

## **Making sense out of mammogram guidelines**

**Do these new guidelines mean that I cannot get annual mammograms, or cannot get any mammograms if I am between forty and fifty?**

No. These are statements of what an expert panel sees as the current value of getting mammograms for the population as a whole. Individual circumstances change the equation. Also, guidelines are just that, we do not have to abide by them. In fact, there are a dozen different organizations with guidelines for mammography and some agree with these recommendations and others do not.

**Why did they change their recommendations?**

With time we not only have new research, but we can also see what has actually happened when the previous recommendations were followed. This experience is often more valuable than advice based on theory. The advice to not recommend mammograms for women in their forties is actually not new. This same panel made this recommendation in 1997, but it was then softened.

**Isn't this government panel just trying to save money?**

No. This advice has been in the works for years and is part of a routine revision of guidelines. The panel is supported by the government but is supposed to function without any directives from the government. The panel consists of experts in medicine as well as in interpreting statistics. They commission a review of available evidence as well as hearing testimony from various experts in the field. This analysis was made without including figures for cost.

**Can the government influence this panel's recommendations?**

They have not influenced it yet. We would all be better off if they did not try, but politicians being who they are it sometimes becomes too tempting\*.

**I know someone who had cancer of the breast found by a mammogram, doesn't this prove that they saved her life?**

Mammograms do save many lives. While finding cancers early is thought to be good, sometimes cancers grow so slowly that finding them later when they are felt on exam still results in cure. Also, we are just learning that not all cancers grow and kill the patient. There are some that are kept in check by the patient's own immune system and do not grow. Sensitive tests (like mammograms and MRIs) pick these up as well and they are treated. For a few patients with these slow growing cancers, this treatment may not have saved the person's life and, in fact, may have exposed them to surgery, radiation and drugs that could have serious side effects. The trouble is that we do not know which cancers do not need to be treated, so we need to treat them all.

**Cancer cure rates today are better than they used to be. Doesn't this prove that mammograms and early detection help?**

Not necessarily. Over the past few decades, surgery, radiation treatments and chemotherapy have all improved and this has contributed to better survival.

### How is screening handled in other countries?

In most European countries screening is done every other year. In the United Kingdom it is done every 3 years. Most countries start at age 50, with the exception of Sweden which starts at age 40.

To help understand all of these factors let's follow 10,000 women for 10 years to illustrate what the panel was seeing in the evidence:

| 10,000 women having screening mammograms every year between 40 and 49:  | 10,000 women <u>not</u> having screening mammograms between 40-49:              |
|---|---|
| 4700 women will have additional films or exams (USPSTF)                 | ~900 will have diagnostic mammograms (JNCI)                                     |
| 330 will be biopsied without cancer(USPSTF)                             |   |
| 150 will have cancer (NEJM)   | ~135 will have cancer (modeled with 10% overdiagnosis with screening mammogram) |
| 50 will have cancer that was missed by the screening mammogram (USPSTF) | 6-13 will have cancer picked up on exam and missed by mammogram (JNCI)          |
| 15-45 will suffer complications of the treatment                        | 13-39 will suffer complications of treatment                                    |
| 20 will die of breast cancer during their 40's (NEJM estimate)          | 21 will die of breast cancer during their 40's(NEJM estimate)                   |
| 33 will die of breast cancer with onset in 40's (USPSTF)                | 32 will die of breast cancer with onset in 40's (USPSTF)                        |
| 200+ will die of something else during their 40's (CDC)                 | 200+ will die of something else during their forties                            |

As you may sense, this is not a black and white issue and individuals may look at this and decide differently. Most important they should decide based on their own circumstances and values. Some may decide to forgo mammograms in their 40's, others to continue every year or two and still others may see how things shake out over the next few years before revising their approach. All of these options can be reasonable.

\* In 1997 when the panel advised that there was not good evidence to support mammograms for those in their forties, legislators tripped over each other to get in front of cameras and "stand tall for women's health". This baloney led to a senator passing a bill condemning the panel's report and threatening to defund the panel if they did not change their recommendation. Sensing that the greater good was served by preserving the funding of the panel, they softened the recommendation to: "an individual decision between a patient and her doctor" (which it always was anyway!). We are best served when politicians stay away from trying to legislate interpretation of the scientific literature.