

Subsidy

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BARBARA MANNINO

CEO of Vista Community Clinic

State ends subsidy for mammograms Local clinic says move risks lives for low-income women

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The eligibility age for state-subsidized breast cancer screening has been raised from 40 to 50 by the California Health and Human Services Agency, which will also temporarily stop enrollment in the breast cancer screening program.

Advocates for low-income women, whose health care the department helps pay for, say the cuts put a two-tier system in place that is based on money rather than medical standards.

The cuts will greatly harm the clinic's mammogram program, said Natasha Riley, manager of Vista Community Clinic's Breast Health Outreach and Education Program.

The clinic and others like it in San Diego County provide reduced-cost care, mostly to low-income people, with money from the state and some private donations.

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"More than 50 percent of the women we give breast exams and mammograms to are in their 40s," Riley said. "The majority of our current breast cancer survivors are women in their 40s."

The state's decision, announced Dec. 1 and effective Jan. 1, follows a controversial federal recommendation last month that mammograms before the age of 50 are generally not needed.

However, the public health department also linked the change to California's budget woes.

The federal recommendation, made Nov. 16 by the U.S. Preventive Services Task Force, has encountered strong opposition.

The task force later retreated a bit, adjusting its recommendation to state that mammograms for women ages 40 to 49 should be considered by their doctors on an individual basis.

Moreover, private health care systems such as Scripps Health have rejected the federal task force's recommendation, choosing instead to keep the existing standard, which calls for a mammogram at age 40, with annual mammograms thereafter.

That means doctors will be using two medical practice guidelines, distinguished not by knowledge but by the pocketbook, said Dr. Jack Klausen, a gynecologist and obstetrician who practices at Vista Community Clinic.

"If we are in a situation where we don't screen, but the private-practice doctor can screen, then we are actually not practicing to the standard of care," Klausen said.

formia Department of Public Health, and from declining revenue from tobacco taxes.

However, it did not say how much money it expected to save.

Calls to the department were not returned Friday.

The policy puts lives at risk, said Barbara Mannino, CEO of Vista Community Clinic.

"I bet you everybody knows a woman who was diagnosed in her 40s, and her life was saved by a mammogram, or lost because it was too late," Mannino said.

And she said that little money would be saved, because all the equipment and staff to provide mammograms is already in place.

There is a difference of opinion in the medical community about when mammograms, an X-ray of the breast, should be used.

Mammograms sometimes give false alarms, with the incidence of false positives especially high for women in their 40s.

Estimates are that 10 percent to 15 percent of mammograms give false positives, experts say.

False negatives, in which the cancer is present but the mammogram seems normal, occur 20 percent of the time, according to the National Cancer Institute.

However, false negatives become less frequent with

drawbacks, Mannino and Klausen said.

And Scripps' breast cancer task force said that because 28 percent of women newly diagnosed with breast cancer are younger than 50, the number of lives saved outweighs the additional cost.

Klausen said the federal panel was trying "create a best-practices (standard) from a monetary point of view," to provide the most health care for all, out of a limited budget.

Women who get false positives on mammograms not only undergo stress, but they must go through other tests, only to find out there's nothing wrong.

That adds costs to the system without providing any better health care, according to the federal panel's reasoning.

However, Klausen said the state has taken that reasoning too far, putting too much emphasis on saving money.

"What makes me really worried is that the California Department of Public Health wants to save money by taking away a cancer-detection program," Klausen said.

"That discriminates against a gender, and also discriminates against an income level. And it also discriminates against how community clinics can practice medicine," he said.