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Local doctors: Ignore new Fed report for breast cancer screen

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11.21.09 - 12:00 am



MARIETTA - At least two local doctors say women should still be screened for breast cancer while in their 40s, despite a recent federal study that suggests otherwise.

For several years, the American Cancer Society has advised women to have a mammogram performed every year, beginning at age 40. But the U.S. Preventative Services Task Force

issued a report Monday suggesting women wait until they reach age 50 to begin breast cancer screenings, and to then have them performed every other year. The federal task force also recommends that doctors discontinue advising women in the 40s age group to perform self-exams.

The recommendations are the result of the task force's belief that mammograms, which give off a small amount of radiation, cause more harm to women in their 40s than help, and that screenings cause unnecessary anxiety from false alarms, which lead to biopsies and additional tests that were never needed.

But Dr. Steven Brantley, a diagnostic radiologist with Quantum Radiology in Marietta, disagrees.

"In one word, I think their recommendations are irresponsible," Brantley said. "In the past 20 years, since the ACS has recommended women have mammograms in their 40s, the mortality rate has dropped 30 percent. Everyday, I see women being treated for breast cancer in their 40s, or even in their 30s - everyday. These women may not have made it to 50 had they not had a mammogram."

The radiologist said there is the possibility of a false alarm when looking over mammogram results, but the anxiety that can come from that should not outweigh the possibility of another woman in her 40s actually having breast cancer.

"They said that having a mammogram in your 40s is risky, but the risks if you don't have one are phenomenal. How can you compare the risk of having anxiety from a false alarm to the risk of actually having breast cancer and it leading to death? You can't just ignore all of the women who will develop breast cancer before they're 50."

Brantley said the general consensus among physicians is that the study should be ignored.

"Most doctors will tell you that it's nonsense, and even go so far as to say they're angry. We can't understand why this one task force, not made up of one doctor who deals with cancer patients on a daily basis, would try to change a policy that has proven to be successful after years and years of work and research on the issue," Brantley said.

Brantley also disagrees with the task force's suggestion that women in their 50s only get screened every other year.

"The longer you wait between screening intervals, the more likely the cancer can spread to your lymph nodes and that you'll require chemotherapy and a mastectomy instead of simply a lumpectomy. You can have a screening one year and a small amount of cancer is there, but it is not yet visible on the mammogram. But then it shows up at the next year's, so you're able to treat it in its early stages. If you wait another year, it could be much worse," Brantley said.

He also said he felt the committee may have been pushed by the federal government to issue this report, as advising people to have fewer screenings cuts costs in the healthcare system.

"There is legislature in Congress that advises Medicare to follow this committee's suggestions. I'm not sure if they will or not, but if they do, some people won't have their screenings covered, and private insurance companies could follow suit. I will continue to tell my patients to stick with the original suggestions set forth by the ACS, and I hope others will do the same," Brantley said.

Dr. Perry "Chip" Busbee, Chief of Women's and Newborn Services for WellStar, is also adamant that the federal recommendations be dismissed.

"It's very concerning to me, to put it mildly," Busbee said.

Busbee said that women in their 40s often have a more aggressive form of breast cancer than older women.

"This group has said that screening in your 40s causes harm, but if a woman doesn't get screened in her 40s and the cancer advances, it seems as though they haven't thought of that aspect of harm," Busbee said. "My first mantra as a doctor is to do no harm. I don't want to miss a diagnosis. But then again, I don't want something treatable to go untreated."

Busbee also disagrees with the recommendation that doctors discontinue the practice of advising women in their 40s to perform self-exams.

"If you don't teach self-exams, and there are no clinical tests being done, I think that's extremely off-base," Busbee said. "Most doctors will say their patients know their bodies, and being aware of how to check for breast cancer could save their lives. I have several patients that performed self-exams, and from that just knew they had breast cancer, and they did, and we were able to start treatment. Why would anyone advise against that?"

The anxiety from false alarms could cause anxiety, Busbee said, but the anxiety alleviated from absolutely knowing no breast cancer is present is greater than the anxiety caused by not knowing.

"Women are more fearful of breast cancer than they are of heart disease, even though heart disease kills more women than breast cancer," Busbee said. "But we're seeing more and more women under 50 being diagnosed with breast cancer than ever before, and that should never be ignored."