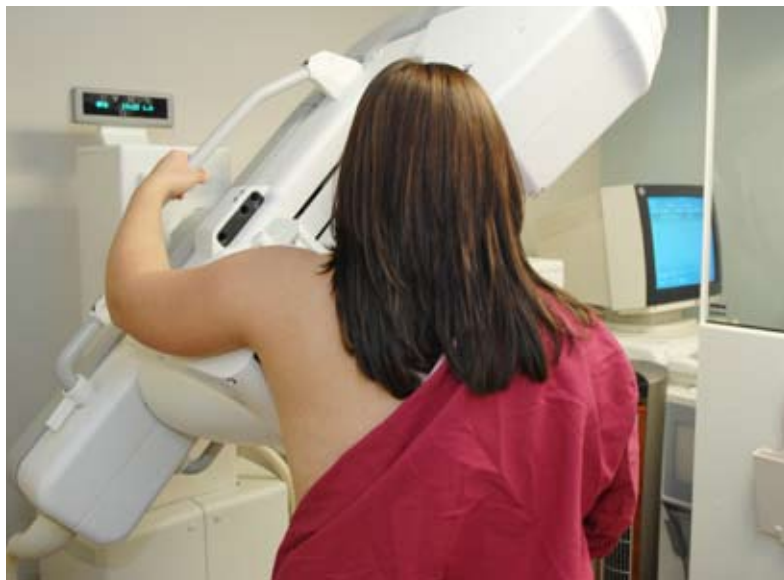


Controversy Over Mammogram Guidelines

New government recommendations on mammography and self breast exams contradict what we've been taught for years about detecting breast cancer.

MARLA CICHOWSKI INTERVIEW • BRIDGET MONTGOMERY PHOTOGRAPHS



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Any woman who has come face-to-face with breast cancer knows the importance of early detection, which is why a recent report from the U.S. Preventive Services Task Force sent shock and confusion throughout the medical community. The government-appointed panel issued the changes based on evidence that the potential harm from annual mammograms beginning at age 40 – the generally accepted standard up until now – outweighs the benefits. The American College of Radiology responded to the new federal guidelines by saying “countless American women may die needlessly.”

Ahmed Farag, MD, president of Diagnostic Imaging Specialists of Chicago, P.C., has been practicing radiology for close to 15 years. We asked him to help explain what all women need to know to be proactive about their health.

What was your initial reaction to the Task Force's recommendations? When patients ask me about it, I tell them it's horrible what they (the task force) have come out with. There were no radiologists or oncologists on the panel. You've taken two-thirds of the team that treats breast cancer out of the picture. The medical community has come out strongly against it. I think people are not going to pay attention to these recommendations. Researchers came up with a very good screening system; to throw it away is wrong.

Task Force guidelines say women should now wait another 10 years before receiving routine mammograms. Ten years is a long time to not have anything done until you feel it, which is really bad, because we're trying to detect non-palpable breast cancer. There are women who don't want to get their mammogram done. They have a fear and concern they may find something. Everyone is different. Some women want to be proactive and find out, others don't want to know. I try to explain to them we are not necessarily in agreement with this (the guidelines) and it worries me they may miss a year of their mammogram being done. There is always a risk that you may miss something in a short period of time, even if you don't have a family history of breast cancer. The bottom line is mammograms save lives. The sooner we diagnose something, the sooner we

can start treatment.

The new guidelines also recommend against teaching women to do regular self-exams. It's important for women to start breast self-exams when they are 30 years old. No one will know a woman's breast more than the woman herself. Early self breast exams on a monthly basis at the same time every month are very important. If they feel something different they absolutely need to come in and get it checked, whether with a mammogram or an ultrasound. The best time to do your breast exam is right after you finish your monthly cycle because hormonal changes make the breast tissue easier to examine; it's not as lumpy or full to the touch. For the panel to discourage women from doing self-exams, this means that you're not even trying to feel something, which means that we're completely missing the boat.

What's the number one risk factor for women when it comes to breast cancer? Family history is a large one. That is the one we really question the most, because that's the one we look at the most. On the maternal side, if your mother has had breast cancer, or a grandmother or aunt or sister. We see people all the time who say, 'My sister had breast cancer at 35 or 40.' If there's someone in your family who has a history of breast cancer at the age of 40, you should start screening 10 years before. I'm an advocate for it. If your mother was diagnosed at 45, you should start screening at age 35.

The Mayo Clinic in Rochester, Minnesota says there need to be better ways to help patients understand how to weigh the risks versus benefits of mammograms. What are the risks involved? The risks are minimal. When you think radiation risk, there's virtually nothing at all – it's such a small amount. There is a risk to performing biopsies. There is always a risk when you're putting a needle into someone's body. There is risk of bleeding and risk of infection, but it's very unusual. If you weigh the risk versus the benefit, I'd rather have biopsy. The majority of biopsies return negative results. But it puts the issue to rest. **n**