

[First Reprint]

ASSEMBLY RESOLUTION No. 166

STATE OF NEW JERSEY

INTRODUCED JUNE 5, 1997

**By Assemblywomen HECK, VANDERVALK, Murphy,
Assemblyman Jones, Assemblywoman Quigley,
Assemblyman Felice and Assemblywoman Weinberg**

1 **AN ASSEMBLY RESOLUTION** memorializing the President and Congress of the
2 United States concerning recommendations to support and strengthen
3 breast cancer screening efforts.

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5 **WHEREAS**, On March 27, 1997, the National Cancer Institute issued a joint
6 statement of agreement with the American Cancer Society that
7 "mammography screening of women in their 40's is beneficial and
8 supportable with the current evidence;" however, unlike ~~American~~
9 Cancer Society, the National Cancer Institute has not adopted a
10 policy which recommends that women in their 40s receive an annual
11 mammography screening; and

12 **WHEREAS**, Since 1993, the National Cancer Institute had maintained a policy
13 of not recommending universal breast cancer screening for mammography
14 beginning at age 40, based upon a perceived lack of clear scientific
15 evidence for a reduction in deaths among women in their 40's; and this
16 policy had been reaffirmed by the majority statement issued by the list
17 convened by the National Institutes of Health (NIH) Consensus
18 Development Conference on Breast Cancer Screening for Women Ages
19 40-49 in January 1997, which found that the data on randomized
20 controlled trials presented at the conference did not warrant a single
21 recommendation for mammography screening for all women in their 40's
22 and that each woman should decide for herself, in consultation with a health
23 care professional, whether to undergo mammography; and

24 **WHEREAS**, The position taken by the NIH consensus development list to
25 eschew any recommendation for women to begin receiving mammography
26 screening by age 40 was flatly rejected by a wide and impressive array of
27 organizations, including: the American Academy of Family Physicians, the

EXPLANATION - Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly AHL committee amendments adopted June 12, 1997.

1 American Association of Women Radiologists, the American Cancer
2 Society, the American College of Radiology, the American Medical
3 Association, the American Osteopathic College of Radiology, the
4 American Society for Therapeutic Radiology and Oncology, the American
5 Society of Clinical Oncology, the American Society of Internal Medicine,
6 the College of American Pathologists, and the National Medical
7 Association, as well as a minority report issued by dissenting members of
8 the NIH consensus development list; and

9 **WHEREAS,** The very same statement issued by the above list which declined
10 to recommend mammograms for women in their 40's explicitly
11 acknowledged that breast cancer is the single leading cause of death
12 among women ages 40-49 in the United States, and that the incidence of
13 breast cancer approximately doubles from ages 40 to 49; and

14 **WHEREAS,** More than 30,000 women in the United States ages 40 to 49 are
15 diagnosed with breast cancer each year; and, according to a recent
16 statement issued by the American College of Radiology, two independent
17 studies from Sweden found a statistically significant decrease in the breast
18 cancer death rate of 44% and 36%, respectively, for women who began
19 mammography screening in their 40's; and

20 **WHEREAS,** Research data indicate that particular categories of women, such
21 as those age 65 and over, African-American women and the indigent, are
22 at special risk for breast cancer, as compared with younger, white and
23 more affluent women, because they are less likely to receive
24 mammograms and consequently have higher breast cancer mortality rates
25 since their disease is diagnosed at a later stage; and

26 **WHEREAS,**¹ In addition to the potential for saving lives, detecting breast
27 cancer at an early stage can give a patient more choice in selecting among
28 various treatment options, e.g., more women with cancer detected by
29 mammography have the option of lumpectomy, rather than mastectomy,
30 compared with women whose cancers were detected by palpation; and

31 **WHEREAS,** Initiating mammography screening at age 40 might increase
32 screening compliance in later years, since screening at an early age could
33 provide an opportunity for early patient education and increased awareness
34 of, access to, and utilization of health care; and

35 **WHEREAS,** Current mammographic technology has improved from that used
36 in the randomized controlled trials that were initiated between 1963 and
37 1982, which served as the basis for the NIH consensus development list's
38 conclusions, thereby putting in question the relevance of these research
39 data with respect to the medical value of mammograms for women ages 40
40 to 49 today; and

41 **WHEREAS,** A joint public hearing conducted by the Assembly Policy and
42 Regulatory Oversight Committee and the Assembly Health Committee on
43 March 21, 1997 to discuss the NIH consensus development list's

1 conclusions found widespread support for annual mammography screening
2 of all women [in their 40's] beginning at age 40, from representatives
3 of: the American Cancer Society-New Jersey Division, Inc., the American
4 College of Radiology, the Medical Society of New Jersey, the New Jersey
5 Association of Osteopathic Physicians and Surgeons, the University of
6 Pennsylvania Medical Center, the Cancer Institute of New Jersey, the
7 UMDNJ/University Hospital, Cooper Hospital/University Medical Center,
8 Newark Beth Israel Medical Center, Englewood Hospital, the UMDNJ-
9 New Jersey Medical School, Monmouth Medical Center, Somerset
10 Medical Center, the Radiology Group of New Brunswick, the New Jersey
11 Health Officers Association, the New Jersey Breast and Cervical Cancer
12 Control Initiative in the Department of Health and Senior Services, the
13 Commission on Cancer Research, the Division on Women in the
14 Department of Community Affairs, and the Camden County Department
15 of Health and Human Services, as well as the New Brunswick Area Senior
16 Medical Director for the Bristol-Myers Squibb Company Pharmaceutical
17 Group and members of the general public; and

18 **WHEREAS**, The Board of Directors of the American Cancer Society, on
19 March 21, 1997, voted to incorporate within its guidelines a
20 recommendation that women begin annual mammography screening at age
21 40; and

22 **WHEREAS**, The established medical need for annual mammography
23 screening extends [beyond] from women [ages 40 to 49] at age 40, all
24 the way to those who are senior citizens, who are most at risk of
25 developing breast cancer; however, the federal Medicare program
26 currently will only cover a mammogram every two years; and

27 **WHEREAS**, The members of this House believe it would be a tragic
28 mistake, the consequences of which may be measured in the lives of
29 younger, middle-aged and older women, to continue current federal
30 government policy regarding the lack of official support by the National
31 Cancer Institute for a recommendation that all women [ages 40 to 49]
32 receive an annual mammography screening beginning at age 40; and the
33 failure of the Medicare program to cover annual mammograms for its
34 women beneficiaries; now, therefore,

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36 **BE IT RESOLVED** *by the General Assembly of the State of New Jersey:*

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38 1. This House memorializes the President and the Congress of the United
39 States to endorse and seek to implement changes in current federal
40 government policy, as well as the National Cancer Institute to revise its
41 position, regarding the need for all women [ages 40 to 49] to receive an
42 annual mammography screening beginning at age 40; in accordance with the
43 guidelines of the American Cancer Society, and to ensure that the Medicare

1 program covers annual mammograms for its women beneficiaries.

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3 2. A duly authenticated copy of this resolution, signed by the Speaker of
4 the General Assembly, and attested by the Clerk of the General Assembly,
5 shall be forwarded to the President of the United States, the United States
6 Secretary of Health and Human Services, the Director of the National Cancer
7 Institute, and each member of the United States Congress elected from the
8 State of New Jersey.

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13 Memorializes President and Congress to support recommendations for annual
14 mammograms for women beginning at age 40 and Medicare coverage of
15 annual mammograms.