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Testimony on SB 717
Before the Senate Committee on Health Care and Human Services
April 1, 2013

Chair Monnes-Anderson and members of the committee, thank you for hearing SB 717 and for the opportunity to testify before you today. For the record, I am Senator Elizabeth Steiner Hayward, Senate District 17. I'm also a family physician and Director of the Breast Health Education Program in the OHSU Knight Cancer Institute and in those roles have spent significant time researching and teaching effective techniques for clinical breast exams.

SB 717 came out of a workforce established by SB 493 passed during the 2011 session. I served as chair to the workgroup and other members included representatives of a wide variety of organizations including Oregon hospitals, nurses and nurse practitioners, physician assistants, physicians, experts in clinical breast exams, a representative of Komen for the Cure and a breast cancer survivor. The group was tasked with the responsibility of developing curriculum and training standards for performing clinical breast examinations for Oregon.

Breast cancer will affect 1 in 8 women during her lifetime. Breast cancer treatment is most effective when the cancer is detected early and research suggests that high-quality clinical breast exams can play an important role in the early detection of breast cancer. Mammograms and other screening procedures have improved early detection rates, but none of these screening procedures are perfect. There is significant disagreement in the medical literature about the effectiveness of different screening modalities and health care providers and patients often overestimate the sensitivity of mammograms in detecting early breast cancer.

Therefore, it is important to educate and train health care providers in the performance of high-quality clinical breast exams as an additional non-invasive, low-cost way to improve early detection of breast cancer. The Centers for Disease Control and Prevention (CDC) and the American Cancer Society (ACS) have published consensus recommendations which concluded that the vertical strip, three-pressure method of clinical breast exam is the most sensitive technique and most likely to detect breast cancer at its earliest stages. Research I conducted with others at OHSU demonstrated that a standardized approach to teaching the vertical strip-three pressure method to family medicine residents significantly enhances the sensitivity of the exams conducted by these new physicians, leading to improved detection rates of early breast cancer.

SB 717 would require all health care professional training programs and residency programs that train physicians in a field where they will regularly perform clinical breast exams to teach the vertical strip three-pressure method of clinical breast exam as part of the required curriculum. This training already exists in the form of online training videos that can be utilized by these programs. Ensuring that all providers in Oregon are trained to do high-quality clinical breast exams is an important part of a strategy to improve early detection rates of breast cancer in Oregon.

**SB 493 (2011) Task Force Report and Legislative Recommendation**

The Task Force was convened under SB 493 (2011) to do the following:

a) Investigate ways to decrease the number of delayed breast cancer diagnoses in Oregon
b) Review existing clinical breast cancer examination (CBE) curricula and training standards at medical schools and hospitals
c) Review existing clinical breast cancer examination curricula and training standards for health care providers
d) Identify deficiencies in increasing awareness about the need for health care provider training
e) Explore whether the state should adopt a standardized clinical breast examination protocol

Chaired by Senator Elizabeth Steiner Hayward, members of the SB493 Task force conferred in working groups through a series of face-to-face meetings held in Portland on September 24, 2012 and October 25, 2012. A third and final meeting was convened in February 2013. Members of the committee included representatives from statewide associations for family physicans, Oregon hospitals, nurse practitioners, physician assistants, experts in breast cancer screening, national breast cancer organizations and a breast cancer survivor.

The intent of this effort was to provide a forum to discuss and execute elements of the Task Force's charge as detailed above and ultimately, provide a report which may include recommendations for legislation, to the Legislative Assembly or to an interim committee of the Legislative Assembly related to health care.

**The burden of breast cancer in Oregon**

Breast cancer is the third-leading cause of cancer deaths among women, and Oregon is among the nation's top five states for incidence of breast cancer. On average, more than 2,789 Oregon women are diagnosed with invasive breast cancer and 498 die from the disease each year.

