



Making Sense of Breast Cancer Screening Guidelines

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Ask any doctor about whether or not it is important and necessary to get a mammogram and you will certainly be told, "Yes." Until recently, doctors would have given patients clear advice about the right time to begin and how often to undergo testing; however, nowadays this conversation is no longer so clear. Conflicting guidelines from leading medical groups have made this issue murkier than ever.

For years, almost all medical groups maintained one standard, to begin testing at age 40, every second year and after age 50, to be screened annually. This was the standard in the OBGYN and medical community and was followed by all providers. In November 2009, The U.S. Preventive Services Task Force Services (USPSTF) created news when they announced that women can wait longer, until age 50, before being initially tested. In addition, they recommended less overall screening at all ages, and to be tested only every second year instead of yearly.

In October 2015, more changes came along as the American Cancer Society (ACS) also revised their guidelines. They too recommended starting later, at age 45. But in almost contrast to their previous guidelines, they advised that younger women, ages 45 to 54 be screened annually, and women age 55 and older be screened less often, at 2 years. (In their guidelines, women ages 40 – 45 may still choose to be screened if they wish).

Despite these two major groups moving towards starting later and screening less often, the American College of Obstetricians and Gynecologists (ACOG), whose policies most OBGYNs are most familiar with, have not changed their policy and still recommend starting at age 40 and testing annually.

With all these differing recommendations, whose should we listen to? Who is right and who is wrong? The answer is that they are all correct. There is no one clear guideline as each is addressing the need to weigh the benefit of testing early and frequently, being highly sensitive, capturing as many abnormalities as possible, against the risk of a low specificity, leading to many false-positive results.

On the one hand, earlier and more frequent testing will lead to more cancers being found. It goes without saying, that detection of cancer at an early stage is obviously beneficial allowing one to be treated most successfully. However, breasts are denser in younger women, which can make mammograms harder to read. The earlier that one gets tested, the higher the chance that her mammogram will show something suspicious that will later turn out to be nothing. This will lead to unnecessary stress, and being called back for follow-ups. Further, besides the unnecessary psychological aspect, false-positive mammograms will usually require at least a biopsy or some other surgical procedure. And even when an early cancer is discovered, some grow so slowly that they're unlikely to make you sick or even shorten your life span. The problem is that doctors don't always know which ones will cause trouble and which won't. So some women may get surgery, radiation and chemotherapy that they don't really need.

No one will deny the severity and prevalence of breast cancer. Screening remains a must. Breast cancer is the most common cancer in women worldwide and continues to rank second, after lung cancer, as a cause of cancer death in women in the United States. So how should you decide which recommendation

to follow? When is the right time for you to begin testing and how often should you be screened? Ultimately, every woman after age 40 should have this conversation with their physician. Understanding the basis for the differing guidelines of the separate advisory bodies can help one make a clearer decision. Recognizing the trade-off of more "pick-ups" with increased and more frequent screening vs. fewer false-positive and unnecessary testing with less frequent screening, can help one to decide how to apply the guidelines for themselves.

Keep in mind that these guidelines are for women with an average risk of breast cancer. If you have a family history of the disease, a BRCA gene mutation, or other risk factors -- like being exposed to radiation as a child -- then you're at higher risk. You may need to start even before age 40. Additionally, the above guidelines do not apply if you find a lump in your breast. Many if not most lumps are not cancerous, but you can't tell for sure just by how it feels. If you see or feel anything that's abnormal, you should discuss this with your physician. He or she will help you decide whether a mammogram or another radiologic study, such as an ultrasound, will need to be done as soon as possible.



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