000 Campaign, Preventive Screening Services Project, and the Mammography HORIZONS Project, can be accessed at:

[www.hcfa.gov/medicare/hsqb/hsqb3f.htm](http://www.hcfa.gov/medicare/hsqb/hsqb3f.htm) (abstract)

[www.hcfa.gov/medicare/hsqb/hsqb6f.htm](http://www.hcfa.gov/medicare/hsqb/hsqb6f.htm) (fact sheet)

Mammography data can be accessed at:

[www.hcfa.gov/stats/mamm/mammover.htm](http://www.hcfa.gov/stats/mamm/mammover.htm)

HCFA's Medicare Hotline (1-800-638-6833) provides information on Medicare coverage of mammograms.

**Contact: HCFA Press Office at (202) 690-6145**

## HORIZONS MAMMOGRAPHY MEETINGS SUMMARY

The Health Care Financing Administration's (HCFA) National Medicare Mammography Campaign's goal is to reach at least a 60 percent utilization rate for Medicare-paid screening mammograms for all female Medicare beneficiaries 65 and older by the year 2000. HCFA intends to accomplish this goal in a way that assures equity participation among the diverse populations served by the Medicare program which have lower than average utilization rates.

As part of the HCFA Horizons Program: Special Partnerships for Special Populations, mammography projects are being launched in six major cities with low mammography utilization rates to develop local partnerships in Hispanic American and/or African American communities to increase these rates. The selected cities and populations are: Philadelphia- African American, Atlanta-African American, Cleveland-African American, Chicago-Hispanic and African American, San Antonio-Hispanic, and Los Angeles-Hispanic and African American. Together with HCFA's Regional Offices and HCFA's contractors, the Professional Review Organizations (PRO), the community-based partners will work together to plan and implement locally planned interventions to increase the rates of screening mammograms for Hispanic and African-American Medicare beneficiaries in these communities. The Mammography Horizons project is a 3- year commitment by HCFA to increase the use of Medicare screening mammograms.

To help the communities with their planning, HCFA conducted market research in each city examining the knowledge, attitudes and beliefs of beneficiaries and health care providers to better understand the specific barriers to mammography utilization in those cities as well as identifying breast cancer intervention programs and key stakeholders. The market research analysis was sent to the stakeholders who were also invited to attend meetings in each of the cities to begin planning appropriate interventions to be conducted by the PROs in collaboration with the community-based partner organizations.

Although screening mammograms and outreach are provided by numerous organizations in each city, local partnering has been very limited among these organizations and there have been very few efforts directed at the African American or Hispanic Medicare beneficiaries. In each community, the Horizons Mammography conferences provided a forum for participants to gain knowledge about each of the participating organizations and programs. The opportunity to develop a shared vision to increase the utilization of screening mammograms for Hispanic and African American Medicare beneficiaries was enthusiastically supported by virtually all of the participants. A brief description of the meetings and preliminary ideas for local interventions for each of the cities follows.

## Cleveland, Ohio

The first of the six cities to hold a planning conference and "kick off" the Horizons Mammography Project was held in Cleveland, Ohio, August 21, 1997. The primary goal of the one day conference was to discuss the issues and barriers for Medicare beneficiaries and providers that affect mammography use among Cleveland's over 65 year old female African American beneficiaries. Participants included community and academic leaders from the Academy of Medicine of Cleveland, the local chapter of the American Cancer Society, the Center for Health Affairs, the City of Cleveland, the Cuyahoga County Board of Health, the Junior League, the Minority Women with Breast Cancer Uniting, WUAB-TV 43, and multiple health care providers.

For 1994-95 the mammography utilization rates were 37 percent for African American Medicare beneficiaries in Cuyahoga County. The market analysis conducted in Cleveland elicited information about barriers to breast health for the targeted population which included: transportation, child care, absence of a primary physician, lack of understanding of the Medicare benefit, cost, fear of finding cancer and then, not having the financial resources to pay for treatment, fear of radiation. The market research identified barriers in the provider population as: a need for education on breast screening services; debate in Cleveland's medical community about the need to acknowledge cultural and ethnic diversity and the effect on attitudes about preventive care.

A follow-up meeting between the PRO and the conference participants was held September 17 to begin development of the Horizons Mammography work plan. The work plan will include effective interventions developed by the participants aimed at increasing utilization of the Medicare screening mammography benefit among Cleveland's African American female Medicare beneficiaries.

During the first year efforts will focus on educating beneficiaries about the Medicare screening mammography benefit and the importance of getting annual mammograms. Other efforts will be geared to the education of physicians about the Medicare screening mammography benefit and the importance of referring women 65 and over for annual screening mammograms. Also during the first year, the PRO and the community will plan additional interventions aimed at beneficiaries as well as health care teams to be implemented during the second and third years.

Current and year one outreach and intervention activities in Cleveland include: participation in health fairs, provision of mobile mammography units; community education; screening, detection and treatment support services; and information dissemination to members of professional organizations. Also included are:

- Kick-Off Events-- Receptions October 24 and 25, 1997 featuring National Spokes Person Miss Black USA 1996, Dawn Moss, for the Hands For America Breast and Prostate Cancer Awareness Program and Mayor Michael White; Give Me Your Hands Together Without Tears Breast Cancer Survivors Quilt Exhibit (Oct. 24-31), hosted by Metropolitan Health Clements Center for Family Care.
- American Cancer Society breast health telethon and Tell A Friend

- Development of church health ministries coalition (focus on women's health/breast health and awareness)
- Development of breast health holiday greeting card
- Provider education seminar on Medicare mammography coverage and beneficiary communication strategies.

**Beneficiary Interventions:**

- American Cancer Society-Tell A Friend Program and Breast Health Telethon
- Academy of Medicine's radio station (interview - message on telemed)
- AARP newsletter articles
- Nationwide Insurance to include in newsletters and/or benefit statements
- Department of Aging newsletter - Senior Times
- Display posters at senior centers and meal sites
- Interactive Educational Presentations
- Bells For Remembrance
- Development of Church Health Ministries Coalition
- Days of Caring and Sharing
- Breast Bingo Play-Off
- ACS Special Touch Training
- Design Holiday Greeting Card with "Breast Health Message"
- Partnership with Flu Shot Programs (Breast Health material Distribution)
- Media Campaign; PSA, newspaper articles, local transit and billboard advertisement, local television coverage; Black History Month, (Feb.) Minority Cancer Awareness Month, (April) Mother's Day, (May) Minority Health Month, (June) Women's Health Month, (September) Breast Cancer Awareness Month, (October) Planning--Nov. / Jan.
- Community HEALTH Talk Seminars
- Senior Health and Beauty Action Group (Queen of SheBA Group)
- Adopt a Granny for Life-Youth to Elder; BSE Education Development and Training Program

**Provider/Physician Interventions:**

- Academy of Medicine publication (bimonthly) - distributed to physicians in Cuyahoga County
- Articles in OSMA publication and Buckeye Osteopath
- Hospitals to include on agenda at medical staff meetings and include in newsletters
- Professional Conference Exhibit Displays
- Develop City-Wide Senior Women's Wellness Initiative for Geriatric Health Professionals

To learn further about linkages with the community, programs and services provided, past and future collaborations, and results of breast health activities, the following organizations and providers have agreed to participate in the project:

- American Cancer Society
- Greater Cleveland Hospital Association
- Minority women with Breast Cancer Uniting
- University Hospitals of Cleveland, Ireland Cancer Center
- *Encoreplus* Program, YWCA of Cleveland
- Office of Urban and Minority Health: Case Western Reserve University
- Cuyahoga County Board of Health, Breast and Cervical Cancer Project
- Hough Health Center
- Olivet Institutional Baptist Church
- NE Ohio Neighborhood Health Services
- ODH, Breast and Cervical Cancer Project
- Benjamin Rose Institute
- St. Lukes Medical Center
- Metro Health Systems Clements Community Health Center
- Marymount Hospital
- Ireland Cancer Center
- Parma Community Hospital
- Minority Health Alliance
- The African American Cancer Support Group