Until more is known about prevention of breast cancer, the focus continues to be on early detection. When breast cancer is diagnosed at its earliest stages, the five-year survival rate is over 95 percent. Unfortunately, over the past 10 years in Oregon, while the overall incidence of breast cancer has declined, the rate of late-stage diagnosis has remained relatively flat at approximately 27 percent.

**Task Force Progress Update:**

The SB493 Task Force made good progress toward achieving its mission, including:

- A comprehensive review of the history and background of clinical breast exam (CBE) training for medical providers in Oregon.
- A review of the professionally recognized and preferred Vertical Strip, Three Pressure Method (VS3PM) CBE techniques and training standards, including a presentation of the work done by Senator Steiner Hayward in this area.
- A review of existing CBE curricula and training standards at medical schools and hospitals in Oregon.

- A review of existing CBE curricula and training standards for health care providers in Oregon.
- A review of Oregon Stage Cancer Registry (OSCaR) data regarding breast cancer incidence and stage of diagnosis across the State of Oregon.
- A series of roundtable discussions, including input by non-task force subject experts, regarding whether the state should adopt or mandate a standardized CBE protocol.

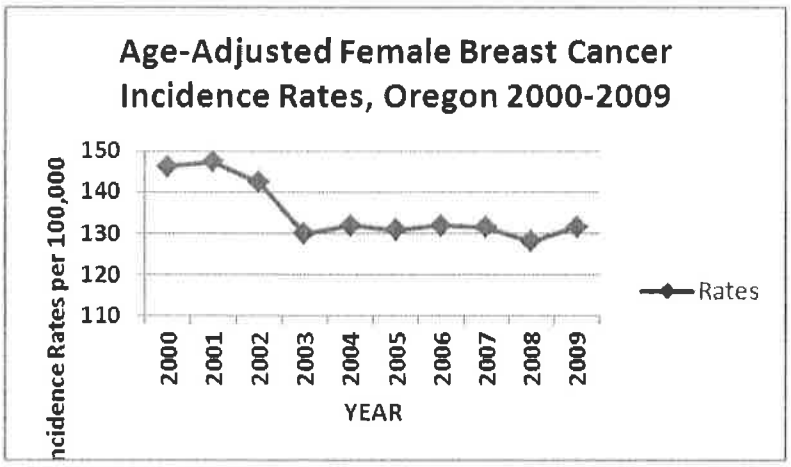
**Key Task Force Findings to Date:**

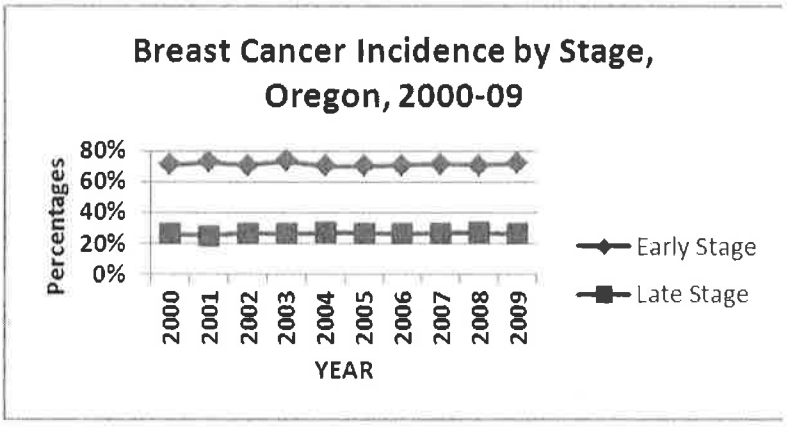
**CBE Training in Oregon is Inconsistent, not Standardized:**

