

In the News: Mammography Screenings

Healthnetwork Foundation is constantly monitoring medical news and analyzing the latest news in health and wellness. Recently, news outlets reported on the findings of the U.S. Preventive Services Task Force which published new recommendations for screening mammography in women.

Their recommendations are to eliminate screening mammography in women age 40-49 years old unless they fall into a high risk category. The frequency of screening in women age 50-74 was decreased from annually to every two years. In addition the Task Force recommended against self breast exam.

The U.S. Preventive Services Task Force based their conclusions and recommendations on a complex analysis of risk-benefit data. The study immediately caused much reaction in the press as well as the medical community.

For more information about this study, **Susan Locke, M.D., Medical Director, Healthnetwork Foundation**, contacted our *2009 Healthnetwork Service Excellence Award recipient, Lillie Shockney, RN who is the Administrative Director of the Johns Hopkins Avon Foundation Breast Center.*

Mrs. Shockney is a published author on the subject of breast cancer as well as a nationally recognized public speaker on the subject. She has written 12 books and many articles on this subject. She serves on the medical advisory board of several national breast cancer organizations and is the co-founder and vice president of a national non-profit organization called "Mothers Supporting Daughters with Breast Cancer."



Lillie Shockney, Johns Hopkins

Mrs. Shockney reacts to the proposed changes: *"These proposed changes by the U.S. Preventive Services Task Force (PSTF) are upsetting to me because screening mammograms saved my life not once, but twice. I was diagnosed twice, first on my baseline mammogram at age 38 and then again on a screening mammogram of the other breast at age 40."*

She adds, *"Their concerns have to do with false-positive mammograms, for example, which can trigger unnecessary further tests like biopsies, thus creating 'extreme anxiety' in women. Or, a mammogram might find a genuine tumor but one that's growing so slowly it would never be her actual cause of death."*

"There are, however, several problems with this logic. We have no scientific way today of knowing for certain if a specific cancer within a woman's breast--slow growing or not--won't eventually progress and kill her. The decision to exclude women under age 50 from getting breast-cancer screening also ignores the fact that breast cancers in younger women tend to grow faster and more aggressively than do those in older women, making early detection doubly important."

Mrs. Shockney's concern is that the PSTF's new recommendations can't be squared with the following facts:

- National statistics show that about 18 percent of the women diagnosed with breast cancer in the U.S. are ages 40-49.

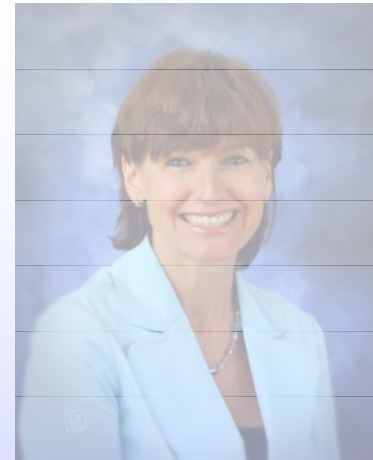
- At the Johns Hopkins Avon Foundation Breast Center, that figure is more like 25 percent, due to patients choosing to come to us from a large regional area rather than seeking treatment at their community hospitals.
- The PSTF's proposals completely ignore all the women who are diagnosed when under age 40.

Immediately after the publication of the study, Mrs. Shockney along with Nagi Khouri, M.D. who is Director of Breast Imaging at the Johns Hopkins Avon Foundation Breast Center published an official position statement on their website. According to Mrs. Shockney, *"the study will not change current practices at Johns Hopkins."* Specifically, *"Johns Hopkins will maintain their recommendations that routine screening for women at average risk for cancer occurs annually from 40 years of age through 80."* She adds that Johns Hopkins' physicians tailor their prevention recommendations to the individual.

Mrs. Shockney disagrees with the recommendation against self breast exam and feels it is important to educate women about their bodies. *"When women are armed with knowledge about their breasts, they are more likely to report changes to their physicians."*

She further recommends, *"I think it is important for women to pursue digital mammography which is more successful in detecting breast cancer in women with dense breasts-- it is proven to be 28% more sensitive! Also, seek a mammography facility which has dedicated breast imaging radiologists. We know from previous studies that a general radiologist reading a mammogram that does have cancer within it will miss it 41% of the time."*

It is likely that in the next year there will be continued reactions from the medical community to the Task Force's screening recommendations, and it is certain that this discussion will be a subject of much public discussion.



Susan Locke, M.D.
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