## Los Angeles, California

The Los Angeles Horizons Mammography Conference was held August 27-28, 1997. The primary goal of the conference was to discuss the issues and barriers for Medicare beneficiaries and providers that affect mammography use among Los Angeles' 65 and older female African American and Hispanic beneficiaries. Approximately 100 participants attended this conference. The following organizations in attendance represent a flavor of the audience and of the work currently taking place in Los Angeles:

- ◆ California State Health Department, BCEDP who seeks to impact mortality through the quality of providers' training and standards and promoting screening and rescreening of women.
- ◆ California State Health Department, Breast and Cervical Cancer Control Program whose goals are to influence provider training and practice, referral networks, and women through community channels.
- ◆ *Encoreplus* Program, Greater L.A. YWCA recruits and case manages women from screening through diagnosis for breast and cervical cancer.
- ◆ Mission City Community Network provides screening mammograms via a mobile van.
- ◆ Watts Health Foundation is a community-based health clinic which provides screening and diagnostic mammograms.
- ◆ White Memorial Hospital Medical Center provides mammography and outreach to the community.
- ◆ Glaxo-Wellcome is a pharmaceutical company that is beginning to get more involved in research/advocacy and prevention efforts.
- ◆ RAND Mammography Promotion in Churches Program encourages mammography screening, identifies barriers to screening, and evaluates the effectiveness of a church-based program for promoting screening.
- ◆ The Edward R. Roybal Institute for Applied Gerontology partners with groups that cultivate trust with ethnic communities to develop messages to encourage health promotion and care-seeking among Latinos and African-American elderly persons.
- ◆ University of Southern California, Norris Comprehensive Cancer Center works on a mammography research project with five universities throughout the United States funded by the National Hispanic Leadership Initiative on Cancer.
- ◆ Urban Health Initiatives, Drew University is conducting a survey on knowledge, attitudes, and behaviors of African-American women related to breast cancer prevention and emphasizes greater community involvement in defining agendas, research, and health advocacy.
- ◆ Women of Color Breast Cancer Support Project is an advocacy group which highlights self-esteem, empowerment, and building motivation for health awareness and health prevention practices.
- ◆ **Partner for Progress underscores the importance of organizations in the community banding together to promote mammography screening.**
- ◆ **Cancer Information Service**
- ◆ **American Cancer Society**
- ◆ **National Black Leadership Initiative on Cancer**

Three types of sessions were the driving force of the conference. They were formal presentations, panel discussions, including interviews with women in African-American and Hispanic communities, and small group discussions. Dr. David Reuben, Chief, Division of Geriatrics, University of California Los Angeles, School of Medicine discussed research-based insights on barriers and how to overcome them. Dr. Mary Elina Ferris, CMRI, shared data showing mammography rates in California based on Medicare claims data. Dr. Sarah Fox, RAND Corporation shared data from Hispanic and African-American communities in Los Angeles. Jane Cordingley-Klein, CMRI examined the marketing perspective of the Medicare population. In addition to the sessions the keynote speaker, Christina Sanchez-Camino, Director, Public Affairs, KMEX - Channel 34, shared personal experiences and insights into the effective use of Spanish-language television to promote mammography screening in minority communities.

The panels discussed effective strategies and solutions to increase mammography screening in Medicare Hispanic and African-American women from both a patient/population perspective and a provider/systems perspective. The small group discussions also followed this format and were successful in highlighting the significant barriers and possible solutions for these groups. The following issues were discussed:

- **Lack of health care provider sensitivity is one of the most important reasons why older African-American and Hispanic women do not have regular mammograms.** Lack of cultural sensitivity, distrust of the medical community, disrespect that providers display toward the patient, and lack of provider sensitivity in communicating with women are major perceived barriers for breast cancer screening among older minority women. Physicians' interpersonal and cultural styles influence women's adherence to recommended cancer screening guidelines. Physicians who answer questions and offer support are more likely to have satisfied patients who accept and follow clinicians recommendations.
- **Physician recommendation is a major motivational factor for older women.** The advice of a trusted physician is a key factor for older women to get a mammogram. The overwhelming majority of women who have mammograms have physician referrals. Unfortunately, physicians are less inclined to refer women 65 and older for mammography, and even less with women 70 and older.
- **Health care providers need to be trained to be more sensitive towards patient needs.** Education in medical schools about cultural sensitivity and communication is essential. Interns should learn more about working with the elderly. Health care providers need to explain procedures before a exam and be very sensitive to the woman's feelings during the mammogram. Physicians must be a patient advocate and to work with patients to gain compliance.
- **Lack of knowledge of the Medicare Mammography benefit among older women.** Providers and beneficiaries do not clearly understand the Medicare Mammography benefit. A large proportion of older women are not aware of the Medicare mammography benefit for women 65 and over. Some are unsure about the co-payment percentage amount and the beneficiary eligibility requirements for Part B.

- **Cultural attitudes and values discourage the use of mammography among older women.**
  - Fear** - Fear of pain and disfigurement associated with treatment. **"Too old"** - Some women believe they are too old for mammograms or breast cancer. There is the notion that if women are post-menopausal or not sexually active, they are less likely to get breast cancer. **Embarrassment** - Women are not comfortable in touching or having breasts touched. **Resignation** - Having breast cancer is equated with death. "It is in the hands of God" or "What is meant to happen, will happen." **Mistrust** of the health care system is very pronounced. **Lack of preventive attitude** - Some women tend to get health care only when they have developed clinical symptoms. **Low vulnerability** to cancer. Perception of cancer risk is low because there are no symptoms of breast cancer.
- **Media campaigns should combat negative attitudes toward breast cancer screening and misperceptions including:** a) risk for breast cancer decreases after childbearing years, b) risk is related to sexual activity, c) discovering breast cancer is a fearful experience, d) great pain must be endured during screening procedure, and e) funds are not available to pay for treatment. Personal testimonials influence women who are resistant and the message is very powerful coming from a cancer survivor.
- **Older women reported major structural barriers to breast cancer screening: Transportation and lack of social support** (how to get there, someone to take them) are major problems. **Child care** - Older women are the traditional care givers in families and many are assisting in raising their grandchildren. **Language** is a barrier. Language is a problem in the Hispanic population as well as in the African American community. **Time** - Not having enough time. Time away from work. **Cost** - The cost of screening mammograms is a significant barrier to beneficiaries. Women live on fixed incomes. Household requirements are more important than mammograms.
- **Older women do not understand the health care system and feel "out of place."** There are too many steps and layers in the system. Women want to make "one" call to get assistance and "One-stop" comprehensive services.
- **Outreach and media campaign efforts should be focused on informing the public about Medicare mammography guidelines, coverage and use.** There is a need to develop a public information campaign to inform older women and health care providers of the new annual Medicare mammography benefit and about the benefits of mammograms. Electronic media such as television and radio are major vehicles for health information.
- **Effective mammography screening interventions need to use multiple strategies to reach elderly women.** Effective outreach should also target populations outside the medical settings include beauty shops, churches, and schools. Interventions should consider non-English speaking populations, high risk populations, and underserved populations.
- **Communication messages that promote the use of annual mammograms must use segmentation and be culturally sensitive.** Communication messages need to be tailored to the specific needs of the target group (e.g., images need to look like women being targeted). Education materials must use appropriate images, address literacy level, use simple language, and have big print for ages 65 and older.

- **There is a strong need to participate with national, State, regional community groups in the promotion of breast cancer screening for elderly women.** Effective partnerships include working together with health care organizations such as California Medical Review, Inc. (CMRI), Health Care Financing Administration (HCFA), Roybal Institute for Applied Gerontology; cancer programs such as Breast Cancer Early Detection Program, Cancer Information Service, the American Cancer Society; cancer coalitions such as the National Black Leadership Initiative on Cancer, Partnered for Progress, National Hispanic Leadership Initiative on Cancer; and academic institutions such as the University of California, Los Angeles, Drew Medical University, University of Southern California and any other breast cancer community organizations.

