

# Mammography saves lives!

March 2014

To our Primary Care and Referring Physicians:

You are all aware of recent news reports regarding the use of mammograms in screening for breast diseases. A study published by the Canadian National Breast Screening group suggested that routine screening mammograms may not demonstrate a benefit. This is the only trial of mammography that has not demonstrated a benefit from screening exams and this study had many design flaws. This has sparked much discussion and debate among those of us in health care dedicated to promoting optimal health through prevention and well-being.

The major flaws in this study include:

- The study was not randomized—volunteers underwent a clinical exam at the entry of the study and many women with palpable lesions or lymph nodes were placed into the screening group. This placed many women with advanced cancer into the screening group which causes significant bias in the study.
- Mammography equipment and data utilized in the study was from the mid 1980's. Images and Radiologists were of very poor quality. Many of the outside reviewers resigned from the study secondary to the poor quality.

Virtually every responsible group that deals with breast cancer and diseases of the breast on a daily basis agrees that mammographic screening saves lives. The American Medical Association, The American Cancer Society, The American Congress of Obstetricians and Gynecologists, The American College of Radiology, The Society of Breast Imaging, and The American Society of Oncologists all state that mammography is the best screening tool we have and that regular screening with mammography should begin at age 40.

Dr. Melinda Hass, the director of the Trinity Breast Health Center along with Dr. Susan Bird, breast radiologist and all members of the breast center team believe strongly that early detection and screening are the strongest weapons in the fight against breast cancer.

Therefore, we strongly endorse these responsible professional groups and recommend that all women receive a baseline screening mammogram at the age of 40 and continue to receive a screening mammogram each year after.

If you have any additional questions or concerns, our team is available for you. Please feel free to contact any member of the Trinity Breast Health team at (309) 779-5108.

Sincerely,

Dr. Susan Bird, Breast Health Radiologist

Dr. Nathan Durick, Breast Health Radiologist

Dr. Melinda Hass, Medical Director, Trinity Breast Health Program

[Unitypoint.org](http://Unitypoint.org)



# Breast Screening Guidelines

## Average Risk

	AMA (19 June 2012)	Mayo Clinic (April 2010)	American Cancer Society (ACS)	United States Preventative Screening Task Force (USPTF)	National Cancer Institute (NCI)	American Society of Breast Disease (ASBD)	National Comprehensive Cancer Network (NCCN) *
Mammography	Annually begin at age 40	Annually begin at age 40	Annually begin at age 40	Biennial screening for women 50-74	Every 1- 2 years for women aged 40-70 years	Annually begin at age 40	Mammograms annually $\geq$ age 40
Breast Self- Examinations (BSE)	Encourage begin at age 20	Encourage to identify breast changes	Beginning in their 20's women should be told about benefits and limitations of BSE	Recommends against teaching BSE	Teaching BSE does not reduce breast cancer mortality	Does not address	Encouraged - may facilitate breast self- awareness
Clinical Breast Examinations (CBE)	Every 1-3 years age 20-39 Annually 40 and older	Annually beginning at age 40	Every 3 years ages 20's & 30's. Annual for women 40 and older	Current evidence insufficient to assess the additional benefits and harms of CBE	Based on fair evidence, screening by CBE reduces breast cancer mortality	Annually CBE beginning at age 40	Every 1-3 years age 20-30. Annually age 40 and older

Information can be found on the website of each organization

\* The Trinity Breast Health Center supports the National Comprehensive Cancer Network guideline and **annual mammography starting at age 40.**