

Women not following through with recommended breast screening MRI

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A study of 64,659 women, recently published in the journal *Academic Radiology*, found that while 1,246 of these women were at high enough breast cancer risk to recommend additional screening with MRI, only 173 of these women returned to the clinic within a year for the additional screening.

"It's hard to tell where, exactly, is the disconnect," says Deborah Glueck, PhD, investigator at the University of Colorado Cancer Center and associate professor of biostatistics and informatics at the Colorado School of Public Health, the paper's senior author.

But no matter the disconnect, the result is clear: women who should be getting breast screening MRI are not.

Along with her PhD student, John Brinton, Glueck got interested in the data of MRI breast screening soon after the 2007 recommendation by the [American Cancer Society](#) that women at elevated [lifetime risk](#) for developing breast cancer be screened with MRI in addition to yearly mammograms. In fact, despite most major health insurances offering coverage, few clinics put the recommendation into practice.

An exception is Invision Sally Jobe Breast Centers, in the researchers' Denver, Colo. backyard.

"The Invision Sally Jobe Breast Centers and our collaborators, Dr. Lora Barke, Mary Freivogel and Stacy Jackson have been invaluable partners

in our research," Glueck says.

At Invision Sally Jobe, clinicians were using the National Cancer Institute's Gail Model to identify a patient's lifetime risk of developing breast cancer. For women with greater than 20 percent lifetime risk, the clinic included in the mammography results that were sent to women's [primary care physicians](#) a note explaining the elevated risk and suggesting that the physician refer high-risk women for the recommended MRI.

"Did women never hear the recommendation from their physician? Did they choose not to follow through? Did they go elsewhere for an MRI? We don't know," Glueck says.

And so major questions remain in the assessment of the value, feasibility and implementation of breast MRI screening.

According to Glueck and Brinton, the most fundamental and overarching of these questions is whether the benefits of MRI screening for women at high risk for breast cancer, in fact, outweigh its high monetary, medical and psychological costs.

"For this to be true, first MRI has to catch [breast cancer](#) sooner than traditional mammography, it has to catch cancers that would otherwise kill, it has to catch cancers for which early treatment is more effective than later treatment, and the medical and psychological negatives in the process of screening and follow-up care – for example the potential for increased biopsies – have to be lower than the medical positives," Glueck says.

Follow-up studies will chip away at these questions, including a planned study in which the researchers will see if informing high-risk women directly about the breast screening MRI recommendation will improve

screening adherence.

But significant hurdles remain between the theory that shows survival benefit for [breast screening](#) MRI in high-risk [women](#) and its practice.

Provided by University of Colorado Denver

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