

SPEAKER 1: I would like women to continue to have their mammograms and get screened. The advantage of screening is the early detection. And we know that data supports that women who have had screening mammograms do detect cancers early and that does translate to reducing deaths from breast cancer. And this benefit translates across not just women over the age of 50 but women between the ages of 40 and 49. One limitation of this current study was that it was conducted in the 1980s when there was the use of film screen mammography, and we're now in a different time period where we're using digital mammography which has much better detection and sensitivity in finding cancers early. So that's important when looking at that when this study was conducted.

I also want to discuss what has happened in the last few years as organizations, medical organizations, have looked at all the different papers and studies that have been written on this topic and have found that there are still benefits to screening mammography and particularly the American Cancer Society and the American College of Obstetrics and Gynecology recommend that we continue screening women in their 40s yearly. So at the same time we have seen the data from the US Preventive Task Force about five years ago where they recommended screening beginning age 50. So it's definitely a controversial area, and there has not been much consensus in the screening age group. We really have come to a point where we are looking at an individualized approach.

Weigh the risks and benefits, the patient has to bring into the context their personal values and do what's right for them. There's no doubt that women with a family history of breast cancer do benefit from getting a mammogram and that would be a group that we would strongly recommend they continue to have their mammograms beginning age 40 annually. There are several components. One is definitely having a mammogram because that will detect something at the earliest point in time. We also would like women to continue to do a breast exam by that being aware of any changes that are new and when they're more familiar with their own breast changes, something different should prompt them to seek medical attention and follow up with their doctor. And then we still recommend that women be seen by their health care provider for a breast exam, especially those who have a strong family history or very dense breast tissue.

There are risks and benefits to having a test and that's often with many other screening tests in the same scenario is with the mammogram. So we do understand that there are benefits to screening with early detection in reducing death from cancer, but there are also some risks to having a mammogram and often they're termed harm because you may be called back for an extra view, you may be asked to have an additional ultrasound or possibly a biopsy, and sometimes this can lead to a false positive. So as long as though the woman is informed that there are risks and benefits to having a mammogram, and they can have that discussion with their provider bringing into the context their personal values, I think that's how we should frame who should have a mammogram and not, and continue to focus on an individualized approach.