

Thank you, Senator Schmidt and members of the Public Health and Welfare Committee.

My name is JoAnn Pushkin I am representing Are You Dense Advocacy, Inc. , and am here to discuss what has been called *"the greatest cancer risk you've ever heard of"*.

I think most people would agree that there isn't too much you don't know about yourself once you hit your forties. Six years ago I learned two things: I learned I had breast cancer and I learned I had dense breast tissue. Tragically, I learned them both the same day.

The lump, large enough by then to feel, did not show up on a diagnostic mammogram. Why? "Oh", said the tech, "because you have dense breast tissue. That's a very hard find for us".

So on the day my cancer was so large it could be felt, it was undetectable on a mammogram. Based on the size, it was estimated to have been growing 5 years – undetected every one of them by mammogram.

When I finally reviewed all my annual radiological reports, I was shocked to learn that dense breast tissue was a term I should have been very familiar with. It was mentioned every single year in the report sent from radiologist to referring doctor. My radiologist knew I had dense breasts. My referring doctor knew I had dense breasts. The only one who didn't know was the one with dense breasts.

AND, despite the fact that my breasts were extremely dense, despite the fact that due to density there was at best a 50/50 shot that that tumor was going to be found, and despite the fact that due to density I had a higher risk of breast cancer - despite all of that, the letters I received after my mammograms- said *“normal negative, no evidence of cancer”*. Six words.

What I know now is that my letters stated no evidence of cancer, not because cancer wasn't there and not because the radiologist knew with any reasonable certainty that cancer wasn't lurking behind dense tissue; it said no evidence of cancer because he simply couldn't see anything.

Are You Dense Advocacy was born out of the frustration of sick women, all with later-stage cancers, who had diligently followed the screening protocols recommended by medical professionals. We were never told we had dense breasts, never told it drastically compromised the effectiveness of a mammogram, and, tragically never referred on for further screening.

We are simply fighting to get information to women about themselves. Without it, they are denied the opportunity to advocate for and protect themselves. You cannot protect yourself against what you haven't even been told is a threat.

CT was the first state to enact Breast Density Inform legislation, and results from research conducted through Yale University were recently released. What they have documented is that for women with dense breasts, the addition of a screening ultrasound as a supplement to mammography yields a 64% increase in the diagnosis of EARLY stage cancers. These are cancers now found early enough to be treatable, survivable and least expensive for a healthcare system to treat. Horror stories averted.

State legislative efforts continue to spread across the country. In addition to enacted laws in CT and TX, Kansas' bill is one of 11 so far - introduced this session.

The growing number of state bills has resulted in a Federal Bill introduction last year, as well as FDA consideration of a federal regulatory change.

AYDA testified at the FDA's Mammography Quality Standards Act Committee Advisory Meeting in November in which consensus was reached that DENSITY INFORMATION SHOULD BE included in the letter women receive after their mammograms.

Passage of SB 407 would mean Kansas women, informed of the possible limitation of mammography now have the opportunity to begin dialog with their doctors. Otherwise, the women of Kansas, not told the realistic limitations of a

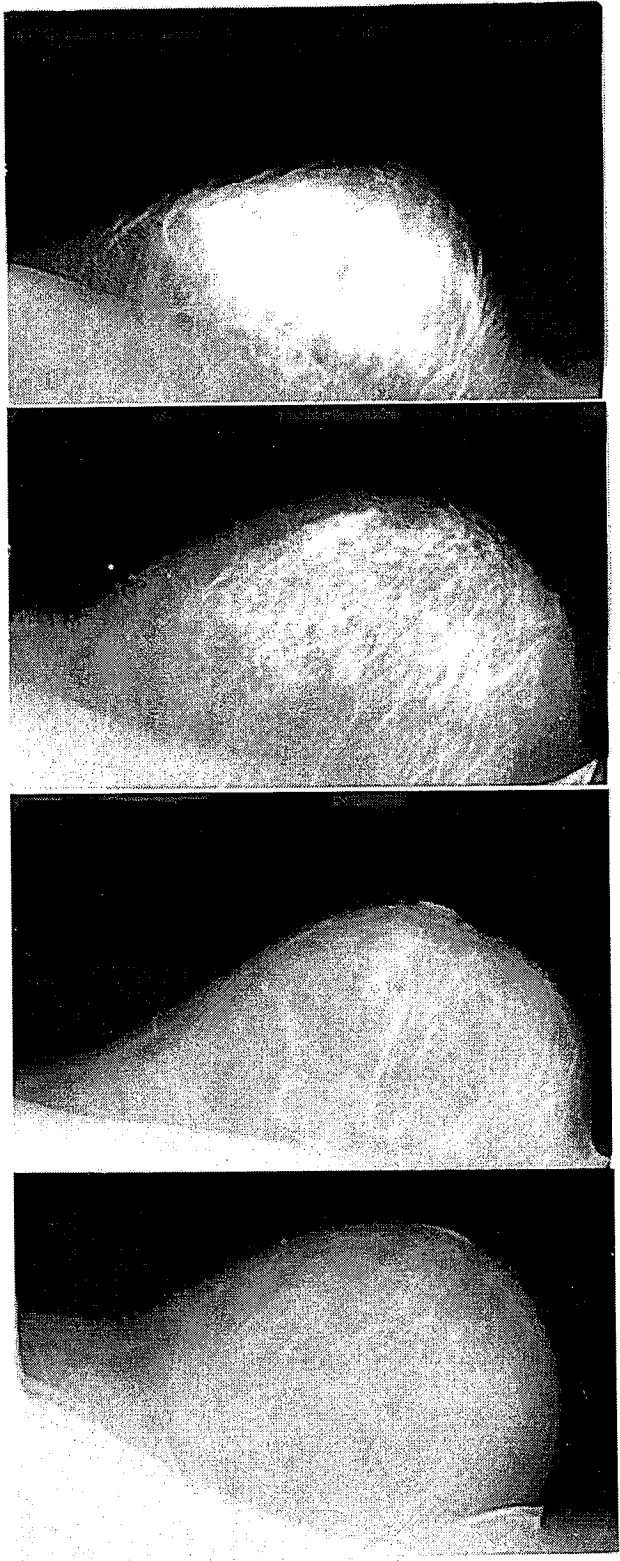
screening tool, can hardly be considered “Informed Patients”.

