



November 19, 2024

Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane  
Rockville, MD 20857

**Re: Request for Public Comments on Draft Recommendations for the HRSA-Supported Women's Preventive Services Guidelines Relating to Screening and Counseling for Intimate Partner and Domestic Violence, Breast Cancer Screening for Women at Average Risk, and Patient Navigation for Breast and Cervical Cancer Screening**

Dear Women's Preventative Services Initiative leaders,

The American College of Radiology (ACR)—a professional association representing over 40,000 diagnostic radiologists, interventional radiologists, nuclear medicine physicians, radiation oncologists, and medical physicists—appreciates the opportunity to provide comments on the draft recommendations for the Health Resources and Services Administration (HRSA)-Supported Women's Preventive Services Guidelines Relating to Screening and Counseling for Intimate Partner and Domestic Violence, Breast Cancer Screening for Women at Average Risk, and Patient Navigation for Breast and Cervical Cancer Screening. The following comments were developed with input from the ACR Commission on Breast Imaging and focus exclusively on the breast cancer screening guideline.

ACR supports the proposal to include in the HRSA guideline additional imaging/testing that may be indicated for women to complete the screening process for malignancies following the initial screening mammography. To further strengthen HRSA's guidelines and enhance patient access, ACR offers specific wording recommendations below.

#### **Additional Imaging to Complete Screening**

ACR supports the proposal to revise the HRSA guideline to include any additional indicated imaging and pathology exams needed to complete the screening process for malignancies following the initial screening mammography (emphasized below). This language acknowledges that many women need additional imaging/testing to differentiate abnormal findings. Due to Section 2713 of the Public Health Service Act, as modified by the Affordable Care Act, this revision would appear to ensure coverage for such services without cost-sharing, improving the likelihood that patients will be able to access additional imaging vitally important for identifying malignancies.

*“The Women's Preventive Services Initiative recommends that women at average-risk of breast cancer initiate mammography screening no earlier than age 40 and no later than age 50. Screening mammography should occur at least biennially and as frequently as annually. **Women may require additional imaging to complete the screening process or to address findings on the initial screening mammography. If additional imaging (e.g., MRI, ultrasound, mammography) and pathology exams are indicated, those services are also recommended to***



**complete the screening process for malignancies.** Screening should continue through at least age 74 and age alone should not be the basis to discontinue screening. Women at increased risk should also undergo periodic mammography screening, however, recommendations for additional services are beyond the scope of this recommendation.”

### **Annual Screening**

ACR recommends HRSA modify the current language about the frequency of screening mammography to include a preference of an annual screening mammography. Additionally, by adding inclusive language of populations *beyond* age 74, patients in this age group are given the autonomy to request a screening mammography, followed by any necessary potential treatments. The age inclusion allows the patient to prioritize this screening based on their individual needs and likeliness to pursue additional testing. Finally, we recommend that screening begin at age 40 for women at average risk, which is consistent with the USPSTF and ACR guidelines.

“The Women's Preventive Services Initiative recommends that women at average-risk of breast cancer initiate mammography screening **at** age 40. Screening mammography should occur at least biennially **but preferably** and as frequently as annually.”

“Screening should continue **beyond age 74** and age alone should not be the basis to discontinue screening **but should be based on patient's overall health, and patient's intent and ability to undergo additional testing and treatment if a cancer is diagnosed.**”

### **Women at Increased Risk**

Additionally, ACR recommends HRSA modify the current language regarding women at increased risk by including that this population may need to receive screening mammography before the age of 40. This modification to the language allows patients that fall in this category to seek a screening mammography, and any supplemental screening modalities, before the recommended age of 40. With this inclusion the patient may be more likely to make screening inquiries at a younger age, which may lead to an earlier diagnosis for those at increased risk.

“Women at increased risk **may need to begin** ~~should also undergo periodic~~ mammography screening **before the age of 40 and add supplemental screening modalities such as MRI,** however, recommendations for additional services are beyond the scope of this recommendation.”

The American College of radiology welcomes further discussion with HRSA on the draft recommendations and any other issues of shared interest. For questions or outreach, please contact Michael Peters, ACR Senior Director, Government Affairs at [mpeters@acr.org](mailto:mpeters@acr.org).

Sincerely,

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Chief Executive Officer