The California Peer Review Organization in partnership with the community is planning an educational campaign to inform women and health care providers about the importance of mammograms for older women in Los Angeles County. In collaboration with national, State, regional and community groups in order to improve routine screening mammograms among Los Angeles county Medicare beneficiaries with a special focus on specific areas of the Los Angeles County covering 10 percent of California's female Medicare beneficiaries where mammography rates are lowest and African American and Hispanic/Latino beneficiaries reside. The campaign efforts will:

- target physicians and health care providers to advise older women about the importance and value of early cancer detection and referral to cancer screening services.
- develop and disseminate public information and culturally sensitive education materials related to the detection and control of breast cancer to increase knowledge of and positive attitudes toward mammography and reduce fear associated with cancer detection among California Medicare-enrolled women.
- work in partnership with community groups combining complimentary efforts.

A supportive mass media campaign will include radio and television Public Service Announcements, newspaper articles and press releases explaining the new Medicare benefit and the importance of mammography. Attractive educational materials will be developed. Messages and materials will be crafted with the specific target populations in mind, paying particular attention to cultural differences. The campaign logo has been widely accepted among African American and Hispanic women: "Get a mammogram every year. Do it for yourself. Do it for your family."

## **Philadelphia, Pennsylvania**

Approximately 120 persons were in attendance at the Horizons Mammography conference on September 4, 1997. The target audience for the Philadelphia project is African-American Medicare eligible women age 65 and older. The one day conference focused on the barriers to and the possible interventions for increasing the rate of mammography screening by this population. Attendees included individuals, local providers and beneficiary groups and organizations.

The conference agenda consisted of presentations on the National Medicare Mammography Campaign, the background for the Horizons Mammography Project and the market analysis conducted in Philadelphia. The honorable Marion Tasco, Ninth District Councilwoman addressed the participants on the need for community partnerships and shared her enthusiasm and support for the project. Breakout groups were held later in the day and were divided by the following topic areas: Physician/Provider Interventions, Social/Recreational Interventions, Religious Setting Interventions and Business Affiliated Interventions. Each of the groups discussed interventions that could be used in the various settings and ways that they might go about implementing those interventions.

Medicare Part B claims data reveal that only 40 percent of African-American women age 65 and older in Philadelphia, PA received a mammogram in 1995. The market analysis in Philadelphia revealed the following barriers perceived to be reasons for low mammography rates among African American women age 65 and over:

**Lack of Awareness** - there appears to be a significant amount of lack of awareness about the need for annual screening mammograms and the potential for successful treatment of breast cancer.

**Fear** - the most visceral fear for the target population is discovering that they have breast cancer. Other fears include fear of pain associated with the mammography screening procedure, not knowing what to do if breast cancer is diagnosed, fear of disfigurement, and a fear that African-Americans are more likely to be experimented upon.

**Cost** - more education for beneficiaries and providers is needed about the Medicare-paid mammography screening benefit. Cost related to transportation is also a concern.

**Cultural Attitudes** - an attitude that presents a major barrier is a kind of "fatalism" which leads women to say that "the Lord will take care of me" or "what's meant to be is meant to be." There is also a tradition that family comes first and therefore older women with low incomes will not spend money on themselves for preventive care.

**Transportation** - although older Philadelphians can ride public transportation at reduced rates, this is possible only during non-rush hours. Some participants stated that transportation can be an issue because of cost, convenience, or perceptions of safety.

The major stakeholders in Philadelphia include:

**PRO** - Keystone Peer Review Organization

**HMOs and Health Systems**- Aetna/US Healthcare, Allegheny Health Systems, Mercy Health Systems, North Philadelphia Health System, Qualmed, Spectrum Health Services

**Breast Health and Cancer Organizations** - Breast Health Institute, Cancer Information Service, Linda Creed Breast Cancer Foundation, Living Beyond Breast Cancer

**Sororities** - Delta Sigma Theta Society, Lambda Kappa Mu Sorority

**Universities** - Lincoln University, Temple University, University of Pennsylvania (Cancer Control, Research, Nursing and Radiology areas), Villanova University

**Hospitals and Nursing Centers** - Germantown Hospital, LaSalle Nursing Center,

**State and Local Government** - Philadelphia Department of Health, Pennsylvania Department of Health, Pennsylvania Department of Aging, Philadelphia Corporation for Aging, Philadelphia Department of Public Health, Mayors Commission to Services to the Aging, City Councilperson Marian Tasco

**African-American Organizations** - Black History Month Committee, National Black Women's Health Project

**Consumer/Women's Organizations** - Family Planning Council, Urban League of Philadelphia, The Health Federation of Philadelphia

**Health Centers** - Strawberry Mansion Health Center, Chestnut Hill Health Care Women's Center

**Religious Organizations** - Women of Faith and Hope

Current Outreach Activities already occurring in Philadelphia include:

- ▶ Availability of reduced rates for public transportation during non-rush hours
- ▶ Mobile mammography van operated by the City of Philadelphia Department of Public Health
- ▶ Free educational and prevention activities occur through numerous organization (e.g., medical center, American Cancer Society)
- ▶ Availability of two comprehensive cancer centers (Fox Chase Cancer Center & University of Pennsylvania)
- ▶ Numerous mammography screening center (Linda Creed Breast Cancer Foundation, Philadelphia Corporation on Aging, etc.)
- ▶ Breast cancer hotlines
- ▶ Involvement of several African-American radio stations (WDAS, WHAT) & newspapers (Philadelphia Tribune) as well as African-American churches
- ▶ Circle of Friends activities -- small groups working together to discuss this taboo topic, encourage women to obtain mammograms, etc.

At the Philadelphia Horizons Mammography Conference the following two interventions were suggested:

**Business Affiliated Interventions:** Involve businesses within individual neighborhoods in building sustainable local coalitions to encourage neighborhood residents to use the screening

mammography benefit; develop partnerships with large employers to spread the word, through employee newsletters, to family members; work with utility companies to advertise messages; use simple methods (colored "referral" slips provided by local businesses to track what influenced women to obtain mammograms).

**Religious Interventions:** Begin working with mosques, pastors, and their health ministries (including pastor's wives and church nurses) by involving them in the development and planning processes; gather better information as to availability of public transportation (what organizations offer it, phone #'s, working hours, pick-up/drop-off locations, etc.); develop listing of organizations/ways to cover the 20 percent of the cost not paid for by Medicare; work with the local media; develop one consolidated set of campaign materials supported by all multi-city participants (including names of all organizations) and try to include some sort of scripture reference (body is a temple, etc).

## Atlanta, Georgia

The Atlanta Horizons Mammography Conference was held September 9, 1997. Approximately 100 participants attended this conference to discuss how to overcome barriers to mammography use by African American Medicare beneficiaries. According to conference participants who were representatives of community-based organizations, faith institutions, academic institutions, physicians and mammography providers, and other individuals/agencies who work with older African American women, the major barriers to routine mammography screening among this target group are the following:

- older African American women do not perceive themselves to be susceptible to breast cancer
- fears related to having a mammogram and the possibility of detecting cancer
- lack of awareness about the importance of routine mammography for women 65 and over
- lack of access to the facility and transportation
- lack of physician referral for mammogram
- lack of, or under use of, trusted individuals to convey importance of annual mammograms to African American women 65 and over
- cost and variable reimbursement
- lack of data and clear guidelines about mammography for women 70 and over
- cultural attitudes and religious beliefs
- competing concerns
- inconvenience
- co-morbid illnesses
- cultural-communication barriers between physicians/providers and the women
- lack of feedback for physicians on comparative performance

The metropolitan Atlanta community has many strengths in the diverse groups of organizations that are working to reach older African American women with health-related information. Churches and community-based organizations, including such groups as the American Cancer Society, NBLIC, Reaching Out to Senior Adults (ROSA) etc., are engaged in various projects specifically designed to reach African American women on mammography. Current outreach activities in Atlanta include:

**Older Women's League-** Fifteen metro women are conducting workshops in the community at senior high-rises and senior centers stressing the importance of BSE, mammography, and clinical breast exams.

