

THE FACTS ABOUT MAMMOGRAPHY SCREENING: A CONVERSATION WITH YOUR PHYSICIAN

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The US Preventive Services Task Force (USPSTF) announced that women in their forties should not have routine screening mammograms, nor clinical breast examinations, and should not examine themselves. For women ages 50 to 74 they directed that they should have mammograms every two years instead of annually. One can only conclude from these guidelines that women in their forties must wait until they can no longer ignore the cancer growing in their breast before seeking attention. The Task Force actually admitted that screening every two years would result in an unnecessary loss of lives, but that it reduced the number of “false positive” mammograms. The Task Force did not consider the harm from more disfiguring surgery or more harmful treatments for advanced breast cancer that could have been caught earlier by screening. In order to avoid having anyone on the Task Force with a conflict of interest, they did not include anyone with any expertise in mammography screening or oncology.

The USPSTF agrees that mammography screening saves lives beginning at age 40. They used the smallest possible decrease in deaths (15%) that can be derived from the most rigorous scientific studies called randomized, controlled trials (RCT). As a result of not having experts on the Panel, they did not realize that the RCT are designed in such a way that they underestimate the benefit of screening so that 15% was the very lowest benefit. They ignored the other scientific evidence that shows that the benefit is at least twice that. In the United States the death rate from breast cancer was unchanged for 50 years prior to the onset of mammography screening in the mid 1980's. Soon after, the death rate began to decrease, and since 1990 it has declined by 30%. This is not a victory over breast cancer, but a remarkable achievement. The USPSTF not only agreed that the benefit applied to women in their forties, but that the decrease in deaths has been even higher among these women. Relying on computer models (sophisticated financial computer models failed to predict the economic crash), they ignored direct studies from the Netherlands and Sweden that showed that most of the decrease in deaths was due to mammography screening and not new therapy. In Sweden, where women take fuller advantage of screening, the death rate had decreased by over 40% in several studies. Using these figures, instead of the 15%, women in their forties would have been well within the threshold that the Task Force had, arbitrarily, set for supporting screening.

The USPSTF stated that women in their forties need only be screened if they were at high risk. They claimed that their analysis was scientifically supported, but, in fact, there is no evidence that screening based on risk will save any lives. The RCT are, correctly, the basis of their review, yet the RCT did not evaluate benefit based on risk so it is unclear how they could arrive at their conclusion. Furthermore, the vast majority of women (75-90%) who develop breast cancer are at average and not elevated risk so that the vast majority of women who develop breast cancer would not be screened under the USPSTF guidelines.

While teaching breast self examination does not reduce deaths due to breast cancer, awareness of any changes in your breasts is important. If you notice a change in your breasts, you should seek the attention of your doctor, and a mammogram and often ultrasound may be needed.

If you are age 40 or over we would suggest that you have the following conversation with your doctor. While women over age 74 were not included in RCTs, many studies support that mammography continues to find breast cancers earlier and to reduce the chance of death due to breast cancer.

You:

What do you suggest about mammography screening?

Your doctor:

Mammography screening is not perfect. It does not find all cancers and does not find all cancers early enough to cure, but when used by women beginning at the age of 40, it has been shown to markedly reduce the number who die from breast cancer and allows therapy to be more successful. The numbers vary, depending on your age, since the risk of breast cancer goes up steadily with increasing age. If 1000 women are screened, approximately 80 will be called back for additional evaluation. These are the false positive studies you heard about. Among these 80 women a few extra pictures or an ultrasound will show that there is nothing to be concerned about in approximately 45 of them. In 20 of the 80 women the radiologist may want to have them return in 6 months just to be careful. This means that the risk of what they are seeing being cancer is less than 2%. In approximately 15 women they will recommend a biopsy, which is generally done today with a needle, and, approximately, 5 of these women will be found to have breast cancer. Obviously, it is your decision, but I recommend that you have a mammogram every year as long as you are in good health and would have treatment if a cancer is found.

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