

Updated USPSTF Breast Cancer Screening Guidelines

The U.S. Preventative Services Task Force (USPSTF) issued new controversial breast cancer screening guidelines in November 2009. The new guidelines recommend against routine screening mammograms in women aged 40 to 49, advised screening mammograms every 2 years for women aged 50 to 74 and concluded that current evidence is insufficient to recommend screening mammograms for women 75 years or older. In addition, the task force notes that there is insufficient evidence to advise clinical breast exams in women age 40 or older and recommend against teaching self breast exam.

USPSTF does recommend that women between the ages of 40 and 49 consult with a clinician regarding optimal time to begin screening, emphasizing that women in this age group should be informed of the harms and benefits of mammography. The harms of mammography in younger women include false positive results which can lead to additional imaging and biopsies that ultimately are benign. Although this scenario may be anxiety provoking, some women feel the benefit of screening outweighs the harms. Women with a family history of breast cancer, genetic predisposition or history of atypical findings on breast biopsy require a personalized assessment of risk with tailored recommendations for prevention.

Numerous professional organizations and expert groups including the American Cancer Society (ACS) expressed criticism and voiced objection to the new guidelines, claiming that there is sufficient evidence that early detection of breast cancer improves survival and saves lives. The ACS continues to advocate for beginning annual screening mammograms at age 40 and continuing for as long as a

woman is in good health. Clinical breast exams are recommended by the ACS every 3 years for women in their 20s and 30s and annually at age 40 and older. Self breast examination is an option beginning at age 20.

-Andrea Miller, A.P.R.N.

For more on the USPSTF guidelines, see page 2.

2009 USPSTF Breast Screening Guidelines

- Recommend biennial screening mammography for women 50 to 74.
- The decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms.
- The current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.
- Recommends against teaching breast self-examination (BSE).
- The current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.
- The current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer.

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Commentary: Shedding Light on USPSTF Breast Cancer Screening Guidelines

The updated USPSTF breast cancer screening guidelines have caused much concern. The USPSTF is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services; they do not make policy nor do they dictate to insurers what should or should not be covered.

Let's consider what the recommendations do and do not say. Based on the controversy and media reaction to the recommendations issued in November 2009 the USPSTF softened the language around mammography for women between 40 and 50. While the USPSTF does not feel there is evidence to support regular screening for all women 40 to 50; this does not mean that women should NOT have mammograms or that insurers will NOT pay for mammography. What it does mean is that women in this age group should talk to their providers to understand the risks and benefits of screening.

It is well known that the benefit of mammography is less for women 40 to 49 than for women >50, but there is still a significant benefit of mammography with improved breast cancer mortality. This must be balanced against the risks of mammography; including anxiety from the procedure and from call backs for added views, the risk of biopsy and the risk of overdiagnosis.

Overdiagnosis is the word used for cancers that are detected by screening that would never seriously affect a woman in her lifetime. For

older women these are breast cancers that are diagnosed that would never become clinically evident before the woman dies of another cause. For younger women these may be a diagnosis of DCIS or early invasive cancer that never spreads any further.

For women at increased risk for developing breast cancer, because they have a family history, BRCA mutation, prior history of radiation and chemotherapy (i.e. women treated for Hodgkin's disease) or a breast biopsy putting them at risk, the benefits of early detection will likely outweigh the risks of mammography. The below table reviews the risk and benefits of screening for women 40 to 49 compared to women 50 to 59 and can be helpful for women and their providers. Because the incidence of breast cancer is lower in women 40 to 49 these risks need to be seriously considered.

-Marie Wood, M.D.

Summary of Benefits and Harms of Screening*

	Risks by Age (years)	
	40-49	50-59
Benefit Reduced 10-year chance of dying from breast cancer		
No Screening	3.5/1000	5.3/1000
Screening	3.0/1000	4.6/1000
Avoid breast cancer death because of screening	0.5/1000	0.7/1000
Harms of Screening False-positive screening test requiring a biopsy	60-200/1000	50-200/1000
Overdiagnosis-unnecessary diagnosis and treatment (surgery, chemotherapy, or radiation) for breast cancer	1-5/1000	1-7/1000

The numbers are approximations based on average-risk women, and assume screening every 1 or 2 years for 10 years. The benefit is based on the task force's number needed to treat and relative risk reductions. The overdiagnosis numbers apply the ratios of 2 and 10 women overdiagnosed for 1 breast cancer death avoided. A similar version of this table was published following earlier guidelines on mammography screening.

