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PALLONE STATEMENT ON MAMMOGRAMS

Washington, D.C. --- U.S. Rep. Frank Pallone, Jr., Chairman of the House Energy and Commerce Subcommittee on Health, gave the following opening statement today at a hearing on Breast Cancer Screening Recommendations.

Good morning. Today the Subcommittee is meeting to review the new breast cancer screening recommendations issued by the US Preventive Services Task Force just a few weeks ago.

By now, I am sure everyone in this room is familiar with the new guidelines, or at least we are familiar with the controversy surrounding them. From what I have heard from my constituents, friends, family members, and academic institutions in my district, there are a lot of questions, frustration, and confusion around these new recommendations. The controversy that was ignited by the report may be eclipsing what the report says.

This is the reason I am holding this hearing today. It is time for all of our questions to be answered. We want a clear understanding of what the report did and didn't say and what others have to say about the report. We also want to understand the process used by the Task Force:

Should they operate with more transparency?

Do they get sufficient input?

Do they consider different opinions?

I have invited the US Preventive Services Task Force to speak directly about their work. It is my hope that we will all walk out of this room later today with a better understanding of how these recommendations came about, how they should be viewed and what exactly they mean.

We want to get these answers, we want to know as much as we can because women and their doctors want to know what is best.

I also want to hear from organizations, advocacy groups and medical experts. We don't want the Task Force's report to stand alone if there are different opinions. I know that some of the frustration is due to the fact that this recommendation was seemingly made with little to no input from these groups. That may be a problem of process as well as a problem with the substance of the report. They will have a platform and a voice today.

The United States is at the forefront of medical research and innovation. Investment in science has led to the development of early detection methods for certain cancers. It has led to treatments and cures for diseases once considered a death sentence.

It is important that all this new medical information is used to empower physicians and their patients when making medical decisions. This information should be used to help patients and their doctors. It should not be used as an excuse to deny needed care. Scientific studies enable patients and their physicians to make more informed decisions about what is best for them in any given situation. These studies should be one of many tools. Patients and their doctors should have as much information as available. They should have informed conversations. But the decisions about mammography for woman in their 40s should remain with women and their doctors.

There is a lot of disagreement in the medical community about when exactly to be using mammography screening for breast cancer. Studies have shown that mammograms save lives while at the same time others have highlighted the risks associated with the test. For example, an article published in the New York Times just yesterday cites a new study that indicated that the risks associated with yearly mammograms can actually put high risk women at an even greater risk to develop breast cancer in their life time. Though at the same time, the study authors caution that more research is needed to make a more conclusive recommendation. It appears to me that the take away message from all of this is that more research is needed and that there is already quite a bit of disagreement within the community as to what is best for the patient.

Remember, our goal is to provide the best ways of preventing and treating breast cancer. All the studies, reports and recommendations should be used with that goal in mind.

I also believe that we do not want this study or any other study to be used as an excuse by insurance companies or others to deny mammograms or treatment that would help woman. Again, the decision should be between woman and their doctors.

We want to do away with the confusion and mixed messages. We want the stakeholders, the Task Force and all other groups to be heard. We want people to understand whatever recommendations are made and what the implications are from these recommendations.

I would like to thank all of our witnesses for making the time to be here and I look forward to your testimony. I now recognize our Ranking Member, Mr. Deal for five minutes for the purpose of making an openings statement.