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Judith A. Wagner R.N.
609E Eastwyn Bay Drive
Mequon, WI 53092

Wisconsin Radiological Society
Board of Directors
P.O. Box 757
Pewaukee, WI 53072-0757

To The Board of Directors,

I am a registered nurse, breast cancer survivor, and patient advocate, who has been actively involved with issues related to breast care quality for the last two years. At that time suspicious calcifications were found on my mammogram and a surgeon attempted to perform a stereotactic breast biopsy, but was unable to locate the calcifications. I then went to an accredited breast center, where a dedicated, accredited radiologist found the calcifications without difficulty and I was diagnosed with low grade DCIS

These events raised a multitude of questions about the standards of practice related to the performance of image guided breast biopsy procedures. I contacted the ACR to gather facts about standards and researched the Internet gathering hundreds of articles for reference, realizing that it would have been beneficial to know about the standards of quality practice before I had experienced the recommended "attempted biopsy".

This has motivated frequent correspondence with the ACR, FDA, Senator Barbara Mikulski, government representatives and leaders in breast care throughout the country. I have had numerous articles published related to my breast advocacy, which include my desire to have all physicians who perform image guided breast biopsies be required to maintain the same standards of practice, which include appropriate levels of training, CME, and performance standards. I have developed a Presentation, "Choosing Wisely: How to Make Informed Breast Biopsy Decisions", which I present to women's groups to empower women with knowledge before they are faced with a decision of a breast biopsy. I receive calls from women on a regular basis relating their stories and asking for information. As an advocate I have been fortunate to correspond with such leaders as Drs. Carl D'Orsi, Laszlo Tabar, Nicolas Perry, Kim Adcock, Richard Ellis to name but a few, in an attempt to gain insight and knowledge to inform women. I believe that informed women would be a force with which to be reckoned as they gain more information about the current disparity in breast care. Review of the article by Dr. James Borgstede, "Its All About the Patients" will illustrate my point.

I have addressed and presented a written statement to the committee of the most recent IOM Study, Improving Breast Imaging Quality Standards, <http://www.nap.edu/catalog/11308.html>. I will be speaking at the National Mammography Quality Assurance Advisory Committee meeting in Maryland on September 27, 2005, <http://www.fda.gov/cdrh/mammography/nmqaac.html>. This FDA committee will discuss the ten recommendations of the IOM Study (See attached). Senator Mikulski, who is overseeing the results of the IOM Study, is very committed to ensuring that women receive the highest quality of breast care possible and her staff is carefully reviewing the recommendations of the IOM.

My concerns are for the future of breast care and the turf battles, which are monetarily motivated by physicians who are not experts in these image-guided procedures, in my opinion. Physicians have organized lobbyists and are in direct control of the patients, who are often unaware of the standards of quality care and quality performance of these procedures. (See attached article, Diagnostic Imaging's Future: Bigger Than Radiology)

I believe that radiology needs to step up to the plate and begin a strong marketing campaign to educate and inform women. Radiology needs to raise its own bar, so that radiology is truly the leader in breast cancer detection and diagnosis. (See Dr. Kim Adcock article) As an advocate of quality care for women, it is difficult to direct women to quality accredited breast centers when so few centers in Wisconsin have achieved breast care related accreditation from the ACR (Breast Ultrasound, Breast Ultrasound-guided Biopsy and Breast Stereotactic-guided biopsy).(See enclosed ACR accreditation information)

Many radiology groups do not treat breast care as a subspecialty nor with the respect that they do other interventional radiological procedures despite the fact that by 2010 half of the female population in the United States will be mammography eligible. They view breast care as a source of litigation and lost income. Dr. Kim Adcock has shown that raising the bar can improve quality, decrease litigation and can be profitable, if there are dedicated, motivated radiologists supported by their radiology groups.

There is a negative perception of mammography by many radiologists and their radiology groups that provide breast-imaging services. They would rather concentrate their efforts on other more profitable areas of radiology. Groups must cover night call, second shifts and weekend requirements, so breast care as a subspecialty cannot be supported by most groups because they need manpower to cover all aspects of radiology, thus only money making subspecialties of radiology are held in esteem. This has created a severe shortage of Residents desirous of entering Breast Fellowships throughout the country, which I believe in part may be due to the lack of commitment and support shown by the general radiology community.

Radiology needs to capture the market share of imaging procedures before referring physicians take over the performance of imaging procedures to any further extent. The general public needs to be made aware. The following could be steps in this direction:

- Radiology needs to promote and support breast care as a subspecialty
- Radiology needs to respect mammography as a necessary separate component of its department
- Radiology needs to raise its own bar so that they are the experts, leaving less opportunity for other physician specialties to take over imaging procedures
- Radiology needs to raise public awareness and market to women about quality breast centers as the source for total breast care and the quality impact that breast imaging radiologists have on breast care, thus allowing women to be informed net workers for breast care and radiology.
- Radiology needs to market to insurance companies as to the benefits of breast care being delivered by sub specialty radiologists, thus improving efficiency and outcomes.
- Promote the recommendations of the IOM Study to enhance breast care quality.
- Radiology needs to reinforce that they are the key providers of imaging and should not take a back seat to physicians who practice imaging procedures with limited or no training or experience.

I hope that this has presented my mission for women as well as for this radiology specialty that deserves respect. I hope that I can be of further input and again raise my concern that I cannot take on this fight by myself. I often receive calls from women calling to tell me that because they heard my presentation they chose to go to a breast center for diagnosis rather than a surgeon, who had been recommended to them by their referring doctor. My steps are slow, so I need the help of those physicians whom I believe are the imaging experts. Please raise the bar for your profession so advocates can market quality.

Sincerely,
Judy Wagner R.N.