

## How often should women be screened?

By Heidi Hagemeyer / *The Bulletin*

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The effectiveness of routine mammograms — a simmering debate among experts in recent years — is now being questioned by a Bend oncologist in one of medicine's most prestigious journals.

Professional and governmental organizations have long recommended that women at age 40 start getting annual mammography screenings to check for breast cancer.

Yet Dr. Archie Bleyer, co-author of the study published Wednesday in the *New England Journal of Medicine*, suggests that mammograms haven't fulfilled their prevention promise.

The article examines data gathered nationally about women over the last three decades.

It suggests that advances in treatment, rather than screenings, have reduced the number of late-stage breast cancer cases, and that screenings have led instead to the overdiagnosis of more than 1 million women nationally during that same time period.

What overdiagnosis means more specifically, Bleyer said, is that some women have undergone unnecessary surgeries and treatments and endured the resulting anxiety and financial cost for abnormalities that would never have become problematic in their lifetime. Bleyer is chair of the St. Charles Health System Institutional Review Board and a clinical research professor at Oregon Health & Science University.

Several studies in recent years have questioned the effectiveness of annual mammograms, often with ensuing controversy. This latest contribution started drawing dissent even before its publication.

Still, physicians, including Bleyer, cautioned this doesn't mean women should stop getting mammograms. The differences in opinion center on how often women should be screened, particularly those without unusual risk factors for breast cancer.

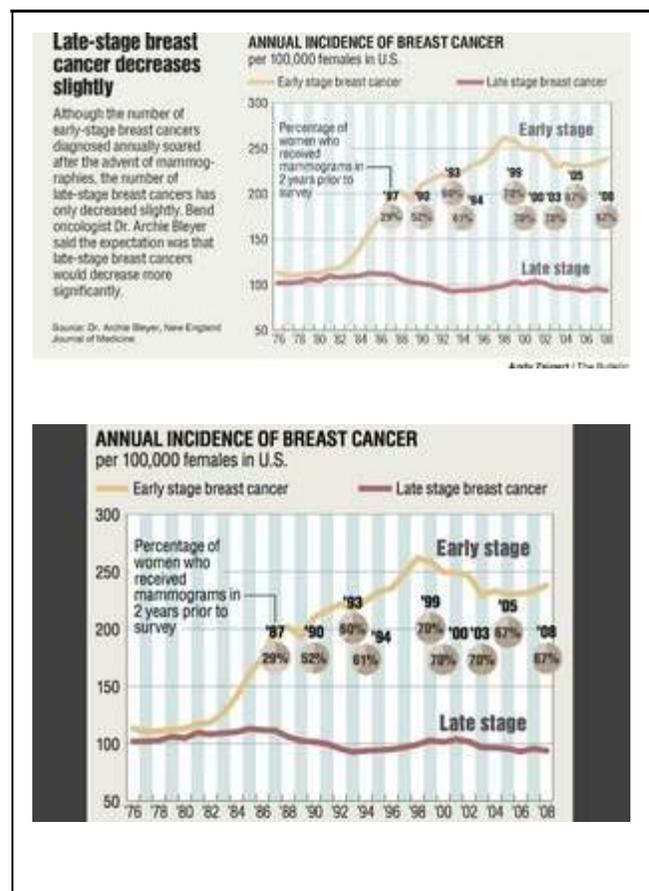
Several specialists said women should stick to the current guidelines, which are also backed by research. Others advised women to consult their primary care providers to know how to proceed.

To Bleyer, the research is more of a signal that a new approach is needed.

"Mammography needs to be looked at in totality," Bleyer said.

"Every woman needs the full information," he continued. "It's beginning to become critical to let women know about it."

Details of the study



The study used national numbers to follow what has changed in breast cancer rates since the introduction of routine mammograms in the early 1980s.

Bleyer said the presumption would be that if screening was working, fewer late-stage cancers would be diagnosed since they would have been caught early.

What the data showed, Bleyer said, is that diagnosis of late-stage cancers decreased roughly 8 percent in the ensuing decades, less than expected. Meanwhile, the number of early-stage cancers diagnosed more than doubled.

The study suggests that a portion of that doubling is in overdiagnoses. For example, it estimates for 2008 that more than 70,000 women were overdiagnosed with breast cancer, accounting for 31 percent of all diagnoses that year. This generally means those women have abnormal, early-stage cancer cells confined to the breast, and that for some they may never have required treatment.

The study's numbers haven't convinced Dr. Debra Monticciolo, chair of the American College of Radiology's Quality and Safety Commission. She said she has seen Bleyer's article and believes flawed assumptions led to inaccurate conclusions.

The study, she said, underestimates the annual percentage increase in the number of women who get breast cancer by half.

"This study does nothing to dissuade me from getting my annual mammogram," she said.

"There's a small amount of overdiagnosis, certainly, but there's no way it's anywhere near 30 percent," she added.

Bleyer said that even by calculating the rate as Monticciolo suggested, roughly 30,000 women in 2008 women would still have been overdiagnosed.

"It's still a problem that you can't ignore," he said.

Dr. Linyee Chang, medical director of the St. Charles Cancer Center, said the study doesn't answer a critical question for women: When an early-stage breast cancer is found, there is no way right now to know which will become problematic and which ones will not. Mammograms can spot very early-stage cancer that isn't detectable in a clinical exam.

"You don't want something to progress to the point where it's not treatable," she said.

She said that while scientific research continues to evolve and inform medicine over time, right now mammography screenings remain the best tool available for catching cancer early.

"It's this evolution," Chang said. "As data emerges, as data improves, we're able to refine the treatment."

#### Plans for screening

The one consistent message for women from medical professionals is to consult their primary care providers about mammograms.

Chang said St. Charles follows guidelines set by the National Comprehensive Cancer Network, an alliance of nearly two dozen of the world's leading cancer centers. It recommends annual mammograms after 40 throughout a woman's life.

Another organization that issues widely accepted screening guidelines, the American Cancer Society, also recommends that annual exams start at age 40 and continue as long as the woman is in good health.

Bleyer said for women with no unusual risk factors, he favors the recommendation of the U.S. Preventive Services Task Force, a panel of experts appointed by the U.S. Department of Health and Human Services.

That panel in 2009 changed its guidelines in favor of screening every other year starting at age 50, rather than 40, until 74.

The rationale given by the panel at the time was to balance early breast cancer detection with harm from potential overtreatment.

Dr. Gary Frei, a surgeon at Bend Memorial Clinic who regularly sees breast cancer patients, said abandoning screening at this point would be a setback. But he does think the medical community could benefit from a conversation about how it handles mammography.

While he isn't familiar with Bleyer's latest study, Frei said it sometimes is reflex to screen women and then sweep them through the system if anything irregular is spotted. Yet it's possible that screening doesn't need to be as aggressive for women ages 40 to 50 or for those 75 and older, depending on their particular risk factors.

"I see patients who are in their late 70s and 80s that have a finite lifespan, that might be ill, and they are still doing mammograms," he said.

"There's a problem on both ends of the spectrum. And the way I see it right now is maybe we don't educate our patients very well."

If women decide to get annual mammograms from age 40 on, Frei said that is a sound decision, as well.

"They need to have a good conversation with their primary care doctors," he said.

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