



A Myth About Mammograms

Myth: Mammograms are equally effective for all women.

The facts: Recent studies show mammograms miss approximately 50% of cancers in women with dense breasts.

Although the screening mammogram has been highly effective in terms of the early detection of breast cancer, it is not without its limitations. A recently published study in the prestigious Journal of the American Medical Association (JAMA) demonstrated that screening mammography has a 47% cancer miss rate in women with dense breasts. Other recent studies demonstrated that women with dense breast tissue have a significant increased risk of developing breast cancer, which some studies suggest to be six-times the risk for the average women.

In response to these findings several states are requiring mammographers to inform women if their breasts are found to be dense on screening mammogram. Last year, Governor Jerry Brown vetoed a similar bill for California stating that it was unclear what a woman would do with the information. However, there is now strong evidence that there are screening alternatives that will detect cancers frequently missed when screening women with dense breasts. Governor Brown has recently signed new legislation requiring mammographers to inform women if their breasts are dense. The new law goes into effect on April 1, 2013.

From one perspective Brown was right in that this new legislation will cause anxiety and confusion for both patients and their physicians. In next month's "Ask the Doctor" I will provide more details on this important subject. The following discussion will provide a summary of the key issues. The first point to make is that women with fatty breasts on mammogram—60% of the screened population—do not need any additional studies since the screening mammogram is very effective in detecting small cancers in this group of women.

Second, the women at very high risk such as those with multiple family members with early onset breast cancer will need a yearly MRI in addition to the yearly mammogram. In most cases, insurance will cover the cost of a yearly MRI in very high risk women.

The major point of contention is what to do about the women in the middle who have dense breast tissue but no family history. These women will need to decide if they are willing to pay part or all of the cost of additional imaging. The choice for most of these women is likely to be a screening ultrasound (US), which has proven to be highly effective in detecting cancers missed on mammographic screening. The alternative breast MRI is much more expensive and requires an I.V. injection of contrast material. It is likely that in the near future the costs of a breast MRI will be reduced to make it more competitive with the US, but even if the costs are markedly reduced, the US will probably be the procedure of choice for most women who desire additional screening.

The good news is that progress is being made in detecting early cancers that were previously missed on a screening mammogram. The cancers detected by the US and MRI are typically small and have an excellent prognosis. Thus, as we expand the use of these new technologies, breast cancer survival rates will improve and the need for mastectomy and chemotherapy will decrease.

If you have any questions on breast cancer or would like a myth debunked, feel free to contact us.