

Access to Bone Health Screening for Breast Cancer Patients

While treatments provide patients with potentially life-saving options, many common breast cancer treatments take a toll on bone health. For this reason, it is especially important for breast cancer patients to have access to bone health and osteoporosis screening. However, for most, becoming aware of the onset of osteoporosis occurs either by an accidental fall and breaking a bone or by having a DXA (dual energy x-ray absorpometry) examination. This is even more true for Patients of Color, as racial and ethnic disparities exist for screening, diagnosis, and treatment of osteoporosis as they do for breast cancer.¹





DXA is the gold standard for diagnosing and treating osteoporosis, according to the classification of World Health Organization (WHO).²

Many breast cancer patients, and especially those living with metastatic breast cancer may go on disability and then rely on Medicare. Since 2007 Medicare has cut reimbursement rates by 72%. Over 1/3 of DXA office providers have stopped testing due to these cuts.³





Similar to incidence with breast cancer, while Black Americans have osteoporosis less often than white women⁴, their death rate associated with hip fracture is substantially higher.⁵



The prevalence of osteoporosis in Mexican Americans is approximately 50% higher than non-Hispanic white women.⁶



Black women are half as likely as white women to undergo testing before a fracture and remain much less likely to undergo testing after fracture.⁷



These cuts have led to a decline in testing and an increase in barriers to access osteoporosis testing, most especially for those living in underserved and/or rural areas, widening the already existing disparities facing Black and Brown breast cancer patients.



Hispanic women are 34% less likely to have a DXA scan before fracture and even less likely to have one after fracture compared to non-Hispanic white women.⁷

Osteoporosis and Black and Brown Women

A number of issues facing Black and Brown women call for increased need for access to osteoporosis care. Comorbidities which are more prevalent in Black and Brown Americans, like diabetes, are associated with an increased risk of osteoporosis. Food deserts in Black and Brown neighborhoods, which cause a lack of healthy, affordable food options, lead to poor nutrition resulting in bone loss and increased fractures. Lower osteoporosis screening, diagnosis and treatment rates in Black and Brown women lead to significantly worse outcomes after hip fracture. To address these inequities, it is critical to improve access to DXA testing. To improve access to screening, DXA scans must be reimbursed at appropriate levels.

Please support H.R. 3517/S. 1943 to increase access to osteoporosis testing for Medicare beneficiaries.

¹Defining Ethnic and Racial Differences in Osteoporosis and Fragility Fractures, Jane Cauley. Clin Orthop Relat Res. 2011 Jul; 469(7): 1891–1899. ³WHO Study Group. Assessment of Fracture Risk and Its Application to Screening for Postmenopausal Osteoporosis (Technical Report Series), World Health Organization, Geneva, Switzerland 1994. ³Braid-Forbes Health Research, LLC, Carrier 5% SAF and Inpatient 100% SAF, 2019 analysis by Peter M. Steven, PhD ⁴Percentage of Adults Aged 65 and Over With Osteoporosis or Low Bone Mass at the Femur Neck or Lumbar Spine: United States, 2005–2010. Anne C. Looker, Ph.D.; and Steven M. Frenk, Ph.D. ^{*}The Association of Race, Gender, and Comorbidity With Mortality and Function After Hip Fracture. Joan D. Penrod, et al. Am J Public Health 1992; 82: 1147-1150 and J of Gerontology: 2006, G3A (8): 867–872 ⁵Osteoporosis Trends Collide for Mexican American American American Women. Richard Franki, Ob.Gyn News, August 26, 2015 ⁷Racial and socioeconomic disparities in bone density testing before and after hip fracture. Neuner JM1, Zhang X, Sparapani R, Laud PW, Nattinger AB. J Gen Intern Med. 2007 Sep;22(9):1239-45. Epub 2007 Jun 27.

