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March 7, 2025

House Bill 1366: Health Insurance - Testing for Ovarian and Cervical Cancers-Required Coverage and Prohibited Cost Sharing: Support with Amendments

Dear members of the Maryland Health and Government Operations Committee:

My name is Dr. Lisa Mullen. I am a breast imaging radiologist at Johns Hopkins Medicine and current President of the Maryland Radiological Society. I am writing in support of House Bill 1366 with amendments.

Cervical Cancer Screening

The American Cancer Society estimates that in 2025, about 13,360 women will be diagnosed with cervical cancer, and about 4,320 women will die from the disease. Most cervical cancers are related to a viral infection with Human Papilloma Virus (HPV), a very common sexually transmitted disease. Young people aged 9-45 can now be vaccinated against HPV, and the vaccine is recommended for both male and female patients. In addition to traditional cervical cancer screening with Pap smears (an older technique first described in 1928), there are now PCR tests for HPV. These HPV screening tests can be performed during a pelvic exam or by having the patient self-collect a specimen (vaginal swab) and mail or bring it to a testing center. This is a cheaper, easier, and less invasive way to test for HPV, and separates the collection of a sample from a doctor's office.

All screening and prevention methods related to cervical cancer, including Pap smears, HPV testing, and vaccination, should be covered by insurance with no preauthorization or patient co-pays.

Ovarian Cancer Risk Reduction

The American Cancer Society estimates that in 2025, about 20,890 women will receive a diagnosis of ovarian cancer, and about 12,730 women will die from ovarian cancer. A woman's risk of getting ovarian cancer in her lifetime is 1 in 91. All women are at risk for this cancer, although some women with gene mutations and/or family history are at higher risk.

It turns out that most of the deadliest "ovarian" cancers do not start in the ovary. Rather, they begin in the fallopian tubes. The cancer cells shed from the end of the fallopian tube to spread all over the inside

of the abdomen and pelvis. Most of these cancers present at an advanced stage and are not curable, despite aggressive treatment. The 5-year survival is only 55%.

In breast cancer screening, we say that “early detection saves lives”. Annual screening mammography has been shown to substantially decrease mortality from breast cancer. Unfortunately, with fallopian tube cancer, there is no effective test for screening. Medical imaging tests (ultrasound, CT scans and MRI), blood tests like CA-125, and pelvic exams are not effective for finding early disease and do not improve survival from the disease. Screening or surveillance tests are not recommended.

The intervention with the most promise to decrease incidence and mortality from fallopian tube cancer is surgical removal of the fallopian tubes (salpingectomy). This surgery can be performed as a stand-alone procedure or can be accomplished during abdominal or pelvic surgeries performed for other reasons. Removal of the fallopian tubes could save the lives of many women. We need support for educational campaigns for women and their providers as well as insurance coverage for this life-saving procedure.

We urge you to support House Bill 1366, which would provide insurance coverage and prohibit cost-sharing for appropriate cervical cancer screening, as well as salpingectomy for high risk women.

Thank you for your consideration.

Sincerely,

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