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# Congress of the United States

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### Opening Statement of Rep. Henry A. Waxman Chairman, Committee on Energy and Commerce “Breast Cancer Screening Recommendations” Subcommittee on Health December 2, 2009

Thank you, Chairman Pallone, for holding this very important hearing.

Today we are going to talk about an issue about which people have strong views: Which women should be routinely screened for breast cancer and when. It is a question that resonates with every person in this room. We all know someone – a family member or friend – who has received a breast cancer diagnosis. In some instances, this may be a younger woman, in the prime of her life. Indeed, just a few weeks ago, this Subcommittee heard powerful testimony from a member of our own congressional family – Representative Wasserman Schultz – about her diagnosis and treatment for breast cancer at age 40.

The new guidelines for breast cancer screening that were recently issued by the U.S. Preventive Services Task Force have placed this issue front and center . . . again. I emphasize the word “again” because this is not the first time recommendations about the use of mammography and breast self exams have been revisited – by the Task Force or NIH or any number of cancer-related research or advocacy groups. Just as we have seen with prostate cancer screening, immunization schedules, and even last week, cervical cancer screening, as well as numerous other services, new information or new interpretations of old information, often result in a change in what the experts tell us works at all or works most effectively of all.

And this is how it is supposed to be. As the science of medicine evolves, so too, should the recommendations on the best use of that science.

I believe that is what the U.S. Preventive Services Task Force set out to do in undertaking a review of its 2002 mammography guidelines – to take a fresh look of what has been learned over the last several years, and based upon that body of work, to provide its best professional judgment on what doctors and their patients should consider when they are making decisions about breast cancer screening. While that judgment may be contentious, I have no doubt it was driven by science and by the interpretation of science – and not by cost or insurance coverage or

the ongoing health reform debate. I also am confident that these recommendations are just that – recommendations – and that the Task Force would not expect them to be used to take the place of a considered opinion of a physician and patient.

As we will hear shortly, there is a deep divide about these guidelines among other expert groups that, I believe together with the Task Force, share the primary goal of ensuring the best possible care for women. We want to learn more about those differing views today and understand better exactly what the Task Force has proposed and why. But in the end, what must prevail is a set of recommendations that is evidenced-based, backed by science, and supported by experts in the field. American women and their doctors deserve – and are entitled to – nothing less to inform their decisions – not to make them, but simply to inform them.

I hope that will be our sole focus here today. I look forward to hearing from all of our witnesses and thank them in advance for their testimony.