

## Follow up questions for the Pink Lemonade Project

### The response to question 1(i) says:

“Women who have been diagnosed with one sided breast cancer may choose to have a double mastectomy (removing both breasts). The trend in the last 10 years has been increasing and now nearly 70% of women who have been diagnosed with breast cancer choose to have a double mastectomy.”

- Do you have any sources or data to support this?

### Response:

In 2018, there were an estimated 266,120 new cases of breast cancer diagnosed in the United States with an additional 63,960 new cases of non-invasive (in-situ) breast cancer. Current estimates show that 1 in 8 U.S. women (~12.4%) will develop invasive breast cancer over the course of their lifetime. In 2016, the American Society of Plastic Surgeons (ASPS) estimated that 109,256 reconstructive procedures were performed for reconstructive surgery following mastectomy including both unilateral and bilateral procedures. Of those reconstructions, implant-based reconstruction was chosen in 77% of cases.

*Trends in Contralateral Prophylactic Mastectomy and Other Types of Breast Cancer Surgery, South Carolina, 2005-2013. J Registry Manag. Spring 2018;45(1):28-32.*

*Growing Trends of Contralateral Prophylactic Mastectomy and Reconstruction in Young Breast Cancer. J Surg Res. 2019 Jul;239:224-232. doi: 10.1016/j.jss.2019.02.002. Epub 2019 Mar 8.*

### For question 1(ii):

- Do you know how many patients have chosen to undergo this procedure nationally or in Washington over the last 10 years? Is there a yearly average?

### Response:

109, 256 reconstructive procedures were performed in 2016. We are not aware of the Washington state Data.

### For question 1(iii):

- Do you have any data regarding insurance carrier denials of coverage for CPM?
  - Any data or information on disparities in coverage by insurers and why some cover it and some do not?

- How often the procedure is approved or denied by carriers?

**Response:**

There is no published data but there are numerous examples where patients have been denied and extensive appeal process has delayed the cancer surgery.

**For question 1(iv):**

- The answer provided suggests that patients generally do not experience financial hardship related to denial of coverage for CPM. Is that correct?

**Response:**

Financial hardship is experienced if the CPM is denied and patient moves forward with her cancer surgery and then returns again in 3 -6 months to have her CPM after the insurance approves it. If its denied then patient is required to pay the difference at a cash rate for her CPM.

**For question 1(v):**

- Do you have any data related to patient requests for CPM?

**Response:**

National trend is increasing and there are numerous reports published:

*Trends in Contralateral Prophylactic Mastectomy and Other Types of Breast Cancer Surgery, South Carolina, 2005-2013. J Registry Manag. Spring 2018;45(1):28-32.*

*Growing Trends of Contralateral Prophylactic Mastectomy and Reconstruction in Young Breast Cancer. J Surg Res. 2019 Jul;239:224-232. doi: 10.1016/j.jss.2019.02.002. Epub 2019 Mar 8.*

**For question 2(i):**

- Do you have any cost or savings estimates available?

**Response:**

We don't have information on cost saving but its clear that no additional imaging and biopsies will be required for a patient who opts to have CPM.

**For question 3(i):**

- Do you have any data related to patient outcomes after CPM denial? (Morbidity, mortality)

**Response:**

No direct data is available on this topic.

- Do you have any data related to patient outcomes who received CPM? (Morbidity, mortality)

**Response:**

The data available and we are in the opinion that the benefits of CPM are worth the additional risk. There is appreciation of the non-oncologic benefits of CPM and a desire to respect patients' choices for treatment.

***Other questions:***

- How often do people get reoccurring cancer in the other breast?

**Response:**

This depends on patient's lifetime risk based on the biology of the tumor and receptor positivity. Younger women and higher risk triple negative tumor patients are at higher risk.

- Can you break down the costs associated by mental health costs and physical ailments?

**Response:**

This is a difficult topic to break down. What cost can one put on one's mental well being when it is associated with breast cancer prevention?