

TODAY'S HEALTH FOR THE EMPOWERED WOMAN

MAMMOGRAM GUIDELINES REVISED YET AGAIN

This past week The American Cancer Society (ACS) revised once more its mammogram guidelines. The coverage focused on the differences between mammogram guidelines from different groups and how these differences could lead to confusion among women. The revised ACS guideline now says that “women should get their first mammogram years later than previously recommended.” The ACS now recommends that women start at age 45 if they are of average risk, without BRACA 1 or 2 genetic mutation or a family history of breast cancer. At 55, women should transition to screening every other year if they have a life expectancy of ten years or longer. The ACS said that the changes are designed to eliminate false positives and overtreatment. The ACS is also dropping its previous recommendation that women have a manual breast exam so doctors can feel for abnormalities because it “has never been shown to save lives” (!!!!!). It was felt that these guidelines reflect “the growing recognition that mammograms can do harm as well as good by promoting unneeded anxiety and overtesting. This was given credence because the guidelines are based on a review of 90 breast cancer screening studies and trials published since 2000. These are radical statements. This past weekend I attended the annual New York meeting of the American Congress of Obstetricians and Gynecologists and there was near universal agreement of ACOG’s previous recommendations that regular screenings begin at age 40 and that manual exams are important. The United States Preventative Services Task Force also reaffirmed that women between ages 50 and 74 get routine screening once every two years. It is absolutely mind boggling to me and to most of my gynecology colleagues that a manual exam does not save lives. In my career I have detected hundreds if not thousands of tumors on a routine exam that would have either gone undetected if found at a later stage of disease or if an exam were not done. Everyone knows that early detection is the key to successful and life saving treatment. Imagine the consternation of most women coming for an annual exam and are told that no breast exam is going to be performed because of some study that says it is worthless. Imagine a lawyer having a field day when a tumor is diagnosed but the physician says he did not do an exam because of some statistical model that said lives would not be saved. Bad enough that there are some who says that pelvic exams and pap smears are not cost effective—tell that to the woman who has just been diagnosed with gynecologic cancer on a routine exam. Has medicine really come to the point that physical exam—the hallmark of our profession is no longer considered important? And what of the doctor patient relationship of trust and information? Dr. Christopher Zahn, vice president of practice activities for ACOG said “our biggest concern is that this will create a lot of potential havoc in the day to day practice of caring for women”. ACOG MAINTAINS ITS CURRENT ADVICE THAT WOMEN STARTING AT 40 CONTINUE MAMMOGRAPHY SCREENING EVERY ONE TO TWO YEARS AND RECOMMENDS A CLINICAL BREAST EXAM. In my opinion to change guidelines to prevent anxiety is ludicrous. Should we stop doing EKGs or colonoscopies because someone might be

anxious about the result? Of course there is anxiety but this should be weighed against a late diagnosis and decreased likelihood of survival. This coming January various professional organizations are planning to meet at the Breast Cancer Screening Conference to reevaluate research in hopes that “all of the groups with patients’ best interests in mind, can reach some consensus.”