**East West Breast Express-**the outreach program reached 2,029 women 16 Marta Stations (Atlanta's Rapid Transit System) about the importance of mammography. They did clinical breast exams and gave away coupons for mammograms.

**Breast Health Education Study-** Morehouse College presented a two pronged program. They worked with public housing and also presented a play "Nightmare" to physicians. The play was about a doctor that forgot to refer three women for mammograms and they all are later diagnosed with breast cancer.

**NBLIC-** Instituted a formal outreach initiative to establish a national system that will increase

cancer prevention and control activities to reduce mortality in the black population.

**Cancer Prevention Awareness Program**-An intervention designed to increase awareness of preventable cancer risk factors among African-American Atlantans. The program targets lung, breast, prostate and colon cancer.

**BEST Project**-This project was developed to determine the efficiency of breast self examination by using a modified version of the palmar surface and the ACS standard technique using finger tips.

**Project Awareness**- The primary objective is to increase the number of African American and other under served minority women to comply with the ACS breast screening guidelines. It has a three tiered approach: (1) Education, (2) Easy Access to Affordable Screening, (3) Referral for Follow up Care

**Women's Health Enterprise**- A non profit family nurse practitioner managed holistic health program. They are committed to developing health care programs in response to the expressed concerns of an under served community and offering these services to the citizens in the community in which they reside. They accept Medicare and Medicaid reimbursements and offer a sliding fee schedule. They do referrals to Breast Test and More as well as working with the ACS Tell-A-Friend Program.

**ROSA**- Reaching Out for Senior Awareness is a coalition of black churches that has a large outreach day every year. This year they presented an original play about mammography.

The 1995 mammography utilization rates for African American Medicare beneficiaries living in Fulton and DeKalb Counties are 18.4 percent and 17.2 percent respectively. Of the 122 zip codes in these 2 counties, 11 represent 72 percent of the total number of African American Medicare beneficiaries for these 2 counties. These 11 zip codes had mammography utilization rates in 1995-96 ranging from 25 to 32 percent. These rates are still significantly lower than the Healthy People 2000 goal of 60 percent as well as overall Medicare utilization rates.

The conference attendees felt that there needed to be more education about Medicare benefits and educational programs concerning mammography procedures and early detection. Educational material should be developed that is culturally, age and educational specific. They felt probably the greatest impact is to have survivors deliver the education. They felt that the Witness program, prompt to physicians, church sponsored programs and the use of university/high school students to provide transportation for community service credit Providers discussed the need to increase referrals. All conference attendees expressed interest in participating at some level.

## San Antonio, Texas

The planning conference for the Horizons Mammography Project in San Antonio was held on September 11, 1997 to discuss locally based interventions for Hispanic American Medicare beneficiaries. Participants included 54 representatives from a variety of organizations involved in breast health, the Hispanic community, and the 65 and older population, including:

- ▶ American Cancer Society
- ▶ Texas Department of Health Breast & Cervical Cancer Control Program  
and other state agencies
- ▶ YWCA Encore Plus
- ▶ Susan G. Komen Breast Cancer Foundation
- ▶ imaging centers
- ▶ hospital systems
- ▶ community health clinics
- ▶ senior citizens groups

The conference presenters included Sylvia Fernandez, PhD, member and former chairperson of the Governor's Commission for Women. A breast cancer survivor herself, Dr. Fernandez delivered a positive, motivating presentation titled "An Invitation to Help Save Lives." The keynote address titled "Organization: The Need for Community Partners" was given by Diana Rowden, Chairman of the Susan G. Komen Breast Cancer Foundation, who is also a breast cancer survivor. She spoke very eloquently about partnerships and how organizations can benefit from forming partnerships.

Participants were divided into two groups for concurrent breakout sessions. One group discussed the barriers to mammography for Hispanic women 65 and older, while the other discussed barriers to health care providers. Later, the groups switched topics in order to give attendees the opportunity to participate in discussions on both beneficiary and provider issues. According to conference evaluations, participants felt that these discussions were productive.

The events surrounding the San Antonio conference were unique in that only two weeks prior to this date, many of the conference participants had attended the Breast Cancer Round Table sponsored by American Cancer Society and other organizations. Round Table organizers allowed HCFA 15 minutes on their agenda to describe the Horizons Mammography project and invite participants to attend the September 11 conference. Discussions at the Round Table event yielded valuable information which provided a starting point for discussions at the Horizons Mammography Conference. As a result, participants were not "starting from scratch" in identifying barriers to mammography and possible solutions/interventions to overcome them.

During the discussions, participants confirmed the results of the marketing research conducted by HCFA prior to the conference, particularly on issues such as the tendency of elderly Hispanic women to rely on their church and the fact that both beneficiaries and providers need to be educated about the Medicare mammography benefit. The latter issue, in fact, was one of the highlights of the discussions, as providers and beneficiaries alike were pleased to be informed of the upcoming changes in Medicare's coverage of screening mammography.

However, both provider- and beneficiary-oriented discussions had an overarching theme: The many steps which take place from the time a Hispanic woman 65 or older hears a message about mammograms or breast cancer to the time she receives her results must be carefully examined and improved upon in order for more women to obtain mammograms on a regular basis. For example, a woman who hears a public service announcement in English about mammograms may not understand their life-saving potential if her first language is Spanish. If she does understand the importance and actually calls to make an appointment for her first mammogram at a large health-care facility, she may find it difficult to locate the mammography center, simply give up and never again attempt to get a mammogram. If she finds the mammography center, but encounters a clinician who is not able to explain the procedure in a language she can understand, she may get the mammogram but never return for subsequent mammograms. Further, she may convey the negative experience to her friends, who may as a result never make an appointment for a first mammogram.

These examples represent only a few of the issues participants discussed with regard to improving communication between health care providers and Medicare beneficiaries, specifically, Hispanic women 65 and older. But many are already implementing strategies to overcome these types of communication barriers. With the Horizons Mammography Project, local stakeholders will have a forum to share their strategies, organize a work plan which incorporates those strategies, implement them, and increase the overall mammography rate by the year 2000.

Participants were given forms which allowed them to choose their level of involvement (as stakeholders, collaborators, or partners) and whether or not they wished to participate in a work plan development meeting which will be held by TMF in San Antonio at the end of September. As of Oct. 1, 1997, 18 organizations have responded that they wish to be involved in the project, including:

- ▶ Alamo Breast Cancer Foundation
- ▶ American Association of Retired Persons (AARP)
- ▶ Barrio Comprehensive Family Health Care Center, Inc. (community health clinic)
- ▶ Blue Cross and Blue Shield of Texas, Inc. (Medicare Part A)
- ▶ Blue Cross and Blue Shield of Texas, Inc. (Medicare Part B)
- ▶ Cancer Therapy & Research Center
- ▶ HealthLink (Baptist Health System outreach program)
- ▶ Methodist Healthcare Ministries (Methodist health system outreach program)
- ▶ The Mujeres Project (health outreach program for Hispanic women)
- ▶ Nix Health Care System
- ▶ Radiology Associates of San Antonio
- ▶ San Antonio Chapter of the Susan G. Komen Foundation
- ▶ San Antonio Metropolitan Health District
- ▶ Santa Rosa Health Outreach
- ▶ South Texas Radiology Group, PA
- ▶ University of Texas Health Science Center at San Antonio
- ▶ Visiting Nurses Association and Hospice of South Texas
- ▶ YWCA Encore Plus

Although the first few months of this project will be spent organizing the three year plan, this core group of partners is planning a kickoff event in October, such as a press conference. Early indications are that the San Antonio media will respond favorably to our efforts. Two articles in support of the project and the conference were published in the San Antonio Express-News on September 12 and 15, and on September 14, a 10:00 am news segment (on the local NBC television affiliate) titled "En Mi Barrio" included footage from the conference and portions of interviews with conference participants about the importance of mammograms among Hispanic women. Additionally, a reporter from the local Univision (Spanish television) affiliate plans to profile the project in October.