- **OR Nurse Practioners Programs: OHSU and University of Portland (UP):** UP has taught health assessment three times and twice the breast curriculum covered the grid method for exam with practice. However, the breast exam was not covered in the most recent health assessment training. At OHSU's NP program, during their physical exam module, students practice breast exams on live models under the supervision of the instructor and they have breast models with lumps for students to practice on. An NP training presentation from OHSU was provided to the Task Force, taught by an OHSU Breast Health Nurse Practitioner, which cover the VS3PM method.
- **Residency Programs (Good Samaritan, Emmanuel)** –Medical residents and interns received training at Academic Half Day (AHD), and are taught that CBE is a required part of the preventive visit. The program has no models to teach the residents and interns, but faculty may teach them in the room with a patient. Additionally, they are taught that self-breast exam has not been shown to reduce mortality from breast cancer, but that if a woman is already doing self breast exam, not to discourage her.
- **Residency Program (Providence)** – The Providence residency programs have been fairly unstructured about training in CBE over the last several years. Approximately 5-6 years ago, it was taught as a half-day program, although scheduling presented a major challenge for residents and interns with little time.
- **PA Programs** – Training curricula vary, depending upon the length of the program. The VS3PM is being taught at Pacific University as the preferred method, with both silicone and live patient models. Pacific University also covers other ways to do CBE – letting students know that VS3PM is the preferred technique.

**Oregon State Cancer Registry (OSCaR) Data – Late Stage Diagnosis Rates Remain Level:**

- **OSCaR data** –While overall incidence of breast cancer (2000-2009) has decreased, the proportion of cases that are early vs. late stage at the time of diagnosis appears unchanged during the same period. OSCaR data maps were forwarded to task force members. Requests have been made by the committee to provide additional data by regions of the state.

- 

- 


**The Clinical Breast Examination (CBE) – Critical, but No Standardized Technique**

Clinical breast examination (CBE) seeks to detect breast abnormalities or evaluate patient reports of symptoms to find palpable breast cancers at an early stage of progression. Treatment options for earlier-stage cancers are generally more numerous, include less toxic alternatives, and are usually more effective than treatments for later-stage cancers.

Although CBE generally continues to be recommended by many groups as a component of comprehensive breast cancer screening and is performed by large numbers of US physicians, the way in which it is performed varies considerably. Clinicians remain widely divided about the level of evidence supporting CBE and their confidence in the examination technique. In addition, the lack of standardization of CBE technique has made it difficult to determine the independent contribution of CBE. No clinical trial has compared CBE alone with a no-screening condition, and evidence demonstrating that mammography alone reduces breast cancer mortality makes it highly unlikely that a trial of CBE alone will be conducted.

**Other Points of Task Force Group Discussion:**

The Task Force's general discussion included the following highlights:

- Concerns regarding access points for health care, accessibility, driving distance for women seeking CBE and mammograms

- Lack of available, consistent studies or data specifically showing evidence that CBE improves detection of breast cancer.
- Recognition of disagreement among professionals and other organizations (e.g. USPSTF) regarding CBE recommendations, frequency.
- Recognition that most women find their own lumps and that physicians need evidence that is more scientific.
- Recognition that various Continuing Medical Education (CME) incentives have been used, with varying success, including the "safety point system." In general, mandatory CME has not been well received.
- The importance of professional education and training to emphasize that proper CBE training is critical.
- Examination of Health Insurance Reform implications andrecognition that insurance coverage does not guarantee education or accessibility.
- Examination ofthe possible reasons for late-stage, delayed diagnosis. Recognition that we cannot fix the problem by just looking at one cause. Causes might include: work force (lack of clinic/provider capacity, unskilled/untrained healthcare providers); access (including patient driving distance challenges, delayed diagnosis due to patient denial), and; delayed diagnosis for no tangible reason ( everything was done correctly, but the cancer was still missed).
- When it comes to proper CBE technique, there is also the time issue, as to who is going to pay for the time involved.

Task Force Recommendation

Task force members re-convened in February 2013 to review additional data, discuss options for promoting education and awareness, and finalize their recommendation to the Legislature. SB 717, introduced by Sen. Steiner-Hayward at the request of the task force, would require specified health care professional training programs to include in their required curricula training on standardized clinical breast examinations.