

Ask the Doctor Nov. 2015

New mammographic screening guidelines from the American Cancer Society (ACS) have proven to be a shock to both the public and physicians alike (Ref. 1). In summary, they recommend that women start mammographic screening at age 45 and continue yearly screening until age 55 and switch to every other year after age 55.

The new guidelines also suggest that routine yearly physician exam is not necessary.

In the recent past they also stated that breast self-exam doesn't work, but go on to state that a woman should be aware of her breasts and report any changes to her physician. How confusing does it get? How does a woman know if she has a change in her breast if she has not been taught to do proper self-exam?

There are two major factors that I believe may account for the changes in the guidelines. First is a concern that cancers are difficult to diagnosis in young women with dense breasts. As a result many biopsies are recommended that prove to be benign (not cancer).

The ACS points out that there is a great deal of anxiety associated with having a biopsy that ends up being negative as well as increasing medical costs without providing any benefit.

My own experience is that women are relieved to find out that their biopsy was negative. It is interesting that the ACS does not comment on the anxiety associated with being told at age 45 that you have an advanced breast cancer that could have been diagnosed when it was curable if you had only started screening at age 40.

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I think the second reason the ACS decided to delay mammogram screening is that they placed too much emphasis on a flawed study from Canada which concluded that 20% of breast cancers would disappear spontaneously if left untreated. Of course, the cancers did not disappear, they were simply placed in the group that was to receive a mammogram and not in the group that was to be followed by their doctor (this second group only received a mammogram if ordered by their physician).

Considering there has never been a proven example of an actual cancer disappearing without treatment, it seems incredible they could buy into this erroneous concept. The only reasonable explanation is that this first Canadian study was improperly designed.

A subsequent Canadian study, that had appropriate randomization and used updated equipment, demonstrated the same improvement in survival among young woman as did the many other studies in the medical literature.

Why the ACS has put so much weight on an obviously flawed study and ignored the large body of evidence that mammograms save lives is beyond comprehension.

What the ACS should be doing in my mind is to fight for improvements in breast cancer care. They should support efforts to improve the quality of mammograms so that they are more effective in detecting smaller breast cancers and are associated with lower rates of false positive biopsies.

I also think that the ACS missed a golden opportunity to address the problem of breast density. We know that the mammogram misses many small cancers in women with dense breasts. We also know that both screening ultrasound and screening MRIs can detect small cancers missed on the mammogram.

What the new ACS guidelines should have done was to encourage women whose breast are dense to talk with their physician about the value of adding ultrasound or an MRI to the screening process.

ACS guidelines do not even mention the benefits of additional screening techniques in women with dense breasts? If they were truly interested in women's health, they would certainly have done so.

I am at a loss to explain the actions of the ACS. My only conclusion is that they have lost all credibility as an organization that has the best interests of women at heart.

I will no longer support the ACS and would encourage all women to consider withdrawing any form of financial or in kind support. I would also encourage you to contact the ACS and express your concerns about their new guidelines. You can contact them at: <http://www.cancer.org/aboutus/howwehelpyou/app/contact-us>

Feel free to contact us with your questions or comments at info@beawarefoundation.org

Bibliography:

Ref. 1. Direct link to new ACS guidelines:

<http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>