## Chicago, Illinois

The Chicago conference is scheduled for October 8 & 9 in Chicago. Over 100 key community and academic leaders interested in breast cancer awareness and increasing mammography rates in the Chicago African- and Hispanic-American populations have accepted an invitation to the conference.

The mammography conference agenda includes both national and local presenters who will inform the conference attendees about the overall objectives and need for the Horizons Mammography project, outcomes-based mammography project work previously performed in Chicago, and mammography outreach programs and efforts currently underway in Chicago. The speakers and invitees lists both include diverse representation of providers, physicians, academicians, breast cancer survivors, advocates, coalitions, media, consumers, and government agencies. Stakeholder introductions will be made, and networking will be promoted during lunch and breakout sessions.

The conference format will include presentations in the morning and minority-specific breakout sessions during both afternoons. Minority-specific expert panels will be available during the breakout sessions on day one, and discussions will be aimed at identifying barriers specific to minorities in Chicago. Discussions during the break out sessions on day two will focus on partnership efforts to overcome barriers and increase mammography rates.

In addition, the City of Chicago Public Health Department will hold their annual mammography "kick off" at the Horizons Mammography conference. Information about free mammography programs offered by the City will be given by the Commissioners of the Chicago Department of Public Health and the Chicago Department on Aging. The Mayor Dailey's wife will also address the audience.

Of the 165,481 Chicago women enrolled in Medicare Part B during 1995, 52,285 were African-American and 3,256 were self-identified as Hispanic-American. According to Part B claims data, only 7,880 (15.1 percent) of the African-American women and 448 (13.8 percent) of the Hispanic-American women received a mammogram during 1995. This data excludes women who do not have Part B coverage, were enrolled in a Health Maintenance Organization, or received free services.

According to the Chicago area market analysis, barriers preventing older women from obtaining a mammogram include lack of physician referral, lack of perceived risk of getting breast cancer, lack of knowledge about the screening test or the guidelines for screening, and misunderstandings about the Medicare mammography benefit.

Several organizations are involved in outreach activities aimed at Hispanic- and African-American women. Several teaching facilities have conducted studies providing them insight into behaviors and beliefs about breast cancer and the need for mammography. Some facilities and agencies have ongoing programs in place geared toward access and cost issues with under-served populations. Many agencies offer literature promoting breast health. The Illinois Foundation for Quality Health Care educates consumers through its speakers bureau, health fairs, and conferences.

The extent and limitations of existing programs and literature will be explored at the October conference.

## Mammography final rule - Revised Questions and Answers (10/23/97)

1. How many women get mammograms, and when should they get them?

The National Cancer Institute (NCI) has estimated that during 1992, approximately 25 million mammograms were conducted. Based on a recent survey of facilities, mammograms are currently being performed today at the rate of about 41 million a year. Women should consult their physicians to assess their personal risk for breast cancer and to develop an early detection plan. NCI recommends that women over 40 with no increased risk (i.e., based on family history) for breast cancer get mammograms every 1-2 years.

2. Why is mammography important?

Breast cancer is the second leading cause of cancer deaths among women, after lung cancer. It is estimated that by the end of this year, 180,000 - 181,000 new cases of breast cancer will be diagnosed and that between 43,500 and 45,000 women will die from the disease. Early detection of breast cancer will be diagnosed, typically involving breast physical examination, breast self examination, and mammography, is the best means of preventing deaths that can result if the diagnosis is delayed until the onset of more advanced symptoms. Mammograms can reveal breast cancer up to two years before a woman or her doctor can feel a lump. More than 90 percent of these early stage cancers can be cured.

3. How effective are mammograms in detecting breast cancer?

While the quality of mammography has greatly improved and, under the final regulations, will continue to get better, the technology is not perfect. Up to 20 percent of cancers may not show up in a mammography examination. That's why women are encouraged to use the three tools that are complementary and provide the best chance of early detection of breast cancer: mammography, breast clinical examination by a health care provider, and monthly breast self-examination.

4. What is the potential effect of a poor quality or poorly read mammogram?

If the image quality is poor, the interpreter may miss a cancerous lesion at its initial stages. Such false negative diagnoses can delay treatment and result in avoidable deaths. Poor quality mammography can also lead to a false positive diagnosis, resulting in needless anxiety for the patient, costly additional testing, and unnecessary biopsies.

5. **What significant problems existed prior to the enactment of the Mammography Quality Standards Act?**

Problems with the provision of quality mammography services was documented by a number of studies prior to the enactment of the new law. These studies showed that the image quality produced by some mammography facilities was less than desirable and mammography service providers lacked adequate quality assurance programs. It was reported that historically, approximately 30 percent of the facilities applying for accreditation failed on their first attempt to meet the voluntary accreditation standards that were in place at that time. In addition, on a nationwide level, there were no universal standards for providing safe, reliable, and accurate mammography services. The Senate Committee on Labor and Human Resources held hearings on breast cancer in 1992 and also found a wide range of problems with mammography practice, including poor equipment, lack of quality assurance procedures, poorly trained radiologic technologists and interpreting physicians, and lack of facility inspections or consistent governmental oversight. This raised concerns about missed detections of breast cancer.

6. **What does MQSA provide for?**

MQSA was passed on October 27, 1992, to establish national standards for mammography. The law requires that after October 1, 1994, all mammography facilities, except facilities of the Department of Veterans Affairs, shall be accredited by an approved accreditation body, and certified by the Secretary of Health and Human Services. This authority to approve accreditation bodies and to certify facilities was delegated by the Secretary to FDA, which has been implementing the law under an interim rule authority provided by Congress.

7. **What are the requirements of the MQSA final regulations?**

The final regulations substantially raise the standards for mammography personnel, equipment, quality assurance and control, patient notification of results, the mammography medical report and performance of the accreditation body. These standards are similar to the "temporary" regulations that were in effect. However, some improvements have been made, for example, the amount of training that physicians who interpret the x-rays must have has been increased. In order to continue to operate lawfully, all facilities must be accredited, meet these higher quality standards, and be inspected every year.

8. **When will the final regulations go into effect?**

Most of the regulations will go into effect in 18 months, while some (equipment, quality control tests) will be phased in from a period of 18 months to five years. This will allow personnel to obtain training, purchase new equipment, and establish new procedures to comply with the rule.

9. How did FDA develop the final regulations?

During the 90-day comment period for the proposed final regulations--which were published on April 3, 1996--approximately 17,000 copies of the proposals were mailed to all concerned organizations and individuals on FDA's mailing list, including every certified mammography facility. Copies were also distributed by FDA personnel at professional meetings, and the availability of the proposal was announced in Mammography Matters, an FDA newsletter. More than 1,800 members of the public provided comments on the proposals, and additional input resulted from eight meetings with experts from the National Mammography Quality Assurance Advisory Committee.

10. What has been the impact of the MQSA so far?

All fully-certified facilities have been inspected, and annual inspections have shown that overall, mammography facilities are complying with the interim standards. The first year's inspections from 1995-1996 showed that only 20 percent had serious or moderate findings, with only two percent being serious. The second year's inspections have shown further improvement. So far, fewer than one percent of facilities have been found to have serious problems. A recent GAO report (still in draft) concludes that, overall, MQSA has had a positive impact on the quality of mammography services.

11. What are the estimated costs and benefits of the new regulations?

On the basis of information available so far, FDA estimates the annual cost of compliance with the new rule at about \$40 million. The higher standards are likely to help save 75 additional lives and prevent tens of thousands of false positive examinations, a benefit whose estimated dollar value is well over \$200 million a year. The rule will also result in a small Medicare cost increase (less than \$10 million annually).

