

Nonscreened patients with breast cancer need more treatment than screened patients

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Screening 40- to 49-year-old women for breast cancer has additional benefits beyond the proven decrease in mortality rate. Patients screened with mammography are statistically less likely to undergo chemotherapy, avoiding the associated toxic morbidities. Screening mammography also helps identify a subset of patients at increased risk of breast cancer by diagnosing high-risk lesions.

The majority of high-risk lesions identified in a retrospective chart review were found in screened patients. Identifying patients at high risk may allow for the administration of chemoprevention, decreasing the risk of subsequent breast cancer development. The identification of high-risk lesions may also lead to supplemental screening MRI, which has the added benefit of detecting future mammographically occult malignancies in high-risk patients.

"When the U.S. Preventive Services Task Force guidelines were published in 2009, confusion was created among [patients](#) and primary care providers on when and if 40- to 49-year-old women should be screened," said Nelly Salem of University Hospitals–Case Western Reserve. "Without [screening mammography](#), these asymptomatic high-risk women would be unaware of their risk and the opportunity to decrease their risk of subsequent [breast cancer](#) development with use of chemoprevention."

More information: Dr. Salem presented her study on May 6 at the 2014 ARRS Annual Meeting in San Diego, CA.

Provided by American Roentgen Ray Society

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