January 28th, 2014

Ginny Weir, MPH
Program Director, The Bree Collaborative
705 2nd Ave. Suite #703
Seattle, WA 87104

Dear Ms. Weir and the Members of the Bree Collaborative,

We are writing to you to respectfully request that you consider examining the various issues, testing and treatment options associated with breast density. Please see the information below regarding the complexity and necessity of finding a medically necessary and appropriate solution to address appropriate treatment paths, if any when a dense breast is identified:

**Background information:**

- **Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Breasts are considered dense if you have a lot of fibrous or glandular tissue but not much fat. Density may decrease with age, but there is little, if any, change in most women(1).**

- **Having dense breast tissue may increase the chances of missing early signs by making it more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts (1).**

- **Breast density is determined by the radiologist who reads the mammogram. It is subjective. There are four categories of mammographic density. The radiologist assigns each mammogram to one of the categories. The ordering doctor should be able to tell the patient whether the patient has dense breasts based on where she falls on the density scale(1).**

**Medically necessary and appropriate approach for addressing breast density:**
In recent years, there has been significant concern and confusion around the issues related to breast density, what having dense breasts may or may not mean, and what can and should be done for women who have dense breasts. Having dense breast tissue does not necessarily mean that a woman has or will get breast cancer. Family history, previous history of chest irradiation, and benign biopsies that show you are at high risk are examples of other factors that may significantly affect overall risk of breast cancer. A patient’s risk should be determined through thoughtful conversations between patient and
physician. Ideally, through these conversations between physician and patient, a physician can determine if additional testing should occur.

Identifying dense breasts can also lead to unnecessary testing and increased unnecessary costs. In breasts that are dense, cancer can be hard to see on a mammogram. Studies have shown that ultrasound and magnetic resonance imaging (MRI) can help find breast cancers that is not visible on a mammogram. However, both MRI and ultrasound, show more findings that are not cancer, which can result in added testing and unnecessary biopsies. Also, the cost of ultrasound and MRI may not be covered by insurance.

In light of these concerns, we would respectfully request that you consider doing an evidence-based collaborative examination of the issues related to breast density and make recommendations on education treatment and policy options most clinically appropriate for this critical health care area.

Thank you for your time and consideration.

Sincerely,

Liz Pike
Representative Liz Pike
18th Legislative District

Eileen Cody
Representative Eileen Cody
34th Legislative District

Mark D. Hargrove
Representative Mark Hargrove
47th Legislative District

Ruth Kagi
Representative Ruth Kagi
32nd Legislative District

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Representative Elizabeth Scott
39th Legislative District

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Representative Cyrus Habib
48th Legislative District

Charles Ross
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Representative Mike Sells
38th Legislative District

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