



The follow article appeared in the Eugene Register Guard Guest Viewpoint in November 2009. It was written by Oregon Medical Group radiologist, Michael Milstein, MD.

Don't alter cancer screening plans just yet

I am a practicing radiologist in Eugene and have been involved with women's imaging locally for more than 15 years.

In the interests of women in this community, I feel compelled to discuss the recent recommendations of the US Preventive Services Task Force (USPSTF) concerning breast cancer screening.

Any radiologist who reads mammograms is used to controversy. It seems that every five years or so, questions concerning the benefits of screening mammography arise, creating controversy in the scientific and medical communities as well as the lay press.

While this debate may be annoying to radiologists who feel like they repeatedly must justify what they do, such controversies have had the beneficial effect of strengthening the scientific evidence and arguments supporting screening mammography.

Unfortunately, with controversy comes confusion and worry among those we are most interested in helping - women who undergo, or are considering, breast cancer screening with mammography. These women deserve guidance from the specialists in this field, namely radiologists.

So what is known about screening mammography? These pertinent facts come from many scientific studies that have examined thousands of women at many institutions in the United States and elsewhere for about the past 30 years.

- ◆ Breast cancer screening with mammography significantly decreases mortality from breast cancer among women older than 40. The decrease occurs among women with and without risk factors for breast cancer.
- ◆ The mortality rate from breast cancer has decreased markedly over the past 20 to 30 years (up to 30 percent), primarily due to screening mammography.
- ◆ Screening mammography results in the earlier detection of breast cancer. Annual screening results in the detection of smaller cancers that require less toxic therapy and have an overall more favorable prognosis with a greater chance of cure.
- ◆ The risk of breast cancer and the positive effects of screening gradually increase with age, but do not abruptly change between the arbitrary age ranges of 40 to 49 and older than 50.

These facts, gained from years of scientific study, have resulted in the current recommendations, which are supported by the American Cancer Society and the American College of Radiology. These recommendations call for annual screening mammography beginning at age 40 for most women.

The U.S. Preventive Services Task Force is a government-sponsored, independent panel of doctors and scientists funded and staffed by the Human Health Services Agency for Healthcare Quality. The task force's recommendations can be considered in determining Medicare coverage for preventive services. Private insurers also may incorporate them into their payment strategies.

Recently, the task force recommended against screening mammography for women in their 40's. It called for screening mammography every two years for women ages 50 to 70.

The task force also recommended against clinical and self-done breast examinations. Obviously, these recommendations are significantly different from the policies supported by major medical societies; they also depart from policies strongly supported in the past by the federal government.

I believe there are many problems with the task force study, and many more will come to light with further scientific scrutiny. It is important to realize that the task force recommendations were not generated from patient-based scientific studies, but are based in large part on computer models that evaluated the potential number of lives lost under various screening scenarios and generated the most efficient screening intervals.

Another component of the task force study was a meta-analysis, which is basically a review of previous studies.

Both of these forms of analysis depend heavily on the type of information chosen for review. Already, questions have been raised about the untested computer models that were used and the studies that were included – and more importantly, not included – in the meta-analysis.

It is interesting to note that similar questions with respect to screening mammography were raised in 2002 based upon a meta-analysis by a distinguished group from Oxford, England. That meta-analysis was subsequently shown to be extremely flawed due to the questionable studies and data it chose to include and analyze.

Another important point is that there was no medical imaging representation on the task force. I find it hard to believe that a scientific undertaking of this magnitude was made with no effort to consult or include the actual specialists in the field, namely radiologists.

This type of controversy is good for medicine in general. However, debate is not beneficial when it confuses patients. While I have no problem with the government doing

research and raising questions, I don't think it should be able to make broad recommendations directly to the public without intense scientific scrutiny and review.

I want to point out to all women that the task force's recommendations should be considered as no more than suggestions to the medical community at this point, and as topics for further research.

In the meantime, I see no reason to abandon the American Cancer Society's current recommendations for mammographic screening.

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