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VIA ELECTRONIC DELIVERY

The Honorable Anna Eshoo, Chairwoman
The Honorable Brett Guthrie, Ranking Member
United States House of Representatives
Energy and Commerce Committee
Health Subcommittee
2125 Rayburn House Office Building
Washington, D.C. 20515

RE: H.R. 4612, Protecting Access to Lifesaving Screenings Act of 2021 (PALS Act)

Dear Chairwoman Eshoo and Ranking Member Guthrie:

As the leading trade association representing the manufacturers of medical imaging equipment, radiopharmaceuticals, contrast media, and focused ultrasound therapeutic devices, the Medical Imaging and Technology Alliance (MITA) writes to share our support for H.R. 4612, Protecting Access to Lifesaving Screenings Act of 2021.

Breast cancer is the second most common cancer among women in the United States.¹ Routine screening for breast cancer is essential to reduce breast cancer mortality and improve outcomes for women.² Medical imaging technologies play a key role in breast cancer screening, and diagnosis, that leads to early and more effective treatment.

Since 2015, when the PALS Act was first passed to prevent the unduly restrictive United States Preventative Services Task Force (USPSTF) breast cancer screenings guidelines from going into effect, medical imaging technology for mammography has continued to advance. The development and adoption of three-dimensional mammography in the form of digital breast tomosynthesis (DBT), now the standard of care, utilizes layer by layer analysis, which is an especially important detection tool for the over 50 percent of women aged 40 to 74 with dense breasts.

If passed, the PALS Act would continue to protect annual breast cancer screening access for women ages 40-49. Protecting ongoing access to early, routine breast cancer screening would align with guidance issued by clinical professional societies and ensure the consistent practice of evidence-based care and shared decision-making between women and their clinicians. Breast cancer screening guidelines promoting early, routine screening from professional societies and public health organizations include:

¹ American Cancer Society. How Common Is Breast Cancer? Jan. 2020. Available at: <https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html>

² Dibden A, Offman J, Duffy SW, Gabe R. Worldwide Review and Meta-Analysis of Cohort Studies Measuring the Effect of Mammography Screening Programmes on Incidence-Based Breast Cancer Mortality. *Cancers (Basel)*. 2020;12(4):976. Published 2020 Apr 15. doi:10.3390/cancers12040976

- **The American College of Obstetricians and Gynecologists (ACOG)** recommends that women at average risk of breast cancer “should be offered screening mammography starting at age 40 years” and “should have screening mammography every 1 or 2 years based on an informed, shared decision-making process...”³
- **The American Cancer Society (ACS)** recommends that “women with an average risk of breast cancer should undergo regular screening mammography starting at age 45 years (strong recommendation). Women aged 45 to 54 years should be screened annually (qualified recommendation). Women 55 years and older should transition to biennial screening or have the opportunity to continue screening annually (qualified recommendation). Women should have the opportunity to begin annual screening between the ages of 40 and 44 years (qualified recommendation). Women should continue screening mammography as long as their overall health is good and they have a life expectancy of 10 years or longer (qualified recommendation).”⁴
- **The American College of Radiology (ACR)** “recommends annual mammographic screening beginning at age 40 for women of average risk. Higher-risk women should start mammographic screening earlier and may benefit from supplemental screening modalities.”⁵
- **The National Comprehensive Care Network (NCCN)** recommends “annual mammographic screening for average-risk women beginning at age 40 years.”⁶

Promoting breast cancer screening is more important than ever given the that studies have shown significant recent declines in breast cancer screening rates due to pandemic-era restrictions.

Continuing to protect access to early, routine breast cancer screening is also important as we seek greater health equity as black women are more likely to get breast cancer before they are 40 and are more likely to die from it at any age.

Early detection of breast cancer via routine screening is key to saving lives. We urge Congress to reauthorize the PALS Act to protect ongoing access for the 22 million women at risk of losing coverage to these essential screening services.

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If you have any questions, please contact Holly Grosholz, Senior Manager, Government Relations, at hgrosholz@medicalimaging.org or 703-841-3228.

Sincerely,



³ <https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women>

⁴ <https://jamanetwork.com/journals/jama/fullarticle/2463262>

⁵ [https://www.jacr.org/article/S1546-1440\(17\)31524-7/fulltext](https://www.jacr.org/article/S1546-1440(17)31524-7/fulltext)

⁶ <https://pubmed.ncbi.nlm.nih.gov/30442736/>

Patrick Hope
Executive Director, MITA

MITA is the collective voice of manufacturers of medical imaging equipment, radiopharmaceuticals, contrast media, and focused ultrasound therapeutic devices. It represents companies whose sales comprise more than 90 percent of the global market for medical imaging innovations. These products include: magnetic resonance imaging (MRI), medical X-Ray equipment, computed tomography (CT) scanners, ultrasound, nuclear imaging, radiopharmaceuticals, and imaging information systems. MITA Member company technologies are an important part of our nation's healthcare infrastructure and are essential for the screening, diagnosis, staging, managing and effectively treating patients with cancer, heart disease, neurological degeneration, and numerous other medical conditions.