

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

Although reduction of the morbidity and mortality of breast cancer depends upon early detection and appropriate management once the condition is diagnosed, the greatest gains will ultimately come from effective preventive measures. The American Medical Women's Association has identified multiple areas for improvement in breast cancer control. Our positions on the issues of detection follow.

Detection of Breast Cancer

1. It is well-known that typically, breast cancer is a relatively slow-growing tumor. By the time the tumor can be first found on a mammogram, it has been present in the breast for an average of eight years. By the time a tumor is palpable to a health care provider or the woman, the tumor has usually been present for ten years. Given this perspective, we can hardly consider current detection methods to be "early".

Nonetheless, mammography and breast examinations are our current only detection techniques. The sooner that breast cancer is diagnosed, the better the chances for diagnosis at an early stage. Numerous screening studies have demonstrated approximately a 30% mortality reduction in groups of women aged fifty and over randomized to regular interval mammography compared to a non-screened group. Even if mortality is not reduced in an individual patient or group, treatment morbidity may be substantially reduced if breast cancer is diagnosed at an early stage.

2. National efforts have resulted in the passing of the National Mammography Quality Assurance Standards Act in 1992, which will assure the use of high-quality mammography in all centers by 1994. However, the quality of clinical examination of the breast has been seen to be inadequate by health care providers themselves, who have identified the need for continuing education regarding the technique and interpretation of the examination. This is a clear role for professional societies, medical schools, and hospitals.

3. Screening mammography continues to be underutilized, particularly in women over 65 years of age and in socio-economically disadvantaged women. Women who don't get mammograms cite the most common reason for not doing so as "My doctor didn't tell me that I needed one". Professional and public education efforts continue to be needed in this regard.

4. An issue of controversy that will continue to be scrutinized is the issue of when breast cancer screening mammography should begin and at what intervals, particularly in women aged 40-49. The answer to this question remains elusive. No study prior to the Canadian Trial had enough subjects in the study to test the hypothesis that mammography at regular intervals results in a statistically

significant mortality reduction from breast cancer in women aged 40-49 years. The Canadian study has shown no mortality reduction from mammography in the 40-49 or the 50-59 age groups. This study has been criticized for a variety of reasons but contains data that needs careful and thoughtful consideration. At this point, AMWA remains supportive of guidelines elucidated in its position paper of October, 1989, which are as follows:

- a. Screening mammography should begin by age 40, followed by regular mammograms at one to two yearly intervals to age 49.
- b. Beginning at age 50, a screening mammogram should be done every year.
- c. Yearly physical examination should be performed on every woman aged forty and over.

5. Debate continues over when screening for breast cancer should stop, and if it continues at regular intervals, how often it should be done. There is no data currently available to answer these questions. Given the above considerations, the American Medical Women's Association advocates for the following:

- a. Research funding for earlier detection methods for breast cancer should be second in priority only to funding for breast cancer prevention.
- b. Promotion of mammography and breast examination at regular screening intervals as life-long habits for breast health maintenance.
- c. Professional education activities by the organization to promote:
 - i. The role of breast cancer screening in the health care of women in all age groups;
 - ii. The issues related to the use of facilities performing the highest quality of mammography possible;
- d. The performance of high-quality physical examination of the breasts with attention to technique, interpretation and follow-up of abnormal results.

Participation and collaboration with professional organizations to responsibly address the issues of breast cancer screening in women aged 40-49, and in elderly women. Research funding to scientifically define the proper screening intervals in all age groups beginning at age 40