12. How much do inspections cost per mammogram?

FDA estimates that inspections cost 35 cents per mammogram.

13. What will be the effect of the new rules on the cost of mammography?

FDA had initially estimated that the cost of mammography could increase about \$1.70 per screening mammogram. Recent estimates have indicated an increase in usage of mammography, from about 25 million in 1992 to about 41 million in 1997. This would result in an average cost increase of less than \$1.00 per screening mammogram. The average price of a screening mammogram is about \$90-100.

**14. How can I find out whether a facility is certified?**

The names and locations of certified facilities can be obtained by calling the Cancer Information Service at 1-800-4-CANCER (1-800-422-6237). The information is also available on the Internet on FDA's home page at [www.fda.gov/cdrh/dmgrp.html](http://www.fda.gov/cdrh/dmgrp.html). All certified facilities must prominently display a FDA certificate of their status.

**15. Where can I find out more about MQSA?**

You can call 800-838-7715, the "Mammography Quality Standard Act" hotline of FDA's Division of Mammography Quality Standards and Radiation Programs, or check FDA's home page at [www.fda.gov/cdrh/dmgrp.html](http://www.fda.gov/cdrh/dmgrp.html) on the Internet.

**RADIO ADDRESS**

**Friday, October 24, 1997**

**The following guests will be in the Oval Office during the Radio Address:**

**Stephen Baldwin  
Kenya Baldwin**

**Warren Batts - Former Chairman & CEO, Tupperware Corporation**

**Carmella Bocchino - Vice President, Medical Affairs, American Association of Health Plans**

**Nancy Brinker - Founding Chair, Susan G. Komen Foundation**

**Christine Brunswick - President, Greater Washington Baltimore Advocacy Group and Vice President, NBCC**

**Becky Cain - President, League of Women Voters**

**Myrna Candrea - Director, Encore Plus, YWCA**

**Kay Childs - Vice President of Human Resources, Shaklee Corporation**

**Brian Connolly - Group Vice President, US Sales, Avon Products, Inc.**

**Nancy-Ann Min DeParle - Deputy Administrator, Health Care Financing Administration**

**Margaret Dixon - President, AARP**

**Richard Dorff - President, Florida Association of Health Maintenance Organizations**

**Annette Drummond - retired**

**Ronald G. Evens, MD - Chairman of the Board of Chancellors, American College of Radiology**

**Debbie Feger-Papenfuss - Creative Director, Provalent Communications**

**Kenneth Fraucese - Executive Director - Compensation and Benefits, Chrysler Corporation**

**Michael Friedman - Lead Deputy Commissioner, Food and Drug Administration**

**Bettye Green - St. Joseph's Medical Center**

**Tim Hammonds - President and CEO, Food Marketing Institute**

**Diana Parsell Rowden - Chairman of the Board, Susan G. Komen Foundations**

**Donna Sanborn - President, BE&K**

**Gino Santini - President, Women's Health Global Business Unit, Eli Lilly and Company**

**Manette Scheininger - Maidenform, Inc.**

**Phillip Schneider - Managing Director, Public Affairs, National Association of Chain Drug Stores**

**James Schwaninger - Vice President, Government Relations, JC Penney**

**Elizabeth Shannahan - Special Assistant to the HCFA Administrator**

**Tamar Small - President, Provalent Communication**

**Maureen Stratton - American Greeting, Director, Trade and Marketing Communication**

**Kathleen Swiger - Oncology Communications Manager, Zeneca Pharmaceuticals**

**Johnna Torsone - Chief Personnel Officer, Pitney Bowes, Inc.**

**Patricia Underwood - National Secretary and Board of Directors, American Nurses Association**

**Harold Varmus - Director, National Institutes of Health**

**Frances Visco - National Breast Cancer Coalition**

Jane Hasselkus - Marketing Manager, Mammography, Eastman Kodak Company

Maria Hinestrosa - Nueva Vida

Carol Hochberg - SHARE Board Member

Florence Houn - Director, Division of Mammography Quality and Radiation Programs, Food and Drug Administration

Joanne Howes - Principal, Bass & Howes

Carolyn Jennings - Direct Selling Association

Debra Judelson, MD - President, American Medical Women's Association

Richard Klausner - Director, National Cancer Institute

Marie Langer - NABCO member

Amy Langer - Executive Director, NABCO

Freda Lewis-Hall, MD - Director, Lilly Center for Women's Health, Lilly Corporate Center

Juanita Lyle - Breast Cancer Survivor, American Cancer Society, Inc

Joanne Mazurki - Program Director, Avon's Breast Cancer Awareness Crusade, Avon Products, Inc.

Eileen McGrath - Executive Director, American Medical Women's Association

Steven McMillan - Manager, Federal Government Affairs, Zeneca Pharmaceuticals

Michael Mennuti - Assistant Secretary, The American College of Obstetricians and Gynecologists

Michele Mullaney - Project Director, Provalent Communication

Julie Mulligan - Creative Director, 1 800-Flowers

Sue Muse - President, Greater DC Chapter, Church Women United

William K. Ris, Jr. - Vice President, Government Affairs, American Airlines

Bruce Roberts - National Community Pharmacists Association

The following guests will listen to the Radio Address in the Roosevelt Room and come into the Oval Office following the Radio Address for the receiving line:

Helen Robinson  
Ruby Jean Smith - aunt

Glenna Dougan - Bill Clark's office manager  
Don Moak  
Azile Moak

Judy Bacher  
Alex Bacher  
Andres Felipe Gomez  
Ellen McCauley Gross - Georgetown classmate

Clare O'Callaghan  
Joan O'Callaghan - sister

LaVerne Feaster (T)

Dan Pierce  
Donna Pierce  
Chase Owens  
Bill Hurt  
Sue Hurt  
Michelle Savage

Cathy Slater (T)

Edwene Stevens McCollum - Steve Stevens' sister  
Mary Waites Lewey - Edwene's mother-in-law  
Weston McCollum Lewey - Edwene's niece  
Sara Catherine Lewey - Edwene's great-niece

Stephanie Streett  
Adrienne Erbach - OMB  
Don Erbach - dad  
Sharon Erbach - mother  
Lois Fotinakes - grandmother

Dave Leavy - NSC  
Daniel Leavy  
Louise Leavy  
Donald Leavy  
Patty McGuire Leavy

**Jim Leavy**  
**Christopher Leavy**  
**Edward Leavy**  
**Kaitlin Leavy**  
**Megan Leavy**

**BA Rudolph**  
**Earle Leighton Rudolph**  
**Marjorie Holt Rudolph**  
**Terry W. Shoffner**  
**Karen Rudolph Shofner**  
**Samuel H. Holt Shoffner**  
**Earle Leighton Rudolph, Jr.**  
**Earle Leighton Rudolph III**  
**Peter Rudolph**  
**Sue Rudolph**

**Anil Kakani - OMB**  
**Hemlata Kakani - mother**

**Joslyn Mack - OMB**  
**Bernice Mack - grandmother**  
**Julia Mack - mother**  
**Steve Mack - dad**

**National Mammography Campaign**  
**National and Corporate Commitments**  
Update 10/23/97

**National Commitments**

- **Avon**
  - Involvement of 425,000 sales representatives in woman-to-woman reinforcement of mammography importance: distribution of 15 million consumer flyers.
  - Sales brochure message about mammography importance: 60 million print impressions.
  - Continuation of funding for 250 community organizations that, through outreach to medically underserved women, link them to Medicare and other mammography services.
  
- **Eli Lilly**
  - The Breast Education and Mammography Screening Center at its Indianapolis-based corporate center is Indiana's only on-site mammography center dedicated to employees, retirees, and spouses over the age of 40 and offers its services and educational material free of charge.
  - The Lilly subsidiary PCS Health Systems, Inc. is using its on-line information system to communicate with nearly every U.S. pharmacy to encourage women age 65 and over to get their Medicare-covered mammograms every two years.
  
