

Mammography - Is it Oversold to the Public?

Yes, says Dr. Ellen Warner, clarifying the data from her NEMJ, September, 2011 article about breast cancer screening of a patient in the vignette, agreeing with the correspondence from three other physicians from different countries (NEMJ, January 2012).

American Cancer Society recommends a mammogram every year starting at age 40. US Preventive Service Task Force (Non-Federal) recommends mammogram every other year from age 50 to 74 and adds that the data is insufficient about additional benefits/harms beyond the age of 75.

In the 50 to 74 age group, Dr. Warner explains that a 15% relative mean benefit in reducing mortality from mammograms, translates to 0.04% absolute benefit, i.e. 2,500 women need to be screened for over 10 years to save one life. In the 40-49 age group, the relative benefit is an extra 3% (0.008% absolute additional benefit).

The down side is that about 50% of women get false findings requiring additional imaging. Three percent undergo unneeded biopsy, with added anxiety, fear, inconvenience and expense.

The actual benefits vary from study to study. The Norwegian study showed lesser benefit (one life saved for every 4,000 women screened). The Swedish study showed higher benefit with only 1,000 women needed for at least 10 years, for one life saved. The study from Denmark shows zero benefit.

All the studies showed 50% false findings. All authors felt that the choice of mammogram for an average risk woman is to be left to her after presenting the above risk/benefit profile whether they want to have screening mammogram once a year or every two years from age 40 or 50.

High risk women with strong family history and with BRCA1/2 positivity, women who had prior radiation to chest and neck, or prior history of ovarian cancer, would need closer evaluations.

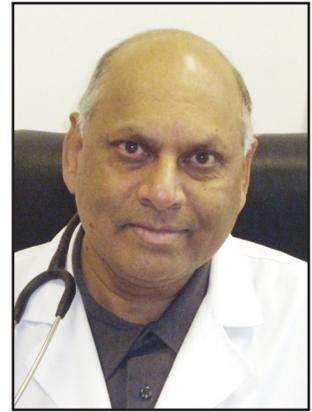
Dr. Warner adds “There is an urgent need for research that will identify low risk populations, in which screening is not required, and better methods to identify women at high risk.”

More important is to explain to patients the preventative measures against developing breast cancer, like avoiding estrogens and progesterones; benefits of pregnancy at earlier age, breast feeding, weight control, regular exercise, protecting against radiation exposure, and Tamoxifen for qualified high risk patients.

The increased risks of breast cancer is shown in nulliparity, pregnancy after age 30.

Longer duration of breast feeding helps decrease risk of both hormone positive and negative breast cancers. Women who had full term pregnancy have reduced risk of breast, ovarian and cervix cancers.

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References

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