

105TH CONGRESS
1ST SESSION

S. 90

To require studies and guidelines for breast cancer screening for women ages 40–49, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JANUARY 21, 1997

Ms. SNOWE introduced the following bill; which was read twice and referred to the Committee on Labor and Human Resources

A BILL

To require studies and guidelines for breast cancer screening for women ages 40–49, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Breast Cancer Screen-
5 ing Act of 1997”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) the National Cancer Institute is the lead
9 Federal agency for research on the causes, preven-
10 tion, diagnosis, and treatment of cancer;

1 (2) health professionals and consumers
2 throughout the Nation regard the guidelines of the
3 National Cancer Institute as reliable scientific and
4 medical advice;

5 (3) it has been proven that intervention with
6 routine screening for breast cancer through mam-
7 mography can save women's lives at a time when
8 medical science is unable to prevent this disease;

9 (4) there are statistical limitations to evaluating
10 the efficacy of mammography in a 5–10 year age
11 range of women, using existing studies designed to
12 test the efficacy of mammography in a 25–30 year
13 age range of women;

14 (5) there were numerous shortcomings identi-
15 fied in a Canadian study designed to address reduc-
16 tion of mortality from breast cancer in the 40–49
17 age range;

18 (6) to date, it is not possible to have the same
19 degree of scientific confidence about the benefit of
20 mammography for women ages 40–49 as exists for
21 women ages 50–69 due to inherent limitations in the
22 studies that have been conducted;

23 (7) meta-analysis (combining the results of sev-
24 eral studies) is sometimes useful, and the studies

1 used to reach the National Cancer Institute’s conclu-
2 sions were not easily combined because of variations
3 in design, technology, screening interval, the inclu-
4 sion or exclusion of clinical breast examination, and
5 quality;

6 (8) the existing clinical trial data are inad-
7 equately to provide a definite answer to the efficacy of
8 early detection in the 40–49 age group and there
9 has been a dramatic change in technology during the
10 30-year period since the initiation of the first study
11 of breast cancer screening;

12 (9) the majority, approximately 80 percent, of
13 women who are diagnosed with breast cancer have
14 no identifiable risk for this disease;

15 (10) breast cancer is the leading cause of can-
16 cer death among women in the age group 15–54;

17 (11) the American Cancer Society and 21 other
18 national medical organizations and health and
19 consumer groups are at variance with the decision of
20 the National Cancer Institute to rescind the guide-
21 line of the Institute for mammography for women
22 ages 40–49;

23 (12) Swedish researchers, analyzing studies in-
24 volving more than 150,000 women, recently found a

1 24 percent lower death rate among women who re-
 2 ceived mammograms in their forties; and

3 (13) the statement of scientific fact on breast
 4 cancer screening issued by the National Cancer In-
 5 stitute on December 3, 1993, caused widespread
 6 confusion and concern among women and physi-
 7 cians, eroded confidence in mammography, and rein-
 8 forced barriers and negative attitudes that keep
 9 women of all ages from being screened.

10 **SEC. 3. STUDIES AND GUIDELINES.**

11 The Director of the National Cancer Institute shall—

12 (1) conduct adequately designed studies to de-
 13 termine the benefit of screening women ages 40–49
 14 through mammography and other emerging tech-
 15 nologies; and

16 (2)(A) reissue the guideline rescinded in 1993
 17 for mammography for women ages 40–49; or

18 (B)(i) amend the Institute statement of sci-
 19 entific fact on breast cancer screening to clearly
 20 state that the uncertainty of evidence for women in
 21 this age group is due to the limitations of existing
 22 studies (as of the date of issuance of the statement);
 23 and

- 1 (ii) direct the public to consider guidelines is-
- 2 sued by other organizations.