- **Zenecca, Inc.**
  - Supports Initiative through the National Breast Cancer Awareness Month campaign of which National Mammography Day, October 17, is a key component.
  - One of the first companies to provide on-site screening to its employees and has developed a comprehensive guide to help any employer institute mammography programs for their employees.

**Corporate Commitments**

- **American Airlines**
  - Provide mobile mammography units for 100,000 employees during October.
  - Develop promotional materials for in-flight videos that educate passengers on the value of early detection, including the MMI message.
  - Distributed information in honor of Breast Health Awareness Month through 3 mailings sent to 75,000 employees.
  
- **American Association of Health Plans**
  - Encouraged and facilitated the distribution of MMI materials to consumers and providers at state health fairs and clinics coordinated by member health plans across the country.
  - Distributed information about the MMI to nearly 500 Directors of Communication

at member health plans and affiliate state HMO associations.

- Published a public service announcement in the November/December 1997 issue of HealthPlan, a bi-monthly magazine with nearly 8,000 subscribers.
- Showcased the MMI in the May/June 1997 edition of the Medical Affairs Issues Report which reaches nearly 1,000 health plan chief executive officers and medical directors.
- Shared information about the MMI with AAHP's Women's Health Task Force, a diverse group of health plans that oversee the development of the Women's Health Initiative--which is identifying best practices/model programs in four critical areas of women's health: breast cancer decision making/treatment, menopause/hormone replacement therapy, domestic violence, and obstetrics/pregnancy care.

#### • **American Greeting**

- Present Point-of-Purchase display for use in Mother's Day cards that includes a special "reminder" card in greetings that reaches 30,000 stores.

#### • **BE & K Engineering**

- Provided on-site mammograms for a nominal amount to employees, retirees and their spouses along with other preventive tests during a annual wellness fair.

#### • **Chrysler Corporation**

- Conduct special corporation-wide education programs on breast cancer awareness. This program is available at 32 Wellness Offices and 72 other corporate locations.
- Distribute 7,000 Shower cards for breast self-examination.
- Chrysler Times awareness feature on Initiative to reach over 200,000 employees and retirees.
- "Tel-A Friend" notice posted in Chrysler locations encouraging employees to telephone their mothers, sisters, friends, and co-workers to remind them of the importance of mammography. For every person an employee calls, Chrysler will award them one "Wellbuck (an incentive to Chrysler makes available to employees to encourage a healthy lifestyle.)

#### • **Direct Selling Association**

- Coordinate efforts among over 2600 executives of direct sales companies to produce materials regarding mammograms for circulation. This effort has the potential to reach 6 million direct selling women through monthly magazines, videotapes, audiotapes and payroll and bonus check mailings.

#### • **Eastman Kodak Company**

- Distribute information with Supplement piece in September/October Employee Newsletter that reaches 50,000 retirees.
- Distribute 2,000 posters to communities with Eastman Kodak plants as well as making mammograms available at the worksite for Kodak employees.
- Thousands of female employees at Colorado Plant given awareness pins and asked to distribute one to an older women.

\* **Florida Association of Health Maintenance Organizations**

- Conducted free mammograms at the state capitol in March and at Florida area malls the first weekend of each month.
- Provides a toll free telephone number for breast screening information and to request educational materials. Encouraged worksite programs to their employer customers.

\* **Food Marketing Institute**

- Develop brochure with National Cancer Institute, National Urban League and the U.S. Department of Health and Human Services. The National Urban League will distribute to 114 National Urban League affiliates. The Food Marketing Institute will distribute to 1500 members including their subsidiaries--food retailers and wholesaler and their customers in communities across the country.

\* **J.C. Penney**

- Distribute information through insurance policy holder newsletter that reaches 1 million people.
- Distribute message in October credit mailing that reaches 15-20 million.
- Distribute material through Eckerd Drug Stores that reaches 2800 stores.

\* **Maidenform, Inc.**

- Place 11/14 posters/signs with MMI message in dressing rooms in 100 outlet stores for Mother's Day.

\* **National Association of Chain Drug Stores**

- NACDS member pharmacies will participate with American Greetings in a special Mother's Day outreach program, as well as provide information to 88,000 chain pharmacists in over 30,000 chain operated community pharmacies about the Medicare benefit and referral sources.

\* **National Community Pharmacists Association**

- Publish article, including availability of materials, in October 1997 NCPA Annual Convention issue of America's Pharmacist. Will reach nearly 40,000 independent community pharmacies via mail. An additional 5,000 issues are distributed on-site at the October '97 annual convention.
- Publish article on the Initiative in October '97 issue of the NCPA Newsletter.
- Announce the White House Medicare Mammography Initiative during the General Session of the NCPA Annual Convention in Denver., October 25-29, 1997. More than 5,000 attendees. Distribute material in Convention Press Room and in the Convention Exhibit Hall
- Post information on the Initiative on the NCPA web site [[www.mepanet.org](http://www.mepanet.org)].
- Broadcast programming, ads, or general announcement on our soon to be launched in-store television network NPTV, which will reach hundreds of pharmacies and hundreds of thousands of consumers.

- **Pitney Bowes**
  - Provide on-site mammograms for female employees over 35.
  - Work with area hospitals on providing mammograms for uninsured and indigent women.
  
- **Shaklee Corporation**
  - Mailed notices to its 14,000 independent distributors and to all its employees alerting them to Breast Cancer Awareness Month.
  
- **The Longaberger Company**
  - For every Horizon of Hope Basket purchased, the company donates \$2.00 to breast cancer research and education awareness project. Each basket contains a reminder sticker for an annual mammogram that reaches over 2.5 million women.
  - Publish article on the Initiative in Company newsletter that reaches 40,000 sales representatives.
  
- **Tupperware Corporation**
  - Sent memorandum to approximately 1,000 U.S.-based Associates on the importance of regular mammograms and highlighting women 65 and older and the Initiative.
  - Develop poster with Initiative message to be highlighted at the Tupperware's U.S. Distributor Conference which reaches 350 franchised distributorships supporting the sales force in the U.S.
  - Publish article on Initiative in Distributor Bulletin insert that is distributed to the entire U.S. sales force, of approximately 100,000 women.
  
- **1-800-Flowers**
  - Develop a mailer insert with the Initiative message that will be included in a reminder package to be sent to approximately 18,000-20,000 consumers.

**Medicare Mammography Initiative  
Editors' Commitments  
10/24/97**

**WOMEN'S MAGAZINES:**

<i>Child</i>	Pamela Abrams	Plans to include article in November issue. Circulation: 740 thousand.
<i>Cosmopolitan</i>	Bonnie Fuller	Plans to include a large feature in October issue ("A to Z" of Breast Cancer). Circulation: 2 million.
<i>Elle</i>	Elaina Richardson	Plans to include MMI article in October issue. Circulation: 900 thousand.
<i>Family Circle</i>	Susan Ungaro	Plans to include a report on breast cancer in October issue. Circulation: 5 million.
<i>Fitness</i>	Sally Lee	Plans to address MMI in October issue. Circulation: 750 thousand.
<i>Good Housekeeping</i>	Diane Salvatore	Plans to address breast cancer and MMI in October. November editor's article will address MMI. Circulation: 5 million.
<i>Healthy Living Country Living</i>	Rachel Newman	Plans to print an article on MMI in the November issue. Provides free mammograms to employees. Circulation: 1.6 million.
<i>Ladies' Home Journal</i>	Susan Crandell	Plans to cover MMI in October issue Circulation: 17 million.

*Latina*

Patricia Duarte

Plans to run feature article in either November or December issue.  
Circulation: 300 thousand.

*Mademoiselle*

Elizabeth Crow

Plans to cover MMI in October issue  
Circulation: 13 million.

*McCall's*

Sally Koslow

Plans to include major medical piece on breast cancer in October issue.  
Circulation: 4.3 million.

