



Making Sense of New Mammogram Guidelines

There is no doubt that Breast Cancer screening using mammograms provides early detection which increases survival rates. If cancer is found they also minimize the need for mastectomy or chemotherapy since there is a lower chance of metastasis (cancer cells spreading to another site). So why all the controversy about changing mammogram screening recommendations featured in many recent news stories?

Most women perceive mammograms as infallible. Yet mammography, as with any screening test for the general population, is far from perfect. 6% to 46% of women with invasive cancer will have negative mammograms, especially if they are young, have dense breasts, or a rapidly growing cancer. This is why you should perform [monthly breast exams](#) and have an annual physical exam by your doctor.



On the other hand about 10% of women will be recalled from each screening mammogram for further testing, yet only 5 of the 100 women recalled will have cancer (so don't panic if you receive a request for additional images). Approximately 50% of women screened annually for 10 years in the United States will experience a false positive mammogram, of whom 7% to 17% will have breast biopsies.

Diagnosis of cancers that would otherwise never cause problems or death in a woman's lifetime can expose a woman to the risks of therapy (surgical deformity; toxicities from radiation, hormone, or chemotherapy). Although the treatments are increasingly tailored to individual tumor characteristics, at this time, there is no reliable way to distinguish which cancer would never progress in an individual patient; therefore, some treatment is nearly always recommended.

So since there is very little difference in breast cancer survival rates when mammograms are performed every two vs. one year; and because of potential harms two major agencies have updated their recommendations. These guidelines do not apply to women at high risk for Breast Cancer such as those with a family history, or have the BRCA gene (like Angelina Jolie).

US Preventive Services Task Force (USPSTF) was first to update their guidelines:

Women ages 40-49

The decision to start screening mammography in women before age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening.

Women ages 50-74

Recommend screening mammography every two years.



Women 75 and older

The current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women 75 years and older.

American Cancer Society (ACS) updated their guidelines in October:

Women ages 40 to 44

Should have the choice to start annual breast cancer screening with mammograms if they wish to do so.

Women age 45 to 54

Should get mammograms every year.

Women 55 and older

Should get mammograms every 2 years, or can continue yearly screening.

Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.

All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening. They also should know how their breasts normally look and feel and report any breast changes to a health care provider right away.

When USPSTF made their announcement there was a major discrimination outcry from women's rights groups that no health insurance company dared to change their coverage of this benefit. So for now you have a choice of continuing your mammograms annually. However with the patient centric ACS updates it would not be surprising that health insurers move to change coverage to meet these evidence based guidelines in the future. I promise we will discuss your personal situation at your next [annual examination](#).

Wishing you good health!

Scott Kramer MD, FACOG, FACS

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