Woloshin, S. and Schwartz, L. *The Benefits and Harms of Mammography Screening: Understanding the Trade Offs*. JAMA: 2010;303(2):164-165

The Vermont Mammography Registry

Every time you have a mammogram in Vermont you are asked questions related to your risk of breast cancer. The Vermont Mammography Registry has been collecting answers to these questions as well as breast imaging and pathology data since 1994. The Vermont Mammography Registry is part of the Vermont Breast Cancer Surveillance System funded by the National Cancer Institute to help understand how effective mammography is in community practice. The information is securely transferred without personal identifiers to the Breast Cancer Surveillance Consortium where it is combined with data from 6 other sites across the United States to be used for research. In fact, the national data were used as evidence in the recent USPSTF guidelines for breast cancer screening. To follow is some of the information the experts reviewed to help them make their recommendations.

Data from 600,830 women aged 40 years or older undergoing routine mammography screening from 2000 to 2005 were used to inform these guidelines. It showed that for every 1000 women ages 40 to 49 who received mammography screening, 1.8 invasive cancers were detected and 1 cancer was missed by mammography. One of the harms is that 1 out of 10 women screened had a false positive result; this led to 9 biopsies of 1000 women (and only 1.8 had invasive cancer) and the related anxiety.

The risk for being diagnosed with breast cancer within the next 10 years increases as you get older. That risk is 1 in 69 for a woman at age 40 years, 1 in 42 at age 50 years, and 1 in 29 at age 60 years. Therefore, mammographic screening is more beneficial in women as they age. This risk increases to 1 in 8 for women who live to be 85 years old.

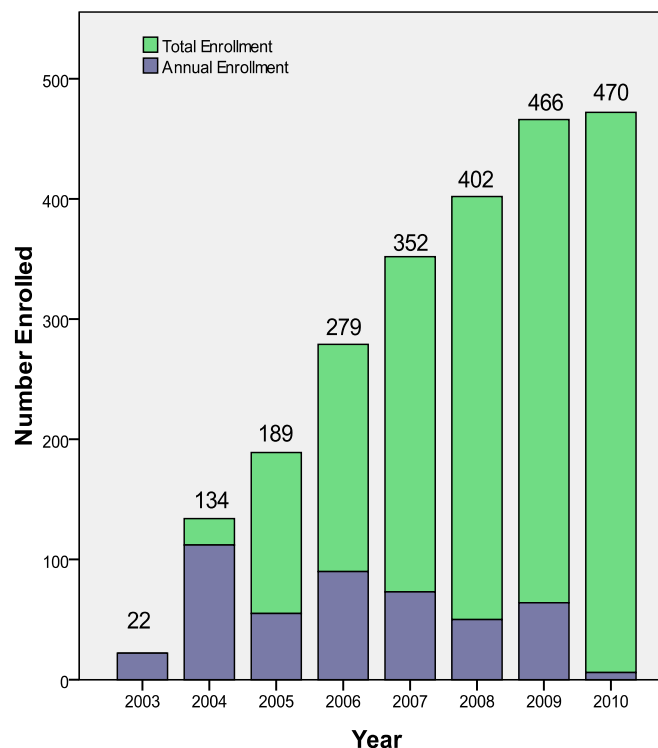
-Berta Geller, Ed.D.

High Risk Breast Program Continues To Grow

Thanks to your participation and support the High Risk Breast Program continues to grow and is now approaching 500 participants! The chart below displays annual and total enrollment in to the *Clinical and Molecular Markers of Breast Cancer Risk* study- the gateway into the HRBP.

For information on other HRBP research studies you can become involved with contact Fonda Kingsley at 802-656-8502 or check out our website at www.hrbp.vermontcancer.org This website is updated regularly with new research studies, educational newsletters, and upcoming breast cancer-related local events.

High Risk Breast Program Enrollment By Year: 2003 - 2010



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B P

HIGH RISK
BREAST
PROGRAM
OF VERMONT

Winter 2010

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Chocolate Coconut Oatmeal Cookies

This recipe is from the September 2008 issue of *Cooking Light*. Easy, delicious and great in the morning with a cup of coffee.

Ingredients

1 cup of flour (white/wheat blend works well)
1 cup of oats
1/2 teaspoon of baking powder
1/4 teaspoon of salt
1/2 cup packed brown sugar
6 tablespoons of granulated sugar
1/4 cup butter, softened
1 large egg
3/4 teaspoon vanilla extract
1/4 cup sweetened coconut flakes
1/4 cup finely chopped dark chocolate

Directions

-Preheat oven to 350°
-Combine flour, oats, baking powder, baking soda, and salt; mix.
-Mix sugars and butter in separate bowl until well blended. Add egg, beat well. Beat in vanilla.
-Add flour mixture to butter mixture; stir until combined. Stir in coconut and chocolate.
-Scrape dough onto lightly floured surface and divide into 24 portions. Roll each portion into a ball, place on a cooking sheet and flatten with the heel of your hand.
-Bake at 350° for 15 minutes.

~ Enjoy!

Save The Date!

Save the Date: 10th Annual Stowe Weekend of Hope

A retreat for cancer survivors and their loved ones. April 30—May 2, 2010.

Visit www.stowehope.org