*Parenting*

Janet Chan

Plans to discuss breast self-exams in October issue.  
Circulation: 1.1 million.

*Parents*

Sarah Mahoney

Printed article on Breast Cancer and MMI.  
Circulation: 12 million.

*Redbook*

Kate White

Plans to include a feature article in September and an OB/GYN column in October on breast cancer.  
Circulation: 13 million.

*Self*

Rochelle Udell

Plans to include 16 pages on MMI. Vice-President involved.  
Circulation: 1.16 million.

*Seventeen*

Meredith Berlin

Plans to print MMI article in October issue.  
Circulation: 2.4 million.

*Vogue*

Anna Wintour  
Mary Murray

Plans to run an article on MMI in September issue.  
Circulation: 1.19 million

Candice Bergen:

FOR HUNDREDS OF THOUSANDS OF AMERICAN WOMEN, COPING WITH  
BREAST CANCER IS A FACT OF DAILY LIFE...ONE THAT THEY DEAL WITH  
WITH COURAGE, DIGNITY...AND AT TIMES EVEN HUMOR.

FOR MOST WOMEN, A REGULAR MAMMOGRAM IS A CLEAN BILL OF  
HEALTH. FOR OTHERS IT CAN BE THE BEST AVAILABLE TOOL FOR  
DISCOVERING THE DISEASE EARLY, WHEN IT IS EASIEST TO TREAT.

1 OUT OF 8 AMERICAN WOMEN WILL BE DIAGNOSED WITH BREAST  
CANCER IN HER LIFETIME—WITH AGE THE LEADING RISK FACTOR.  
SO USE YOUR HEAD AND YOUR HEART AND GET A MAMMOGRAM.

Mrs. Clinton:

(video taped wrap-up)



201 Oxford Valley Road  
 Bldg 1503  
 Ardley, PA 19007

Tel: (215) 321-4000  
 Fax: (215) 321-4100

(Stephen Baldwin reading the paper. Mom is watering plants or other house activity.)

Mom, this article says that most women your age don't get regular mammograms, even though age is the leading risk factor for breast cancer.

My Danny. He's so smart.

No mom, I'm not Danny. . . . It goes on to say that 180,000 new cases of breast cancer will be diagnosed this year, over half of them in women over 65.

My Billy, he's so good with numbers.

Mom, get it straight, I'm not Billy. . . . And starting January 1, Medicare pays for mammograms for women 65 and over. Now there's no excuse!

Alec. You're so compassionate.

(Stephen puts down the paper and addresses his mother affectionately)

Mom, there's one thing you always get right. . . encouraging women to get regular mammograms because early detection can save lives.

(Mrs. Baldwin reaches over and hugs Stephen)

I never confuse the important things in life, Stephen.



601 Oxford Valley Road  
Step 1503  
Lansdale, PA 19007

tel: (215) 321-4000  
fax: (215) 321-4100

**National Mammography PSA  
Script for Whitney and Sissy Houston**

**(Open on Grandmother Playing with Grandchild)**

**Sissy Houston:**  
Honey, how was the baby's check-up?

**Whitney:**  
Just fine Mama. More importantly how about your mammogram?

**Sissy:**  
Everything was just fine...and my Medicare benefit helped pay for it too.

**Whitney:**  
Great mama. Just remember that Medicare now helps pay for mammograms every year so make an appointment now for your mammogram for next year.

**Sissy:**  
Girl...you can be such a nag. I guess it must be true. We all turn into our mothers eventually.

**Whitney:**  
Then it's a good thing that my mama's so awesome.



301 Oxford Valley Drive  
 Bldg 1503  
 Ardley, PA 19007

Tel: (215) 321-4100  
 Fax: (215) 321-4104

**White House Mammography Campaign**  
**Celebrity TV PSA : 30**  
**Final 10 second wrap**

**Mrs. Clinton:**

**BE SURE THE FIRST LADY IN YOUR LIFE KNOWS ABOUT THE**

**IMPORTANT NEW BENEFIT THAT PAYS FOR ANNUAL SCREENING**

**MAMMOGRAMS FOR ALL MEDICARE - ELIGIBLE WOMEN AGE 65 AND**

**OLDER.**

**ENCOURAGE HER TO GET A MAMMOGRAM... IT'S A PICTURE THAT CAN**  
**SAVE HER LIFE.**



## National Breast Cancer Awareness Month, 1997

By the President of the United States of America

Proclamation

Every year we dedicate the month of October to focus on breast cancer and to reaffirm our national commitment to eradicate it. But for thousands of American women and their families and friends, breast cancer is a devastating reality that casts a shadow over their lives every day. In the past decade alone, nearly half a million women will die of breast cancer, and more than 100,000 new cases of the disease will be diagnosed.

Our greatest weapon in the struggle against breast cancer is knowledge: knowledge of its causes and knowledge about prevention and treatment. My Administration has established a National Action Plan on Breast Cancer to unite organizations across the country in a collaborative effort to find out more about the disease and how best to combat it.

The Department of Health and Human Services is taking the lead in this national effort through education and research at the National Cancer Institute and the Agency for Health Care Policy and Research; through nation-wide screening and detection programs at the Centers for Disease Control and Prevention; through continuing education programs at the Food and Drug Administration; through prevention services and treatment programs for the elderly under Medicare and Medicaid; through increased access to clinical treatment trials for patients who are beneficiaries of the Department of Defense and Department of Veterans Affairs programs; and the Department of Defense has also funded a breast cancer research program to reduce the impact of breast cancer, increase survival rates, and improve the quality of life for women diagnosed with the disease.

We can be proud of the progress we have made. One of the most promising research achievements in our history is the discovery of the BRCA1 gene in the cancer process. We have learned that breast cancer and prostate cancer are linked, and we have seen the positive relationship between breast cancer and physical activity. In addition, we have learned the basis of the drug tamoxifen, we must ensure that programs to gain health information are solely to advance and to improve the nation's health—not as a basis for discrimination against any group. This year I have urged the Congress to pass a law that prevents health insurance and employment discrimination against individuals on the basis of genetic information.

High-quality mammography has been proven to be a powerfully effective tool in our effort to detect breast cancer in its earliest, most treatable stage. The National Cancer Institute, the American Cancer Society, and many other professional organizations have urged that women at least once a year from mammography screening, and several of your fellow citizens have signed legislation that will help to make beneficiaries with cost-sharing requirements a national priority. The First Lady has also launched a national campaign to encourage older women to get regular mammograms by screening facilities.

We have realized that October is National Breast Cancer Awareness Month this year: recent data show that the number of women dying from breast cancer is rising. It is our knowledge, for us as a nation, that we must do more to help women understand the importance of early detection, receive recommended mammograms, and access to health care services. Let us continue to work together to raise awareness about the importance of early detection. Let us continue to work together to raise awareness about the importance of early detection. Let us continue to work together to raise awareness about the importance of early detection. Working together, we can help women, daughters, and friends can live long, healthy lives.

NOW, THEREFORE, I, WILLIAM J. CLINTON, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim October 1997 as National Breast Cancer Awareness Month. I call upon government, schools, businesses, communities, health care providers, and volunteers, and all the people of the United States to reflect on the importance of early detection, and to publicly reaffirm our nation's commitment to helping women live longer, healthier lives.

IN WITNESS WHEREOF, I have hereunto set my hand this first day of October, the year of our Lord nineteen hundred and ninety-seven, and the Independence of the United States of America the two hundred and twenty-first year.

*William J. Clinton*

[THE PRES  
out to all women to  
save your life. The  
all women over 40  
professionals, women  
research and medicine

Our success in  
mammogram, they receive  
vast majority of breast  
by as much as 70%.  
facilities, health providers

With these steps

Thanks for li-

*in a  
dictated  
word  
can  
encourage  
the newest  
US Public Health Service  
Office  
Women's  
Health*

*(Handwritten notes and scribbles)*