We would, though, ask you to consider a small change in the language of the inform letter. We fear the current language beginning with “IF YOU HAVE DENSE BREASTS” may be ignored by the 95% of women who do not know if they do. If the language neglects to clearly inform a woman that she has dense breasts, than it is general information about a condition which she has been given no clue applies to her. To remove any possibility of confusion or uncertainty, we recommend the letter begin with “AS YOUR MAMMOGRAM DEMONSTRATES THAT YOU HAVE DENSE TISSUE”.

For all the women with dense breast tissue who were too overwhelmed by their late-stage breast cancer diagnoses to find their voices and to fight for change, and for all the women whose voices have been forever silenced because their cancers were found too late, I ask you to support Senate Bill 407. Moms, wives, daughters and sisters. There are preventable tragedies.

We applaud the leadership of Senator Schodorf for sponsoring this groundbreaking legislation and are grateful to Representative Colloton for her early support. They are both heroes in the fight for EQUAL ACCESS TO EARLY DETECTION for Kansas women.

Thank you for giving me the opportunity to speak.

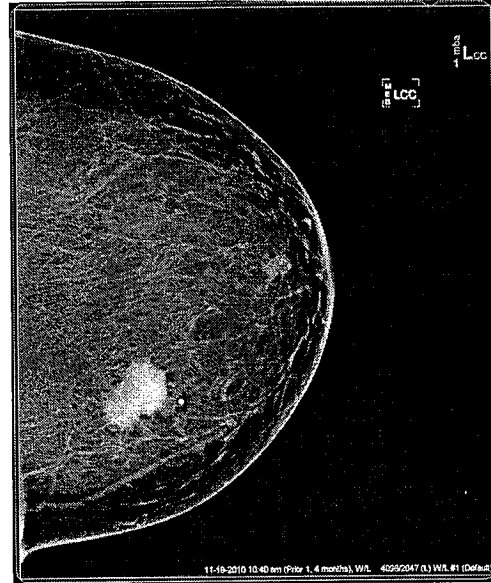
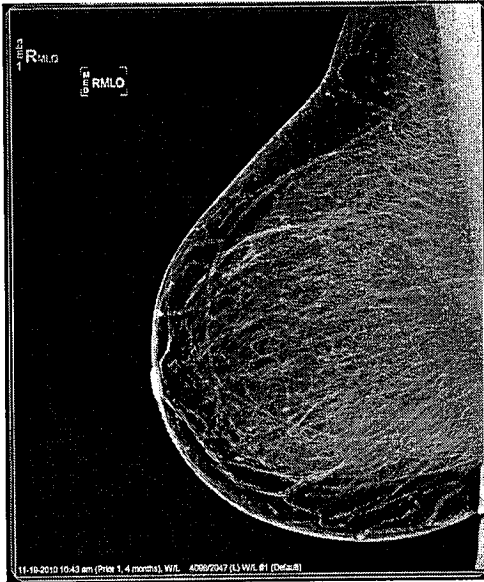


Breast composition and its mammographic appearance.

The figures above are illustrations of the four BI-RADS grades of breast tissue density (from left to right) least dense through extremely dense.

Examples of Differing Types of Breast Tissue

These mammographic images are of primarily fatty (low density) breast tissue. The film on the left shows healthy breast tissue. The film on the right shows several tumors, which are clearly visible within fatty breast tissue. Notice how the tumor shows white on the film:



These images are of dense breast tissue. The mammogram on the left shows extremely dense breast tissue. Imagine how the tumor at the above right would show on this film. The MRI of the same breast on the right clearly shows a breast cancer tumor:

