

June 29, 2010

The Honorable David Vitter
516 Hart Senate Office Building
Washington, DC 20510

Dear Senator Vitter:

On behalf of the American College of Preventive Medicine (ACPM), I would like to express our concern with your recent letter to the Department of Health and Human Services (HHS) requesting that they cease all promotional activities of the U.S. Preventive Services Task Force (USPSTF) recommendations related to breast cancer screening and mammography. Over the past quarter century the USPSTF has played a vital role in identifying evidence-based clinical preventive services that are effective in improving health and saving lives.

The recent USPSTF revision of their mammography recommendations has resulted in numerous inaccurate statements that obfuscate the message to providers and patients that routine breast cancer screening and mammography is an important and recommended service for women aged 50 and over, while women aged 40 – 49 should discuss the potential benefits and potential harms of mammography with their physician based on the presence of risk factors that have been linked to breast cancer. The USPSTF cited evidence indicating that women in their forties with no identifiable risk factors are much less likely to have breast cancer than similar women aged 50 and above, and further, that mammograms for women below 50 have a much higher likelihood of generating false positives than in older women.

The USPSTF uses explicit criteria to formulate its recommendations about the effectiveness of preventive services and does not use cost as a reason to recommend against a service that has been proven to be effective. While public and private payers may base coverage decisions based on USPSTF recommendations, the task force itself does not consider the cost of a service in evaluating its effectiveness.

The USPSTF is an independent panel comprised of experts in prevention and primary care that recommend best practices for clinical preventive services. Although it receives administrative support from the Agency for Healthcare Research and Quality, the agency does not exert any influence over USPSTF decision-making.

ACPM supports the USPSTF's recommendation that women aged 40 to 49, in consultation with their physician, should decide whether to have screening mammography on an individual basis rather than routine practice for all. We urge that you work to promote the USPSTF recommendations to ensure the availability of appropriate clinical preventive services for all populations.

If you have any questions or concerns regarding USPSTF recommendations, please do not hesitate to contact me directly.

Sincerely,



Mark B. Johnson, MD, MPH, FACPM
President