

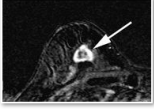
Mac Gregor, Giordano: The controversy over cancer screening

Mariana Chavez Mac Gregor, MD, and Sharon H. Giordano MD

Email 0 Share 0 Tweet 0 Share This 32

Related

[View Larger](#)



Duke University

The arrow above points to a rapidly expanding lesion in a 55-year-old woman's breast. A biopsy later confirmed that the patient had breast cancer. New research into the effectiveness of mammograms is being conducted by scholars in the Comparative Effectiveness Research on Cancer in Texas project. The higher the risk factors, the more useful a mammogram can be, the researchers say.

It is estimated that one in eight women in the United States will develop breast cancer at some point in their life. This risk increases with age, meaning that a woman has a much greater chance of developing breast cancer at 60 or 70 than she does at 40.

Mammograms are commonly used to screen for breast cancer in women with no signs or symptoms, and to diagnose it when an abnormality has been found. A mammogram study examines the breast using low-energy X-rays.

Breast cancer screening is a controversial topic in the medical community. For over a decade now, mammograms have been recommended for all women over age 40 even though there is no agreement on how often a woman should have a mammogram and at what age routine screenings should start.

While many studies have demonstrated that screening was associated with early detection and fewer breast cancer deaths, some groups argue that the decrease is not significant and that overuse of mammography for breast cancer screening has caused errors in diagnosis and overtreatment.

These diagnostic errors are what we call "false positives" and are essentially a "false alarm." Women with false positive results may undergo tests such as biopsies that were not needed, can cause discomfort and carry other risks.

Recently, the Preventive Services Task Force recommended beginning screening at age 50 and getting mammograms every two years instead of every year. The recommendation is that women in their 40s should decide with their doctors when to start screening based on individual risk factors and preferences.

On the other hand, the American Cancer Society and the National Comprehensive Cancer Network Guidelines recommend beginning yearly screenings at age 40 for all women.

When talking about screening guidelines, it is important to remember that recommendations are made by looking at the benefit in a population, not in individuals.

As scholars in the Comparative Effectiveness Research on Cancer in Texas research group, we are studying cancer screening patterns in Texas and investigating associated outcomes.

The University of Texas Medical Branch at Galveston leads this research consortium, which includes the University of Texas M.D. Anderson Cancer Center, the University of Texas School of Public Health, Rice University, Baylor College of Medicine and the Texas Cancer Registry.

CERCIT is evaluating both the good and the harmful aspects of over-, under- and best utilization of screening mammography. We hope that our results will provide useful information for patients and providers to decide on the screening strategy that is right for them.

The higher the risk of breast cancer, the greater the benefit of mammographic screening. Women in their 40s have low risk of breast cancer; therefore, mammography will detect few breast cancers in this population because breast cancer does not occur very frequently. In addition, mammograms are less accurate in younger women because their breasts are more dense and cancers are more difficult to detect.

On the other hand, among women in their 60s, the risk of breast cancer is higher and screening mammography will detect more cancers.

While the controversy over screening continues and given that there is no agreement on the right age to begin getting mammograms, it is important for women to discuss with their physicians the risks and benefits associated with screening. The decision should be based in large part on patient preferences, risk factors, age and overall health — not blanket screening recommendations.

Drs. Mac Gregor and Giordano are in the Department of Breast Medical Oncology at the University of Texas M.D. Anderson Cancer Center. CERCIT is funded by a \$4.8 million grant from the Cancer Prevention and Research Institute of Texas.

Email 0 Share 0 Tweet 0 Share This 32