

SCREENING FOR BREAST CANCER:

My 2¢

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Maude S. Guerin MD

Recently the U.S. Preventive Services Task Force recommended changing the guidelines for mammogram screening for breast cancer. Formerly, they recommended starting at age 40, going every 1 – 2 years till age 50, then being screened yearly for life. The new recommendation is to start at age 50, go every other year until age 74, then no further screening. Why did they change their recommendations and are the new guidelines better? Here are some basic facts:

- 1) Breast cancer is more common the older you get. Between ages 40 and 50 you find one case of breast cancer for every 1,904 mammograms done. In the 50's you find one cancer for every 1,339 mammograms done, and in the 60's you find one for every 337 mammograms done. So if you only screen older women you get more "bang for your buck" with your mammogram dollars.
- 2) About a third of breast cancers found between 40 and 50 are "non-invasive" (ductal carcinoma in situ, DCIS). Non-invasive cancer cannot hurt you – but a certain percentage of them will progress to invasive cancer – and that can kill you. Because we cannot tell which cases of DCIS will progress and which will continue to lie dormant, we treat all DCIS as breast cancer. Therefore many women are diagnosed and treated "unnecessarily" – their DCIS was never going to hurt them.
- 3) Mammograms are less accurate before menopause. The hormones cause the tissue to be denser, which makes it harder to see the early signs of cancer on mammogram. Also the chance of an abnormal mammogram followed by a normal biopsy in a woman who gets an annual mammogram in her 40's is 30%.
- 4) Breast cancer is slower growing and less likely to be fatal in older women

5) Mammograms, like all screening tests, have four possible results

- a. Positive mammogram, person has breast cancer: “true positive”
- b. Negative mammogram, person doesn’t have breast cancer: “true negative”
- c. Positive mammogram, person doesn’t have breast cancer: “false positive”
- d. Negative mammogram, person does have breast cancer: “false negative”

A perfect screening test would have all true positives and negatives, and no false positives or negatives. Here in the real world that doesn’t exist. The price you pay for detecting as much early breast cancer as possible is more abnormal mammograms with normal biopsies. This causes worry, expense, and inconvenience – and helps some women in their 40’s with breast cancer live longer and maybe even be cured now and then.

So, back to the new USPST guidelines. Their rationale for starting mammograms later and stopping them earlier is based on two facts: 1) Breast cancer is more rare under age 50, and less fatal over age 74. 2) False positives and negatives are more common under age 50.

What do I think? I agree with all their facts, but not all their conclusions. They are overlooking a huge factor for women – WE DON’T CARE ABOUT FALSE POSITIVES – BRING THEM ON! WHAT WE DO CARE ABOUT IS DYING YOUNG FROM BREAST CANCER – PERIOD.

Collectively, we are happy to have normal biopsies after abnormal mammograms, if this is the price we pay for finding as many bad breast cancers in young women as possible. Yes this does cost more – WE DON’T CARE.

So I have the following recommendations

- Scientific community - please figure out why some DCIS lies dormant for life and some DCIS progresses to invasive cancer – and how to tell the difference, so we stop over-diagnosing and over-treating some women

- Until we have a rational, nationally implemented health policy, I will continue to make recommendations that are best for the individual woman in my exam room – you – not what's best for the health insurance industry, or the overall health care dollar.
- If we want to pick a decade to forgo breast cancer screening, let's pick our 80's, not our 40's

JUST MY 2¢ - WHAT DO YOU THINK?