Top Mammography Experts Voice Outrage Over New Breast Cancer Screening Recommendations

Radiological Society of North America (RSNA) 95th Scientific Assembly and Annual Meeting

December 3, 2009 (Chicago, Illinois) — The new US Preventive Services Task Force (USPSTF) guidelines on screening mammography, which recommend that mammography be done every other year in women 50 to 74 years old, will result in an increased number of deaths from breast cancer, a panel of experts warned during a press briefing here at the Radiological Society of North America 95th Scientific Assembly and Annual Meeting.

Speaking to reporters, panelist Daniel B. Kopans, MD, senior radiologist at the Massachusetts General Hospital and professor of radiology at Harvard Medical School in Boston, told reporters that the USPSTF guidelines ignore the scientific evidence that annual screening with mammography starting at age 40 saves women's lives.

"The US Preventive Services Task Force says no to routine clinical breast exams, breast self-exams, and mammography in women under the age of 50. The implications are that women aged 40 to 49 must wait until they can no longer ignore a lump in their breast before they can seek medical attention," he said. [There is nothing in any of the five reports in the November 17 issue of Annals in Internal Medicine related to the USPSTF announcement that suggests women should ignore a breast lump. The USPSTF recommendation is that screening mammography not be done in all women less 40 to 49 years of age and should be done in women at high risk of breast cancer. And by definition, screening is for women who do not have a breast lump or other clinical evidence, signs or symptoms, of breast cancer.]

"The USPSTF admits that screening women aged 50 to 74 every 2 years, instead of every year, will mean that a large number of women will die from breast cancer whose lives could have been saved by annual screening," Dr. Kopans asserted during the press briefing.

The task force has said it believes that annual screening actually harms women because it is a source of stress and anxiety, especially when false-positive results force the women to undergo unnecessary biopsies.

But panelist Stephen A. Feig, MD, professor of radiology at the University of California at Irvine School of Medicine and president-elect of the American Society of Breast Disease, said that the false-positives and recall rates that occur with screening are acceptable to women.

"According to [one] study . . ., 99% of women believe that false-positive mammography is an acceptable risk to save lives, and 63% of women believe that 500 or more false-positive results are acceptable for each life saved" (JAMA. 2004;291:71-78).
He added that risk from radiation is virtually nonexistent. "No women have ever gotten breast cancer from mammography, even from frequent mammograms." [There are no data to substantiate this claim; randomized trials with this endpoint, secondary or tertiary, have not been reported and even such trials had been mounted a long latency (e.g. 20+ years) would not allow this conclusion to be made as yet]

Phil Evans, MD, who is president of the Society of Breast Imaging and director of the Center for Breast Care at the University of Texas Southwestern Medical Center in Dallas, explained that the task force was composed of 16 individuals with advanced degrees in primary care, epidemiology, health policy, and public health. Thirteen members were MDs. However, there were no breast cancer screening experts on the USPSTF panel. [The RSNA panel interviewed for this report are only radiologists, who can be criticized to have a vest (non-financial as well as financial) interest in mammography) whereas the USPSTF was selected, and specifically informed, to avoid financial bias.]

Since the recommendations became public, only 2 organizations — the National Breast Cancer Coalition and the Dr. Susan Love Research Foundation — have come out in support of them.

Many more organizations, including the American Cancer Society, the Susan G. Komen for the Cure, the American College of Obstetricians and Gynecologists, the Avon Foundation for Women, the American College of Surgeons, the American College of Radiology, and the Mayo Clinic, have condemned the USPSTF recommendations, and the list is growing. [Condemnation is not what most of the organizations cited here have done; they have criticized, raised concerns, described limitations, etc., but not condemned.]

Even US Health Secretary Kathleen Sebelius has told women to ignore the USPSTF's recommendations and to continue to follow the American Cancer Society's guidelines to be screened once a year, Dr. Evans said. {Ignore is not what Sec. Sibelius recommended; she stated that the DHHS is not changing their prior guideline until further study and data support the USPSTF merit modification.]

"I believe that the task force came to the wrong conclusions because they were misinformed or used the wrong information, but the unintended consequences are devastating," he said.

The panelists voiced fears that the USPSTF recommendations will end coverage of screening mammograms that are done outside of their guidelines. [The RSNA panel attributes too much power to the USPSTF; insurers are not following other recommendations the USPSTF has made and since the report 3 weeks ago, insurers have not followed this set yet and are continue to cover mammography in the vast majority of instances].

