

Sylvester's Perspective on Breast Cancer Screening

The Braman Family Breast Cancer Institute at Sylvester, part of the University of Miami Miller School of Medicine, would like to address the questions and concerns raised by publication of the recent work of the U.S. Preventive Services Task Force (USPSTF) in the *Annals of Internal Medicine* on November 16, 2009.

It is important to understand this report is not a result of a new study comparing the effect of breast cancer screening on a large population of women over a long period of time. Rather, it is a review of previously published studies using new mathematical models to evaluate the outcome of long-term screening programs, resulting in statistics that differ from prior similar evaluations.

The USPSTF concluded that mammography screening beginning at age 40 did reduce mortality by 15%, as it did for the 50 to 60 year age group, yet it stated early screening might not be as cost-effective as screening at age 50, due to the lower incidence of breast cancer in the 40 to 50 age group. Despite this, the report concluded that to efficiently extend post-diagnosis survival, mammography screening should begin at 40.

The USPSTF did not find a significant impact on mortality in the 70 and older age group, as a result of mammography screening, but the number of patients evaluated was too small to make a definitive conclusion.

Prior studies in large populations have shown that early screening does reduce mortality in women diagnosed with breast cancer between the ages of 40 to 49 years by as much as 40% compared to women whose tumors were not picked up by mammography. Additionally, while only about 12% of all breast cancers are diagnosed in women between ages 40 and 49, a little over 16% of all deaths from breast cancer occur in this age group.

Braman Family Breast Cancer Institute Recommendation

Breast cancers in younger women tend to be more aggressive and faster growing, leading the Braman Family Breast Cancer Institute at Sylvester to recommend annual mammography screening instead of screening every two years as proposed by the USPSTF. Early detection allows for more conservative surgery and less aggressive chemotherapy.

It is important to note the American Cancer Society, American College of Radiology, Society of Breast Imaging, and the Susan Komen Foundation have energetically announced their endorsement of preexisting guidelines, which we will uphold.

As a center of excellence, we believe current evidence favors beginning mammography screening at the age of 40, and continuing yearly thereafter, complemented by yearly clinical breast examination. Regarding the 70 and older age group, the decision to continue screening after age 70 should be evaluated by each patient in consultation with her physician, taking into consideration the patient's overall state of health, current life expectancy, and quality of life issues. Women seriously ill with other conditions may not benefit from breast cancer screening.

Our goal is not only to decrease the mortality caused by breast cancer, but to extend post-diagnosis survival and quality of life. The literature shows this is best accomplished by early detection. We, at the Braman Family Breast Cancer Institute at Sylvester firmly believe that every woman's life is precious and worth fighting for.