

## **Mammography Guidelines**

**\*Below is a statement BCDC sent out in response to the new U.S. Preventive Services Task Force's recommendations on screening mammography**

*The Breast Cancer Detection Center of Alaska concurs with the Executive Committee of the American Society of Breast Disease who issued the following statement on screening mammography, breast self-examination, and clinical breast exams in response to changes in breast cancer screening guidelines announced November 16, 2009 by the U.S. Preventive Services Task Force.*

The new U.S. Preventive Services Task Force's recommendations on screening mammography, clinical breast exam, and self-examination conflict with the facts. There has been no new evidence to justify this questionable change in breast cancer screening guidelines.

The American Society of Breast Disease continues to recommend annual mammography for all women beginning at age 40. This position is based on long-standing, evidence-based studies which documents that mammography saves lives through early detection.

The fact that only 50% of American women over age 40 have had a mammogram in the past year indicates that women need to be further encouraged rather than discouraged from obtaining this simple, non-invasive test. At a time of limited healthcare resources, prevention and early detection continue to be the most cost-effective means to control the economic and human burden of breast cancer. Although it is not perfect, mammography is the best screening tool we have, in terms of overall accuracy, cost, and practicality.

Forty years of research have yielded progressively convincing evidence of the benefits of screening mammography. Long-term follow-up of randomized controlled population-based screening trials – the gold standard in medical research – prove that mammography can reduce breast cancer mortality as much as 32% among women ages 40 to 70 years at entry into screening. Some recent studies from Sweden have found that mammography can lower breast cancer deaths by nearly 50%.

As dedicated breast specialists, we agree with the multiple studies that document a reduction in breast cancer deaths due to early detection of breast cancer through regular screening. In contrast to the USPSTF recommendations, the American Society of Breast Disease continues to encourage monthly breast self-examination as an integral part of every woman's health routine, along with an annual clinical breast examination by a trained healthcare professional.

For most women, predicting breast cancer risk on the basis of possible risk factors can be unreliable. Fully 70% of all women diagnosed with breast cancer had no known risk before the time of diagnosis.

The current flurry of media-hyped recommendations will only serve to confuse the public. To advise women age 40 and older to skip annual screening because they have no family history of the disease, is imprudent, irresponsible, and places their lives at unnecessary jeopardy.

### **Executive Committee**

Gail Lebovic, MD, is a Dallas-based oncoplastic breast surgeon and Society president

Stephen A. Feig, MD, is a breast imager at University of California, Irvine, and president-elect

Julio A. Ibarra, MD, is a pathologist at MemorialCare Hospital, Fountain Valley, California, and Society past president

Robert W. Carlson, MD, is a medical oncologist at Stanford University and Society secretary/treasurer



## Panel of radiologists rejects USPSTF mammogram guidelines

By [Charlene Laino](#)

AuntMinnie.com contributing writer

December 2, 2009

CHICAGO - A panel of breast cancer screening experts today told a special news briefing at the RSNA annual meeting that the new U.S. Preventive Services Task Force (USPSTF) guidelines recommending against routine annual mammograms are flat-out wrong.

RSNA members who peppered the briefing applauded as the University of Cincinnati's Dr. Mary Mahoney, vice-chair of the RSNA Public Information Committee, introduced the panel members, saying "These truly are the experts in mammography. It's unquestionable: Mammography saves lives."

The panel members were expressing their dissatisfaction with the newly revised guidelines from the USPSTF that recommend against routine mammography screening for average-risk women in their 40s. USPSTF also recommends women ages 50 to 74 have mammograms every two years instead of every year.

"The net effect of the new guidelines is that screening would begin too late and its effects would be too little. We would save money, but lose lives," said Dr. Stephen Feig, professor of radiology at the University of California, Irvine and president-elect of the American Society of Breast Imaging.

The breast-screening panel said the guidelines would represent a major setback, wiping out decades of progress.

"Deaths from breast cancer have dropped by 30% since 1990 when mammography screening beginning at age 40 became more widespread," said Dr. Daniel Kopans, professor of radiology at Harvard Medical School.



*Dr. Stephen Feig,  
from the University  
of California, Irvine.*

Kopans said the task force relied on studies with methodology flaws that underestimated the benefits of mammography.

Feig cited several U.S. and international studies that showed the benefits of annual screening beginning at age 40. Among them was a Swedish study showing that annual mammograms reduce breast cancer mortality by 44% among women who are actually screened.

Radiologists said that concerns about the harms of false positives led the Task Force not to recommend screening for younger women.

"You're going to have some false positives, if you detect cancer early," when it is most curable, Feig said.



*Dr. Daniel Kopans, from Harvard Medical School.*

Feig also discounted concerns about radiation exposure. "The risk is negligible compared with the benefits of screening," he said.

The breast-screening panel said it supports American Cancer Society (ACS) guidelines, which continue to recommend annual routine mammography screening for all healthy women ages 40 and older.

"Current American Cancer Society guidelines have been shown to save lives," Kopans said. "The Task Force, by its own admission, said women will lose their lives. That doesn't seem to be much of a choice."

Dr. W. Phil Evans, of the University of Texas Southwestern Medical Center, and president of the Society of Breast Imaging, said that the ACS, the American College of Obstetricians and Gynecologists, the Mayo Clinic, the American Society of Breast Disease, and the American College of Radiology are all opposed to the USPSTF guidelines. Only two organizations -- the National Breast Cancer Coalition and the Dr. Susan Love Research Fund -- are in favor of them.

Kopans said he thinks the government panel had "good intentions." Evans agreed, pointing out that 12 of its 16 members had multiple graduate degrees.

However, there were no radiologists on the panel, he said.

Kopans said he tried to e-mail the USPSTF data from several studies showing that mammograms save lives, but as far as he knows, his e-mail was ignored.

Asked if he thought radiologists were biased, Kopans said, "I would argue if there is no conflict of interest, you're not an expert. But we have true intentions and are saying to look at the data."

A big worry, the panel agreed, is that the USPSTF's recommendations will be used in any possible health plan being considered in Congress. That, in turn, would lead insurance companies to stop covering annual breast screening beginning at age 40, it said.

In fact, mammograms are cost-effective, Feig said. He presented data showing that a quality year of life saved with mammography costs \$17,000. In contrast, a quality year of life saved with dialysis costs \$55,000.



*Dr. W. Phil Evans, from the University of Texas Southwestern Medical Center.*

At a House Energy and Commerce Subcommittee on Health hearing in Washington, DC, today, Dr. Diana Petitti, vice chair of the USPSTS, said that while no radiologists were on the Task Force, they were "consulted and reviewed the recommendations and provided input."

Petitti told the hearing that their message could have been better communicated, and that it wasn't saying women younger than 50 shouldn't have mammograms, just that for them, the risks of mammography may outweigh the benefits.

Told about the hearing, Kopans said that the average primary care doctor only sees about two breast cancer patients a year.

"They don't know much about breast screening. Women have to be smarter than their doctors and save themselves," he said.

A second congressional hearing on the issue is planned.

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