

## Little enthusiasm for new breast screening guide

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New recommendations about breast cancer screening – when to start, and how often to do it – were released Monday by a federal task force, but they appear unlikely to have much influence on doctors' practices in New Jersey.

The guidelines by the U.S. Preventive Services Task Force update their previous recommendations, which led to a public outcry about rationing health care in 2009. That year's most controversial recommendation – that women in their 40s at average risk of breast cancer should decide for themselves whether to start having screening mammograms every other year – was repeated this time.

Women in their 40s “must weigh a very important but infrequent benefit (a reduction in breast cancer deaths) against a group of meaningful and more common harms,” including callbacks for more imaging studies, biopsies for findings that turn out not to be cancer, and treatment of cancers that would not become life-threatening, the recommendations said.

The task force, an independent, voluntary body, makes recommendations about the effectiveness of a range of preventive care services – including colonoscopies to detect colon cancer and PSA testing to detect prostate cancer – based on its balancing of the benefits and harms of the service.

It “does not consider the costs of providing a service” in its assessment, according to Monday's report, published in the *Annals of Internal Medicine*. Nor do its recommendations determine whether a service is covered by insurance. Medicare and Medicaid, as well as private insurance companies, make those decisions independently.

The task force recommended screening mammograms every two years for women ages 50 through 74. It said there wasn't enough evidence to recommend whether to continue mammography when women reach 75.

The evidence also was insufficient to recommend whether three-dimensional imaging – known as digital tomo-

synthesis – should be used as a screening tool, and whether ultrasound or other screening modalities should be added to the screening tests for women found to have dense breast tissue, the task force said.

Publication of the new recommendations “doesn't influence how I practice at all,” said Dr. Madelyn Danoff, the director of breast imaging at St. Joseph's Regional Medical Center, echoing other breast surgeons and radiologists in Bergen and Passaic counties. “I still firmly believe in annual screening after 40, as do all breast radiologists. I practice the same way.”

Advice to patients at Hackensack University Medical Center also “hasn't changed,” said Dr. Gail Starr, a radiologist and medical director of its breast center. “We will continue to recommend annual screening starting at age 40.”

Local experts cite the evidence that regular mammograms for women in their 40s will detect cancer in a few and save lives, which was acknowledged by the federal task force. They disagree with the task force's conclusion that this benefit is outweighed by the “harm” from the pain and anxiety of additional callbacks and biopsies that turn out be unwarranted. That balance of benefit and harm shifts as women age, the task force said. With more cancers detected and fewer unnecessary follow-ups of women in their 50s, 60s, and early 70s, the task force said it could recommend screening for them. But women in their 40s should decide for themselves when they want to begin screening, it said.

“When you define harm like that, and then compare that to survival, it doesn't make a lot of sense to me,” said Dr. Laura Klein, medical director of The Valley Hospital's breast center and a breast surgeon. For every 1,000 women of average risk who undergo screening mammography in their 40s, she said, 100 will be called back for additional X-rays or other imaging. Of those 100 women, on average, 20 will receive a recommendation for a biopsy, and five of the biopsies will lead to a diagnosis of cancer. The benefit of treating those women's cancer early is worth it, she said. “I strongly encourage my patients to obtain the maximum life-saving benefit from any screening modal-



ity.”

Particularly for mammograms, legislators in many states, including New Jersey, have passed laws establishing state mandates for insurance coverage.

A great concern is whether these latest recommendations, coming so soon after other, slightly different guidelines from the American Cancer Society, will deter women from getting screened.

“I think it is going to contribute to confusion,” said Dr. Jaclyn Calem-Grunat, director of breast imaging at Valley. “I think it’s going to present an opportunity to delay screening.”