



American Medical Women's Association
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American Medical Women's Association
Position Paper on Principals of Breast Cancer Screening

Breast cancer affects one woman in nine in the United States, it is the most common cancer diagnosed in women, and will result in premature death in over 43,000 women in our country annually. Using the combined approach of physical examination of the breast and mammography at regularly scheduled, age specific intervals, at least one-third of these premature deaths could be delayed, if not eliminated entirely.

This figure represents the results of data collected from several prospective randomized trials throughout the world comparing the breast cancer mortality rates of screened as compared with non-screened populations.

Each of these studies has unique limitations in terms of techniques of randomization, screening intervals, mammographic techniques, and limited numbers of participants, especially in the 40-49 and over 70 age groups. This has led to differing data interpretation and subsequent breast cancer screening recommendations by leading professional organizations, and has resulted in confusion on the part of physicians and patients alike. The debate currently centers on the benefit-risk ratio associated with screening as it applies to various age groups, and the frequency with which mammography and clinical breast examination are recommended. The value that each professional organization assigns to these factors is reflected in the screening recommendations of each.

The American Medical Women's Association, dedicated to the health promotion of women as one of its most important missions, recommends the following breast cancer screening guidelines for normal -- risk women 40 years of age and older.

1. Annual Mammography and

2. Annual Clinical Breast Examination

These recommendations are consistent with those of the American Cancer Society and the American College of Radiology and vary only by the frequency of the breast cancer screening interval recommended by the National Cancer Institute of every 1 or 2 years. Other organizations debate the cost -- effectiveness of breast cancer screening in women 40-49 and in women 70 and over. For the younger age group, AMWA endorses the position that because breast cancer behaves more aggressively in younger women than in older ones, annual screening is more likely to be effective at detection and mortality reduction than screening performed every other year. In addition, many women aged 70 and over are vital, functional members of our society and all women in this age group are at the highest risk for the disease compared to younger women. Breast cancer mortality reduction is highly likely to be effective in this population through consistent screening efforts, because both clinical breast examination and mammography are more sensitive in older women. For these reasons, AMWA endorses the position that any woman, age forty and over, should be offered breast cancer screening at annual intervals, unless the woman suffers from competing co-morbidities with poor prognoses.

The American Medical Women's Association further commits itself, through legislative and other proactive efforts with medical and volunteer organizations, to ensure that all age-eligible women, regardless of economic status, are the recipients of breast cancer screening at regular intervals, as well as high-quality follow-up care and treatment in the event that an abnormality is identified through screening efforts.

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