



## **Stick with the evidence: Women should begin mammograms in 40s**

In today's (11/17/09) issue of the *Annals of Internal Medicine*, the U.S. Preventive Services Task Force (USPSTF) issued recommendations suggesting women refrain from getting their mammograms until age 50, and continue every two years thereafter.

With my colleagues at Invision Sally Jobe, I reject the USPSTF recommendations and support the American Cancer Society, American College of Radiology, Society of Breast Imaging, and many other respected professional organizations in their strong opposition to the new guidelines.

These new guidelines, if taken to their logical conclusion, will lead to diagnosing later stage cancer, resulting in more drug therapy, more radiation therapy and more late-stage intervention.

The American Cancer Society's (ACS) current screening guidelines state that women at average risk for breast cancer should have their first mammogram by age 40 and should repeat mammograms every one to two years thereafter. This can reduce the risk of dying of breast cancer by 20 to 25 percent for women aged 40 years or older. The ACS also says to continue routine mammograms beyond age 74, as long as the patient is in good health and has 10 years of life left.

A careful look at the most recent data shows us that about 17 percent of breast cancer deaths occurred in women who were diagnosed in their 40s, and 22 percent occurred in women diagnosed in their 50s. Furthermore, the risk of dying of breast cancer in women diagnosed in their 40s is reduced by 35 to 44 percent, not 15 percent as the USPSTF analysis incorrectly reported.

The USPSTF methodology greatly underestimates the benefit of modern mammography, while the ACS takes a more thorough and valid approach. The ACS looks at all the data used in issuing the USPSTF guidelines, more carefully reviews each individual study, and reviews many newer studies that have not been examined by the USPSTF. Despite this shortcoming, the USPSTF's own evidence review shows that mammography reduces the risk of dying in women in their 40s and women in their 50s at about the same rate.

Because fewer women develop breast cancer in their 40s compared with women in their 50s, the USPSTF has said the small benefit isn't worth the cost of screening in that age group. Among the costs are false positive examinations, including procedures. The USPSTF fails to cite the literature that reveals that women do not regard these costs as important drawbacks.

As for the screening interval, annual screening is especially important for women under age 55, and still produces better results for women 55-plus. As for false positives, remember that false positives do not double when comparing yearly mammograms to mammograms done every two years. In fact, research shows that going to the same high quality imaging facility on a regular basis reduces the likelihood of false findings.

Screening mammography in women in their 40s saves just about as many lives as it does for women in their 50s, and the breast cancer death rate in the U.S has decreased by 30 percent

since 1990, primarily due to screening mammography. The USPSTF relies on old data, ignores compelling new data, creates confusion and ultimately concludes that it's just not worth it to save the lives of women in their 40s.

Screening mammography saves lives, and regular mammograms should remain an important part of women's preventive health care beginning at age 40.

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