A clause in section 4103 of the Patient Protection and Affordable Care Act states, in part: "The screening schedule will be partly based on recommendations from the USPSTF. Based on having to consult the USPSTF recommendations for planning a screening schedule, Medicare
beneficiaries may not be advised to have an annual screening mammogram between the ages of 65 and 74 and may not be advised to have one at all after age 74.” [The panelists ignore the fact that the section in the Act does not specify any changes in women <65 years in whom the greatest change in guidelines has been offered by the USPSTF, in whom the majority of mammograms are performed, and for whom the panelists are most concerned. The panel also must believe that this Act will become law.]

"There's no question that if these guidelines prevail, mammograms won't be covered. The task force carries a lot of weight," Dr. Kopans told Medscape Radiology.

"I think it's outrageous. This task force is billing itself as having done a scientific review but they ignored much of the scientific evidence," he said. "They used the lowest possible estimate of death rate decrease (15%), but studies from the United States, Sweden, and the Netherlands will tell you that it's probably 30% and higher." [First, the USPSTF did not do review. For the scientific review it commissioned investigators at the Oregon Health & Science University and the VA Hospital and Women & Children's Research Center in Portland to update and conduct a meta-analysis of all the randomized trials, including the Swedish, Norwegian and U.S studies referred to by the RSNA panel. Eight such trials have been reported. Only one reached a potential benefit as high as 30%. All of the other “positive” studies were lower: 3%, 15%, 17%, 22%, 28%, 28% and 30%. Two studies, both from Sweden, had higher mortality rates in the screened 39- to 49-year-olds: 5% and 47%. None of the eight trials showed statistically significant differences and in this sense all were negative trials. It’s only by combining the studies that statistical significance is achieved, and this difference is 15% and the true value has a 95% probability of being somewhere between 4% and 25% ]

[The USPSTF also commissioned another group of investigators, 19 in all at seven other institutions in the U.S. and in Europe,¹ to apply decision analysis to all the available data and estimate the risk:benefit ratio as a function of age at screening with a variety of models. This group also included MDs but they were mostly statisticians and biomathematicians but did not include physician oncologists.]

Dr. Kopans told Medscape Radiology that the task force spurned his offer to provide scientific data from randomized trials that would help them make informed decisions. [The Portland investigators included all 8 randomized trials and they included the Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Review, as well as manual reviewing reference lists of key articles and searching citations by using Web of Science.]

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¹ Harvard University, Stanford University, University of Texas M.D. Anderson Cancer Center, Dana Farber Cancer Institute, University of Wisconsin, Rotterdam University (Netherlands) and Georgetown University
"I'm one of the world's experts on breast imaging and mammography screening. I'm also chair of the subcommittee of the American College of Radiology for Mammography Screening. I had heard rumors that the task force was working on new screening guidelines, so I emailed them and offered to work with them. I didn't even get a thank you. Not even a response. Clearly they didn't want input from experts."

Asked for a possible reason why the task force would ignore expert opinion, Dr. Kopans told Medscape Radiology that there is a nucleus of people who have long been opposed to mammography. [The Portland investigators who did the review are not known to be opponents. Certainly Heidi Nelson, MD, MPH, at OHSU, the first author and spokesperson for the review has not been so characterized.]

"I just got some updated information that they were involved with the task force. I hate to say it, it's an ego thing. These people are willing to let women die based on the fact that they don't think there's a benefit."

John Lewin, MD, a breast imaging specialist from Diversified Radiology of Colorado and medical director of the Rose Breast Center in Denver, agreed that the task force's position reflects a bias against mammography among its members.

"Just the way there are democrats and republicans, there are people who are against mammography. They aren't evil people. They really believe that mammography is not as important," Dr. Lewin, who was not part of the expert panel, told Medscape Radiology in an interview.

"The reason this issue is front page news is because the US Preventive Services Task Force came out against mammography," he said. "If they had just come out and endorsed the American Cancer Society's recommendations for screening, it would not have made such a stir. It would just be another dog bites man story."

The 15% reduction in breast cancer mortality that the task force came up with is the "absolute low end" of any range, Dr. Lewin added. "They had to work very hard to come up with a percentage as low as 15%. But even so, that's a huge number. We should do as well with other preventive strategies in medicine."

[See note above re: how the 15% was calculated.]