

# Mammogram Guideline Compliance Is Poor

BY BRUCE JANCIN

FROM THE SAN ANTONIO BREAST CANCER SYMPOSIUM

SAN ANTONIO – Compliance with mammographic screening guidelines is considerably less than would be expected based upon the public sound and fury that greeted the U.S. Preventive Services Task Force's November 2009 updated guidelines recommending a cutback from annual to biennial screening in 50- to 74-year-olds and dropping the routine screening of women aged 40-49 years.

"When the U.S. Preventive Services Task Force guidelines came out, there was a large outcry. We heard, 'Don't take away our right, our ability, to have a mammogram regularly.' So we thought we'd take a look at our database and see what women are actually doing, what the compliance is with the guidelines," Dr. Milayna Subar explained at the symposium.

Her study involved nearly 1.6 million American women aged 40 or older with full health insurance coverage and no history of breast cancer. It showed that only 50% got annual mammograms during the study years 2006-2009, as was widely recommended by most major guidelines during that period, including the since-revised USPSTF guidelines.

Moreover, 40% of insured women who had access to the full range of preventive health care services did

not even get the biennial mammographic screening that is recommended in the USPSTF guidelines operative today, reported Dr. Subar, who is vice president and national practice leader for oncology at Medco Health Solutions.

Of note, the widely cited American Cancer Society guidelines still recommend annual mammography in women who are aged 40 years or older, and American College of Obstetricians and Gynecologists' guidelines recommend annual mammography in women aged 50 and older, and every 1-2 years in 40- to 49-year-olds.

The reality demonstrated by the Medco study is that compliance with these more-stringent guidelines falls even further short of adherence to the cutback USPSTF guidelines, she observed.

During 2006-2009, the rate of annual screening mammography remained fairly constant over the years at 47% among women aged 40-49, compared with 54% in 50- to 64-year-olds, and 45% among those women aged 65 or older.

Screening every 2 years was obtained by 57% of women aged 40-49, 65% of those aged 50-64 years – the age when all of the guidelines (despite their other differences) agree on screening at a minimum of every 2 years – and in 53% of insured women aged 65 or older.

This study didn't examine reasons for noncompliance with mammographic guidelines among insured women.

But Dr. Subar offered several theories as to the low screening rates: fear, procedure-related discomfort, simple forgetfulness, the declining number of mammographic facilities, and the inconsistency of the guidelines.

"I think there could be some confusion about what to do," she said.

Some women may have been put off by debate



Fully 40% of women with full health insurance did not even get the biennial screening recommended by USPSTF.

among experts as to the net benefit of screening mammography. For Dr. Alan Coates, that issue has been well answered by a recent published analysis of the Norwegian breast cancer screening program experience.

The Norwegian investigators found that during a recent 20-year period mortality due to breast cancer declined by 28% in that country, as has also been true in most other Western countries, he said.

Since the Norwegian national mammographic screening was introduced in stages regionally, the investigators were able to determine that of the 28% drop in breast cancer mortality, 18% was attributable to improved patient management, most notably the introduction of adjuvant tamoxifen and better multidisciplinary care.

The other 10% was due to the effects of earlier diagnosis through mammographic screening (N. Engl. J. Med. 2010;363:1203-10), Dr. Coates of the University of Sydney noted in his conference-closing summary of the year's highlights in early breast cancer.

## VITALS

**Major Finding:** Only 50% of women aged 40 years or older with full health insurance got annual mammograms during the study years 2006-2009, as was widely recommended by most major guidelines during that period, including the since-revised USPSTF guidelines.

**Data Source:** An analysis of data on nearly 1.6 million American women aged 40 or older with full health insurance coverage and no history of breast cancer.

**Disclosures:** Dr. Subar's study was sponsored by Medco Health Solutions.

# Mammograms Halve Mastectomy Risk in Women Aged 40-50

BY SUSAN BIRK

FROM THE ANNUAL MEETING OF THE RADIOLOGICAL SOCIETY OF NORTH AMERICA

CHICAGO – Annual mammograms dramatically reduced the risk of mastectomy in women who were diagnosed with breast cancer between the ages of 40 and 50 years, according to a retrospective study of 459 patients.

Women who underwent mammography a year or less prior to a breast cancer diagnosis had a mastectomy rate less than half that of women whose last previous mammogram was more than a year prior to diagnosis and women who had never had a mammogram (22%, 47%, and 52%, respectively), reported Dr. Nicholas Perry, director of the London Breast Institute at the Princess Grace Hospital.

The relative risk of mastectomy rose significantly with length of time since the previous mammogram, Dr. Perry said at the meeting.

Dr. Perry and his colleagues reviewed clinical data on 1,138 women diagnosed with breast cancer at the London Breast Institute between January 2003 and Oc-

tober 2010. Of these patients, 459 (40%) were under the age of 50, and clinical/imaging data were available on 184 of this under-50 group. Of the 184, only 48 (26%) had undergone mammography prior to their diagnosis, and 136 (74%) had never had a previous mammogram.

Among the 48 who had undergone mammography previously, the length of time between that mammogram and a breast cancer diagnosis was more than 2 years for 15 (8%), between 1 and 2 years for 15 (8%), and 12 months or less for 18 (10%).

The average tumor size, incidence of multifocality, and incidence of high-grade tumor were significantly less in women who had undergone mammography at or within a year prior to diagnosis than in the women whose last mammogram was more than a year prior to diagnosis and women who had never had a mammogram (17.8 mm, 24 mm, and 29 mm; 12%, 22%, and 36%;

and 31%, 32%, and 46%, respectively).

The findings deliver "strong clinical evidence to support annual screening for women from age 40," Dr. Perry said. The current breast cancer screening guidelines of the American Cancer Society recommend annual mammograms for all women starting at age 40.

Yearly breast cancer screenings reduce mastectomy risk because they increase the likelihood of a tumor being found when it is smaller and not yet multifocal, Dr. Perry said.

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**Disclosures:** Dr. Perry said that he had no relevant financial disclosures.

"These data are striking, but they actually should not be surprising," he said. He noted that 7,000 women between the ages of 40 and 50 are diagnosed with breast cancer in the United Kingdom each year. "It's a sad figure that screening only accounts for 2% of those 7,000, compared with 54% of women aged 50-75 with breast cancer."

An estimated 40% of all life-years lost to breast cancer are attributable to women diagnosed outside screening programs between the ages of 35 and 49, Dr. Perry noted.

"Younger women have more aggressive breast cancers, and it's the single commonest cause of death in women between the ages of 35 and 54. So there's certainly an argument to be made that 40- to 50-year-old women have the most to gain from early detection, at the very least in terms of life-years ahead of them," he said.

An estimated 37,000 women under the age of 50 are diagnosed with breast cancer in the United States each year, Dr. Perry added. "If you apply our results to these women, that would result in more than 10,000 American women spared from mastectomy each year."