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Top Mammography Experts Voice Outrage Over New Breast Cancer Screening Recommendations

Fran Lowry

December 3, 2009 (Chicago, Illinois) — The new US Preventive Services Task Force (USPSTF) guidelines on screening mammography, which recommend that mammography be done every other year in women 50 to 74 years old, will result in an increased number of deaths from breast cancer, a panel of experts warned during a press briefing here at the Radiological Society of North America 95th Scientific Assembly and Annual Meeting.

Speaking to reporters, panelist Daniel B. Kopans, MD, senior radiologist at the Massachusetts General Hospital and professor of radiology at Harvard Medical School in Boston, told reporters that the USPSTF guidelines ignore the scientific evidence that annual screening with mammography starting at age 40 saves women's lives.

"The US Preventive Services Task Force says no to routine clinical breast exams, breast self-exams, and mammography in women under the age of 50. The implications are that women aged 40 to 49 must wait until they can no longer ignore a lump in their breast before they can seek medical attention," he said. "The USPSTF admits that screening women aged 50 to 74 every 2 years, instead of every year, will mean that a large number of women will die from breast cancer whose lives could have been saved by annual screening," Dr. Kopans asserted during the press briefing.

The task force has said it believes that annual screening actually harms women because it is a source of stress and anxiety, especially when false-positive results force the women to undergo unnecessary biopsies.

But panelist Stephen A. Feig, MD, professor of radiology at the University of California at Irvine School of Medicine and president-elect of the American Society of Breast Disease, said that the false-positives and recall rates that occur with screening are acceptable to women.

"According to [one] study . . . , 99% of women believe that false-positive mammography is an acceptable risk to save lives, and 63% of women believe that 500 or more false-positive results are acceptable for each life saved" (*JAMA*. 2004;291:71-78).

He added that risk from radiation is virtually nonexistent. "No women have ever gotten breast cancer from mammography, even from frequent mammograms."

Phil Evans, MD, who is president of the Society of Breast Imaging and director of the Center for Breast Care at the University of Texas Southwestern Medical Center in Dallas, explained that the task force was composed of 16 individuals with advanced degrees in primary care, epidemiology, health policy, and public health. Thirteen members were MDs.

However, there were no breast cancer screening experts on the USPSTF panel.

Since the recommendations became public, only 2 organizations — the National Breast Cancer Coalition and the Dr.

Susan Love Research Foundation — have come out in support of them.

Many more organizations, including the American Cancer Society, the Susan G. Komen for the Cure, the American College of Obstetricians and Gynecologists, the Avon Foundation for Women, the American College of Surgeons, the American College of Radiology, and the Mayo Clinic, have condemned the USPSTF recommendations, and the list is growing.

Even US Health Secretary Kathleen Sebelius has told women to ignore the USPSTF's recommendations and to continue to follow the American Cancer Society's guidelines to be screened once a year, Dr. Evans said.

"I believe that the task force came to the wrong conclusions because they were misinformed or used the wrong information, but the unintended consequences are devastating," he said.

The panelists voiced fears that the USPSTF recommendations will end coverage of screening mammograms that are done outside of their guidelines.

A clause in section 4103 of the Patient Protection and Affordable Care Act states, in part: "The screening schedule will be partly based on recommendations from the USPSTF. Based on having to consult the USPSTF recommendations for planning a screening schedule, Medicare beneficiaries may not be advised to have an annual screening mammogram between the ages of 65 and 74 and may not be advised to have one at all after age 74."

"There's no question that if these guidelines prevail, mammograms won't be covered. The task force carries a lot of weight," Dr. Kopans told *Medscape Radiology*.

"I think it's outrageous. This task force is billing itself as having done a scientific review but they ignored much of the scientific evidence," he said. "They used the lowest possible estimate of death rate decrease (15%), but studies from the United States, Sweden, and the Netherlands will tell you that it's probably 30% and higher."

Dr. Kopans told *Medscape Radiology* that the task force spurned his offer to provide scientific data from randomized trials that would help them make informed decisions.

"I'm one of the world's experts on breast imaging and mammography screening. I'm also chair of the subcommittee of the American College of Radiology for Mammography Screening. I had heard rumors that the task force was working on new screening guidelines, so I emailed them and offered to work with them. I didn't even get a thank you. Not even a response. Clearly they didn't want input from experts."

Asked for a possible reason why the task force would ignore expert opinion, Dr. Kopans told *Medscape Radiology* that there is a nucleus of people who have long been opposed to mammography.

"I just got some updated information that they were involved with the task force. I hate to say it, it's an ego thing. These people are willing to let women die based on the fact that they don't think there's a benefit."

John Lewin, MD, a breast imaging specialist from Diversified Radiology of Colorado and medical director of the Rose Breast Center in Denver, agreed that the task force's position reflects a bias against mammography among its members.

"Just the way there are democrats and republicans, there are people who are against mammography. They aren't evil people. They really believe that mammography is not as important," Dr. Lewin, who was not part of the expert panel, told *Medscape Radiology* in an interview.

"The reason this issue is front page news is because the US Preventive Services Task Force came out against mammography," he said. "If they had just come out and endorsed the American Cancer Society's recommendations for screening, it would not have made such a stir. It would just be another dog bites man story."

The 15% reduction in breast cancer mortality that the task force came up with is the "absolute low end" of any range, Dr. Lewin added. "They had to work very hard to come up with a percentage as low as 15%. But even so, that's a huge number. We should do as well with other preventive strategies in medicine."

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