

ALASKA SURGICAL GROUP

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March 4, 2024

House Labor & Commerce Committee
The Alaska State Legislature
120 4th Street
Juneau, AK 99801

Re: Support of HB 285

Dear Chair Sumner, Vice Chair Ruffridge, and Members of the Committee:

I am writing today as an Alaskan clinician in support of the bill mandating insurance coverage for high-risk breast cancer screening. I have worked in oncology as an Advanced Nurse Practitioner for eight years and have witnessed firsthand the benefits of enhanced breast imaging for women who are identified as having an increased risk for developing a breast malignancy in their lifetime. According to the National Comprehensive Cancer Network (NCCN), the national organization that dictates the standard of care for all types of cancer, women are considered to be at high risk for breast cancer when their residual lifetime risk is $\geq 20\%$ as defined by models that are largely dependent on family history. In addition to other components of risk reduction strategies, annual imaging with both screening mammography and contrasted breast MRI is recommended. For those who cannot undergo MRI, contrast enhanced mammogram or whole breast ultrasound can be considered in addition to screening mammograms.

In my current practice as a surgical oncology nurse practitioner, I counsel women who are referred to our clinic for high-risk breast management and I routinely order breast MRIs as part of their routine screening regimen. While mammography alone undoubtedly detects malignancies and saves lives, there are also cancers that can go undetected by mammography and are therefore much more advanced by the time they are finally diagnosed. Even though NCCN guidelines clearly support annual breast MRI as a tool for early cancer detection in the high-risk population, the patient's out of pocket cost for the exam can be prohibitive and patients often decline the test due to the financial burden. I can personally attest to this barrier as a high-risk patient myself, having a lifetime risk score of 26%. As a clinician I understand the risks of foregoing the recommended enhanced imaging exam, however shouldering the responsibility of an \$800 copay for an MRI when I am raising three kids including one with a devastating lifelong disability is just too much for our family. So, I do what I imagine all of my patients who decline testing do: I continue with my annual screening mammograms and cross my fingers that if I do develop breast cancer, it will be one that can be detected through my extremely dense tissue at a relatively early stage of disease.

Thank you for your time and consideration to this very important bill that will help to save the lives of Alaskan women and decrease the financial burden to society by detecting cancer at an earlier stage. If there are any follow up questions, I would be happy to discuss further in the future, and I could also facilitate a discussion with our fellowship trained surgical oncologist, Dr. Charles Portera.

Becky Libal, DNP, APRN
Surgical Oncology Nurse Practitioner