

Expert explains the latest guidelines for mammograms

January 20 2016

The USPSTF has issued another set of recommendations for breast cancer screening. What are they?

The USPSTF recommendations for [breast cancer](#) screening are as follows:

Women between the ages of 40 and 49 should consult a doctor to individualize screening recommendations based on personal situation and risk

- For women between the ages of 50 and 75, screening mammography is recommended every two years
- For women over the age 75, there are insufficient data to make recommendations. Women should consult their doctors

Do the recommendations differ from previous ones and if so, how?

The recommendations of the USPSTF are similar to their previous ones, but differ somewhat from the new and former American Cancer Society (ACS) [guidelines](#) as well as current guidelines from the American College of Radiology. The former ACS guidelines recommended annual screening mammography; this is also the current recommendation from the American College of Radiology and several other societies. However, the new ACS guidelines are more in line with the USPSTF

guidelines in their recommendation for screening every two years beginning at age 55.

Why is there yet another set of guidelines for mammograms?

We continue to evaluate the data in terms of risks and benefits. There is no question that mammography saves lives—it enables us to find cancers sooner, when they are smaller and more treatable. However, increasing data are emerging regarding the risks of mammography—the radiation exposure, unnecessary biopsies, and over-diagnosis—the concept that some small cancers may never have any meaningful impact on one's longevity and may not require treatment.

How do the new recommendations affect women when they go to the doctor?

Hopefully, the [recommendations](#) affect women only in terms of having meaningful conversations with their doctors about risks and what tests are right for them. Women should not interpret the new guidelines as diminishing the importance of mammography. And insurers should continue to cover screening mammography every one to two years.

Do the guidelines match what you tell patients about screening?

Pretty much, although these guidelines don't apply to most of my patients. Remember, these guidelines are only for women at average risk. That means if someone already has been diagnosed with cancer, has a genetic mutation or strong [family history](#) of breast cancer, or has symptoms such as a lump, bloody nipple discharge, or skin changes, these guidelines don't apply.

What should women in their 40s think about in terms of screening?

Well, the data do indicate that [screening mammography](#) can find cancers in women in their 40s. Many of us have had patients who go for their first screening mammogram at the age of 40 and are found to have a cancer. So, it's important for women in their 40s to talk to their doctors about their risks to determine when and how frequently they ought to be screened.

Breast cancer is less common for women in their 40s than women in their 60s. This is why screening is more efficient in the latter age category. But younger women tend to get more aggressive cancers, so it behooves us to find these as early as possible. It's important for young women to know their risk and tailor their screening accordingly. And of course, if women get symptoms at any age, they should see their doctor.

What about women with a family history? Should they get more screening than is recommended?

The guidelines pertain only to women at average risk. So, if someone has a strong family history of breast cancer, she should talk to her doctor about what may be right for her. For example, women who have a BRCA gene mutation or a family history of such a gene mutation should likely be getting annual mammograms and annual MRIs. Women who have a family history of a first-degree relative who had cancer at a young age (

Citation: Expert explains the latest guidelines for mammograms (2016, January 20) retrieved 2 May 2024 from <https://medicalxpress.com/news/2016-01-expert-latest-guidelines-mammograms.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.