

Mystified by Mammography Guidelines?

Learn how to combat confusion arising from USPSTF recommendations.

By Alyssa Martino



Charles J. Weitz, M.D., has been proactive in dealing with physician and patient concerns about the USPSTF breast screening recommendations.

Countless words can describe the feelings invoked by last year's recommendations on screening mammography from the U.S. Preventive Services Task Force (USPSTF). Yet the reactions of many — both patients and physicians — can be appropriately summarized with one word: confusion. And while radiologists understand the consequences of the recommendations, many women and their families, along with referring physicians and other medical professionals, are at a loss for what to think. As a result, radiologists and those involved in breast imaging must take the necessary steps to clarify for others what the recommendations mean for patients.

Along with suggesting that women aged 40–49 do not need a yearly mammogram screening, the new guidelines urge women over 50 to receive screening biennially rather than annually, and to stop mammograms altogether at age 74. Professionals like Charles J. Weitz, M.D., a radiologist at the Munson Medical Center in Traverse City, Mich., have adamantly criticized the guidelines. Weitz believes the recommendations are especially irresponsible because

they are not based upon any new data. Additionally, in its recommendations, the task force also discouraged physicians from teaching breast self-exams, a practice Weitz strongly supports because it provides women with a sense of control over their health.

One reason for the new guidelines is that the USPSTF believes the dangers of screening outweigh the potential benefits for women in their forties. The guidelines issued describe these risks as “psychological harms, unnecessary imaging tests, biopsies in women without cancer, and inconvenience due to false-positive screening results.” Weitz disagrees with this reasoning. “I think it's important not to let anxiety overrule our need to detect breast cancer early and help patients when the cancer is treatable,” he says.

Weitz, who has received frequent questions about screening. “Anxiety levels in patients being screened for breast cancer are at an all-time high in the last five to 10 years.” Yet up until now, the majority of queries have revolved around the benefits of alternative procedures like thermography, which Weitz doesn't consider a screening tool.

However, since November, Weitz believes that the USPSTF guidelines have sparked a rise in apprehension. Most of the questions he receives come from those impacted by the recommendations: women ages 30 to 45 who now doubt what they've been told in the past about protecting their bodies and ensuring early detection. The variety of questions he handles has expanded due to patients' unease, and Weitz says many are

“People are more willing to listen to us and ask questions pertinent to these topics, especially when it comes to their own health care.”

A practicing radiologist since 1988, Weitz is well versed in mammography. In 2008, he attended the University of Michigan for a breast imaging fellowship, determined to bring updated knowledge and advanced skills to his practice. Since this specialization, Weitz and his colleagues have successfully introduced a freestanding breast center at Munson and provide these services to affiliated hospitals within a 50-mile radius. Yet with the new guidelines unveiled, specialists face a completely new task: fielding questions from those who no longer know what to think when it comes to screening mammograms.

Curiosity Rising

Patients have always been inquisitive when it comes to mammography. “It's been a hot topic for 25 to 30 years,” explains

curious as to whether he agrees with the new guidelines. A common yet worrisome inquiry he deals with is, “Does this mean that mammography isn't as good as people thought it was?”

Aside from broader concerns with screening itself, patients have also developed deep concern about their own health practices. Weitz says some patients are worried about whether or not following the new guidelines will harm them. One relevant issue is whether women should continue breast self-exams. He feels that some women may think they are “off the hook” and don't need to pay attention to their health if they follow the guidelines. Weitz considers this a huge disservice to patients.

Patients are also concerned whether a government-sponsored health plan will cover mammograms for women under 50. Some

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Breaking Down the Facts

Charles J. Weitz, M.D., a radiologist at the Munson Medical Center in Traverse City, Mich., created and distributed a one-page fact sheet about breast cancer and the USPSTF recommendations, which he also displays at his practice. The following excerpt is a sample of this explanation as adapted from the original document:

We recommend that women who are at average risk for developing breast cancer continue to follow the American Cancer Society's (ACS) guidelines for annual screening mammograms starting at age 40. This recommendation is based on the following reasons:

- No other screening health test has been looked at, questioned, and successfully met challenges as mammography has.
- The ACS, the ACR, the SBI, and several other organizations, strongly advocate for the current ACS guidelines for annual screening mammography in average-risk women starting at age 40.

Those who oppose the current ACS guidelines have ignored a number of important scientific facts. These include:

- Breast-cancer deaths in the United States have decreased by 30 percent since 1990 because women have had screening mammograms.

- Successful tests that screen for cancer must be able to:
 - Find cancers smaller than those that would have been detected without the test.
 - Show a decreased rate of death during research trials.
 - Continue to show decreased death rates in the general population when used in the community.

Screening mammography has repeatedly done all three.

No scientific information supports 50 as the age for women to develop breast cancer. Scientific trials support starting mammograms at age 40 for women with an average risk of breast cancer. As women get older, the number of breast cancers diagnosed increases.

Concerns about radiation risk [for screening mammography] are unfounded. Hundreds of millions of women have been imaged over the past 20 to 30 years, but incidence of breast cancer has not increased, and the death rate from breast cancer has continued to decrease.

Editor's note: Adapted with permission.



Directly interfacing with patients to answer their questions and clarify the USPSTF recommendations is an important piece of Weitz's multipronged approach.

believe the government is making a choice that women under 50 and over 74 are not worth saving. "They think it's coming down to economics rather than science," Weitz notes. Yet he also believes patients want advice from their doctors. "People are more willing to listen to us and ask questions pertinent to these topics, especially when it comes to their own health care." Now more than ever, radiologists have a responsibility to provide factual answers to their patients.

Multifaceted Approach

The USPSTF recommendations are a hot issue for others as well. The heightened

confusion concerning screening is also evident among medical professionals, increasing the need to inform referring physicians, nurses, and other administrative personnel on the receiving end of questions. To that end, Weitz has taken a proactive stance of educating these professionals.

His protocol for addressing the new guidelines and teaching the facts about screening is a "multipronged approach." First, he directly interfaces with patients so they understand why his practice doesn't advocate the new USPSTF guidelines. "My fellowship-trained colleagues and I are very interested in talking to patients," explains Weitz, who has been vocal in his advice to follow the American Cancer Society and the ACR guidelines.

Weitz adds that at Munson, he has worked to train nurses on this issue and holds a monthly breast center meeting with physicians and nurses "to educate folks so they can field some questions." He also plans to raise awareness by sending out information to his medical staff via a newsletter and would even like to hold a conference on the recommendations.

Weitz has even explained on local and regional TV news programs the reasons he does not endorse the USPSTF guidelines. These short news "briefs," during which Weitz fields questions that patients might

ask, enable him to deliver answers to a much larger audience. To date, he has appeared on local affiliate channels CBS and NBC. As a result, Weitz reaches and informs a greater portion of the population in the surrounding area.

Finally, he has begun to disseminate at his practice relevant details about the USPSTF recommendations using a laminated, one-page fact sheet viewable in his waiting room (see sidebar). The fact sheet says, among other things, "We recommend that women who are at average risk for developing breast cancer continue to follow the American Cancer Society's guidelines for annual screening mammograms starting at age 40."

When developing this information resource, Weitz considered patients' backgrounds ... and their education levels. To ensure broad understanding, he wrote the document for a diverse audience.

In moving forward, Weitz suggests that radiologists and other professionals be proactive. He has received positive feedback on his multipronged approach from both patients and medical staff, who are then less wary about the recommended changes to breast screening. "We'd like to move things in a positive direction," says Weitz. "Which is, I think, to continue what we've been doing." ■