

Providence Health & Services position statement on breast health and breast cancer screening



Breast health experts at Providence Health & Services recognize the importance and complexity of counseling women on breast health and screening recommendations. In November 2009, the US Preventive Services Task Force issued updated guidelines for breast cancer screening. These new recommendations have been met with uneven acceptance from various foundations, professional organizations and breast health providers.

We have reviewed these new recommendations carefully and have engaged a number of concerned providers, physicians and women's health advocates in order to gain consensus around this important issue. In general, Providence endorses the thorough, professional and evidence-based effort put forth by the USPSTF and recognizes these are difficult issues to analyze.

We have considered the following:

- In women of ordinary risk who have no signs or symptoms of breast cancer, the incidence of breast cancer increases with age. It is very uncommon in younger women and becomes more common in older women.
- Conversely breast cancers tend to advance more rapidly in younger women and less rapidly in older women.
- Screening mammography has been shown to reduce the death rate from breast cancer. Screening mammography allows cancers to be found when they are smaller and less likely to have spread. The survival benefit conferred by screening mammography has been proven in women ages 40 to 70.

In any screening program, there is a trade-off between harm and benefit. The harms documented from screening mammography include potential callbacks, anxiety, expense and the possibility of a biopsy when cancer is not actually present. The benefits of screening mammography include the need for potentially less aggressive treatment due to cancers being found earlier and a lower risk of dying from breast cancer.

The following summarizes the Providence Health & Services position on breast health and screening, particularly as it relates to the USPSTF recommendations for women **without** signs or symptoms of breast disease (lumps, pain, unusual tenderness, nipple discharge or skin changes). We remind providers and patients that **these guidelines do not apply to women at increased risk for developing breast cancer**, such as those who have a personal history of breast cancer or biopsy-proven high-risk lesion, or those who have a strong family history of breast cancer.

	Education	Interventions
Patients up to age 40	<ul style="list-style-type: none"> • Define breast cancer risk profile. • Discuss primary prevention strategies. • Promote breast awareness. 	<ul style="list-style-type: none"> • Discuss lifestyle interventions (diet, moderation of alcohol consumption, weight control). • Consider clinical breast exam.
Age 40-49	<ul style="list-style-type: none"> • Discuss breast cancer risk profile. • Discuss primary prevention strategies. • Promote breast awareness. • Individualize preferences for screening services. 	<ul style="list-style-type: none"> • Discuss lifestyle interventions. • Advise screening mammography every year if, after discussion of risks and benefits, the patient requests it. • Consider clinical breast exam.
Age 50-74	<ul style="list-style-type: none"> • Discuss breast cancer risk profile. • Discuss primary prevention strategies. • Promote breast awareness. • Initiate screening mammography for all women age 50 to 74. 	<ul style="list-style-type: none"> • Discuss lifestyle interventions. • Advise screening mammography every one to two years. • Consider clinical breast exam.
75 and older	<ul style="list-style-type: none"> • Discuss breast health in the context of patient's overall health. • Consider screening healthy women. Harm may outweigh benefits in patients with significant medical illnesses. 	<ul style="list-style-type: none"> • Discuss lifestyle interventions. • Consider screening mammography every one to two years if, based on an evaluation of the patient's overall health, screening may be beneficial. • Consider clinical breast exam.

Providence Health & Services strongly endorses that all women learn their individual risk factors for developing breast cancer, understand how that risk may be decreased, and understand the benefits and harms that may accrue with screening tests, such as breast self-exams and screening mammography. Providence Health & Services recognizes that many women will have no risk factors before they are diagnosed with breast cancer. It remains of utmost importance for women to make breast health discussions a priority when they visit their health care provider.

Providence Health & Services is committed to serving the underserved in our community. If you or someone you know does not have access to a primary care provider, you may call the Providence RN Medical Advice Line to discuss breast health needs with a Providence nurse.

Providence RN Medical Advice Line: 503-574-6520 or 800-700-0481. To reach a physician, call Providence Resource Line at 503-574-6595 or toll free 800-562-8964. For more information, visit www.providence.org/oregon.

New Guidelines for Mammography Screening: Frequently Asked Questions

Do the new guidelines for mammography screening mean that I don't need a mammogram until age 50?

No. They mean that the decision of whether to begin having mammogram screenings before age 50 should be a personal one, based on a thorough discussion with your physician about your risk of breast cancer and your values about the benefits and harms of screening. Women age 50 to 74 at average risk for breast cancer and who have no symptoms should have a screening mammogram every one to two years.

If I choose to start mammogram screenings before age 50, will my insurance company pay for them?

For women 40 and over, legislation prohibits denying insurance coverage for screening mammograms done 12 months apart.

If I have a mammogram and then later find a lump in my breast before my next screening is due, will my insurance pay for another mammogram before the 12 months are up?

The new guidelines refer to screening mammography rather than diagnostic mammography. A screening mammogram is for women who show no symptoms of breast cancer. If you do have a symptom, such as a lump, pain or a change in the skin, your physician may decide you should have a diagnostic mammogram. Any woman, at any age, can have this test at any time. It's important to talk with your doctor if you have any new breast symptoms or problems.

If my mother had breast cancer, does that make me high-risk?

It depends. You should talk with your doctor about whether you are at average or higher risk for breast cancer. Important risk factors include known genetic mutations, strong family history of breast cancer and other related conditions, previous exposure to large doses of radiation to the chest, previous breast cancer or abnormalities on breast biopsy, and very dense breast tissue. Many other risk factors have been associated with breast cancer, but they are less important when making decisions about screening. Although it can be helpful to identify your risk factors, having no risk factors does not mean you won't get breast cancer. In fact, most women who develop breast cancer are at average risk.

Can I just examine my own breasts instead of having mammograms?

It is important to be aware of changes in your breasts. Let your doctor know of any changes or problems you notice. However, self-exam is not a substitute for mammography screening because mammography can detect cancers that are not yet noticeable to you.

What is the U.S. Preventive Services Task Force?

It is an independent, nongovernmental, volunteer panel of prevention and primary care experts. They evaluate the scientific evidence for the effectiveness of various clinical preventive services. Their recommendations are widely considered the "gold standard" for evidence-based preventive services.

Are the new guidelines an attempt to ration health care at the expense of women?

Mammography costs weren't a factor in the task force's decision making. The guidelines they developed are an attempt to find the most effective way to screen women without causing more potential harm than necessary, such as radiation exposure, erroneous test results and unnecessary biopsies.

OUR MISSION

As people of Providence,
we reveal God's love for all,
especially the poor and vulnerable,
through our compassionate service.

OUR CORE VALUES

Respect, Compassion, Justice,
Excellence, Stewardship

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Providence Health & Services, a not-for-profit health system,
is an equal opportunity organization in the provision of
health care services and employment opportunities.