

Opportunities to reduce patient burden associated with breast cancer screening

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New technology and better screening strategies can lower the rate of false-positive results, which impose a substantial financial and psychological burden on women. The many misperceptions about breast cancer screening options and risks, the benefits and costs of screening,

and the need for new approaches and better education are discussed in a series of articles in a supplement to *Journal of Women's Health*.

In the article "[The Patient Burden of Screening Mammography Recall](#)," the authors report that among more than 1.7 million [women](#) aged 40-75 years who underwent screening mammography and were not diagnosed with [breast cancer](#), 15% were recalled for further testing. The cumulative risk of a false-positive result after 10 years of annual screening mammograms is an estimated 61%. Coauthors Matthew Alcusky, PharmD, MS, Janice Clarke, RN, BBA, and Alexandria Skoufalos, EdD, Jefferson School of Population Health; Liane Philpotts, MD, FSBI, Yale University School of Medicine; and Machaon Bonafede, PhD, MPH, Truven Health Analytics, evaluate the direct cost burden of recall, the indirect [costs](#) associated with missed work time, travel, and substitute caregivers, for example, and the physical or psychological effects of a false-positive result, which may include unnecessary anxiety and reduced quality of life.

In an accompanying review article on "[Understanding Patient Options, Utilization Patterns and Burdens Associated with Breast Cancer Screening](#)," authors Susan C. Harvey, MD, Johns Hopkins Medical Institutions; Sharon Mass, MD, FACOG, Morristown Obstetrics and Gynecology Associates; and Ashok Vegesna, PharmD, Janice Clarke, RN, BBA, and Alexandria Skoufalos, EdD, Jefferson School of Population Health, attribute much of the confusion women face in making informed decisions about breast cancer screening and recall options to a lack of consensus among the organizations developing screening guidelines and the mixed messages they deliver. The authors call for a more thoughtful approach to breast cancer screening and research that takes into account the tangible and intangible costs that women now bear.

"The articles in this supplement are timely and reveal surprisingly

complex issues," says Susan C. Harvey, MD, in her Editorial, "[The Charge and the Challenges of Breast Cancer Screening](#)." Collectively, the articles "illustrate the need for a more tailored approach to breast cancer awareness, education, and screening. The goal is to make appropriate screening and diagnosis easier on women and more responsive to the changing face of value-based [health](#) care."

"The direct and indirect cost burden of inconclusive mammography screenings and recalls is significant and indicates a need for new approaches to breast [cancer screening](#)," says Susan G. Kornstein, MD, Editor-in-Chief of *Journal of Women's Health*, Executive Director of the Virginia Commonwealth University Institute for Women's Health, Richmond, VA, and President of the Academy of Women's Health.

More information: The supplement is available free on the *Journal of Women's Health* website at <http://online.liebertpub.com/toc/jwh/23/S1>.

Provided by Mary Ann Liebert, Inc

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