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Hot Topic: Breast Cancer



Wednesday, January 06, 2010 2:56pm

New federal guidelines regarding mammograms have upset doctors and left women confused. What happened?



Chris Fasanella illustration

What's new in the guidelines?

The new guidelines say women in their 40s shouldn't be routinely screened for breast cancer with mammograms — unless they have reason to believe they're at higher risk. That's different from 2002, when a federal task force called for women in their 40s to get routine mammograms every one to two years. Above that age, the benefits of mammograms are unknown, as are those of breast exams by a doctor. The new guidelines cast doubt on self-exams, too, because they don't actually save lives.

Why did the task force change its mind?

It looked at risks and benefits, crunched numbers and decided the old screening schedule wasn't worth it. (Contrary to popular belief, their analysis wasn't based on cost.) You may have seen the statistics: Among women in their 50s, you have to screen 1,339 women to save one life. But that number goes up to 1,904 among women in their 40s. In older women, going from yearly tests to every other year gives about 70 to 99 percent of the benefit while shedding half the complications. In light of this, the task force decided the old guidelines called for too many tests, given that each mammogram carries risks in itself.

What risks?

False alarms, mostly. A mammogram can give ambiguous results, and a very common result of getting a mammogram is needing another one. About 10 percent of mammograms are "positive," meaning not entirely normal, and will require a second mammogram, an ultrasound or a breast biopsy. After all the extra tests, only a few of those positive mammograms wind up showing cancer. And though it sounds counterintuitive, many experts suspect not all cancers need to be treated — some may be better left alone, especially in older women. Then, too, false-positive results are very common: Women in their 40s who get 10 years of annual mammograms run a 30 percent risk of having a false-positive mammogram in that decade, and about an 8 percent risk of getting a biopsy. Eighty percent of those biopsies won't be cancer. The task force felt the hassle and worry was too much to justify screening that age group. Finally, mammograms expose the breasts to radiation — the equivalent of three months' worth of background radiation or what we all accumulate during daily life. Over decades' worth of

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mammograms, that can add up.

Who came up with these guidelines?

A group of 16 doctors, nurses and public-health experts called the U.S. Preventive Services Task Force. It's sponsored by the government-run Agency for Health Care Research and Quality, and has been making recommendations about prevention and primary care since the 1980s. The experts, who come from several primary care specialties, are affiliated with academic medical centers and hospitals around the country. None are cancer specialists or radiologists.

What do doctors think?

There are strong opinions on both sides. Critics say thousands of women will die if new guidelines are adopted. Supporters say naysayers are ignoring the science, and they argue that when it comes to risky tests, less is often more. They also point out that many cancers are slow-growing and are treated in time without mammograms.

What are the doctors saying?

Doctors at Yale's new Smilow Cancer Hospital plan to keep screening as before. "We're not changing our approach at this time," says oncologist Dr. Lyndsay Harris, who co-directs the Breast Cancer Program there, adding they will review the data themselves while also watching for new studies about better screening techniques like digital mammography and MRI. She says the new guidelines will be more information to take into account while making decisions, since they underline the fact that the benefits to younger women, while real, are small. Dr. Jerome Groopman, chief of internal medicine at Harvard, said in a New Yorker podcast that the analysis wasn't based on new data, but rather on new computer models of existing data. "It's really not a scientific debate at all," he said. "It's a debate about values ... [a] decision about how do you weigh risks and benefits."

Is everyone changing recommendations?

No. Among the organizations that say they'll stick with the old screening schedule are the American Cancer Society, the American College of Obstetrics and Gynecology, and the U.S. government's own National Cancer Institute. On the other hand, less frequent mammography has precedent — European guidelines call for screening mammograms every two years starting at age 50, while in Britain it's every three years. All these groups have wrestled with the question: How much testing is too much?

So when should I be screened for breast cancer?

The guidelines are just that — guidelines. They're not binding (insurance companies haven't embraced them yet), and they leave room for individual decisions. So read them yourself, if you like, at annals.org/content/151/10/716.full. Talk to your doctor, think about the risks and benefits, and make the decision together based on your own circumstances. The bottom line is that, in the view of at least one group of experts, being screened later and less often is a reasonable choice.

Jenny Blair, a physician, writer and editor, lives in New Haven. She twice won the National Headliner Award for "First Opinion," a medical column in the Hartford Courant. Find out more at jennyblair.com.

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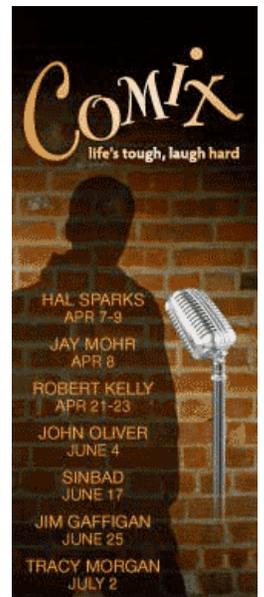
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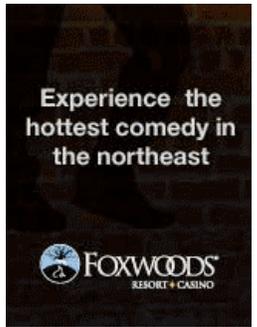
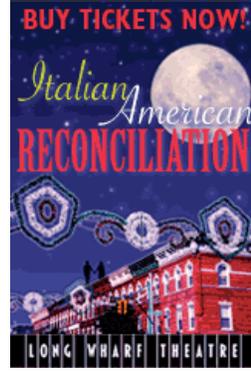


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