

Mammogram guideline

Health experts differ on time between exams

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Health experts agree that mammograms can save lives, but they don't always agree on how often women should get the breast cancer screening procedure or when they should start.

The U.S. Preventive Services Task Force, an influential panel of national experts, drew praise from advocates when it recently dropped the recommended age for most women to get mammograms to 40 from 50. But it also advised mammograms every other year instead of annually — a move that left some doctors frustrated and many patients confused.

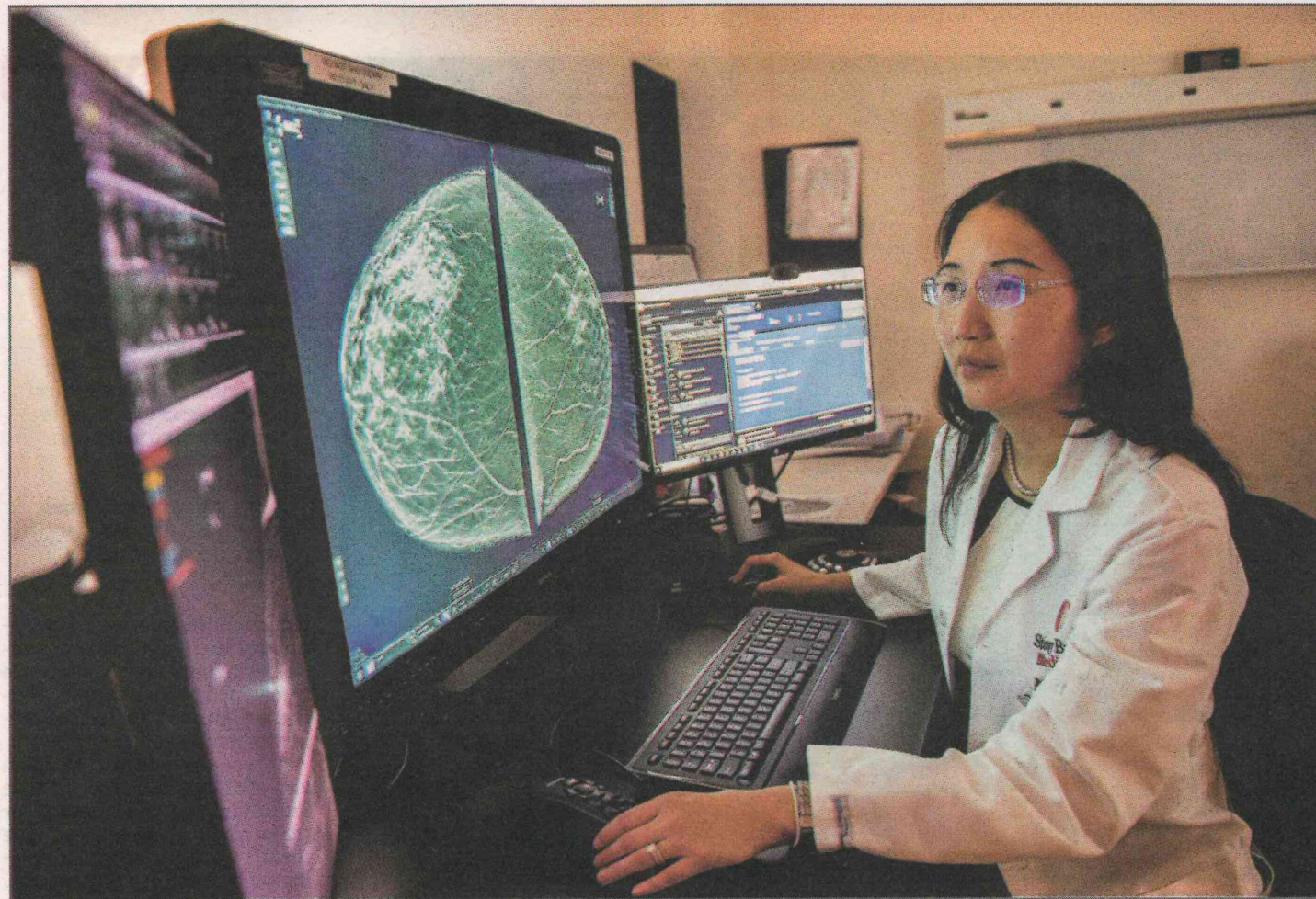
The American Cancer Society, for example, recommends women have the option of starting annual screenings at age 40 but says they should start receiving annual mammograms at 45.

"It's creating a huge amount of confusion among my patients and the practicing primary care physicians sending patients to me," said Dr. Cindy Lee, chief of breast imaging at Stony Brook Medicine.

Task force favors biennial

In its recommendation, the task force said evidence showed biennial screening was a better option to balance the detection of cancers with the possible harms of false positives. Annual screenings, it pointed out, could lead to more false-positive diagnoses, possibly causing unnecessary procedures.

Sometimes a mammogram might reveal a spot or mass, prompting the need for an ultrasound, MRI or biopsy to determine whether it is benign or cancerous. When it is benign, it is considered a false positive. Studies have shown that false positives can increase the stress level for patients and even make them less likely to



Dr. Cindy Lee, chief of Breast Imaging at Stony Brook Medicine, believes many women should have mammograms on an annual basis.

return for regular mammograms.

But Long Island doctors said it's better for patients to have the knowledge there might be something in their breast, and then they can discuss options with their doctors.

Dr. Alfredo Torres, an oncologist at NY Cancer and Blood Specialists in Port Jefferson, said he always recommends annual mammograms for women at average risk who are 40 and older.

"We are seeing younger and younger patients getting breast cancer so I am not going to change from 40 and every year," said Torres, who is also an American Cancer Society Long Island board member.

Lee said she believes the more mammograms that are performed, the more lives can be saved and noted that the possibility of a false positive result should not dissuade women.

"I don't like to compare genders, but prostate cancer

screening is notoriously full of false positives," she said. "You don't hear complaints about men being anxious or them wanting to cut back."

Breast cancer is the second-most common cancer among women in the United States, according to the Centers for Disease Control and Prevention, topped only by some types of skin cancer.

More than 43,100 women died of breast cancer in 2023, according to estimates quoted by the task force. Black women are more likely to be diagnosed with later stage breast cancer and about 40% more likely to die of breast cancer when compared with white women. The highest rates of breast cancer cases overall are among non-Hispanic white women, followed by non-Hispanic Black women.

Female breast cancer rates vary around the region, with Long Island's higher than New York City and the state.

The Nassau County rate of breast cancer is 145.9 per 100,000 and Suffolk County is 139.9, according to the New York State Cancer Registry. New York City's rate is 126.1 and the state's rate is 134 per 100,000.

Mammograms — an X-ray image of the breast — are a game-changer in efforts to catch these cancers early and treat them. One study reported that women who had mammograms had a 41% reduction in their risk of dying of breast cancer within 10 years and a 25% reduction in the rate of advanced breast cancers.

Differences for risk factors

But there remains a debate over how often they should be given to women at average risk. The guidelines are different for women at higher risk — those with a family history of breast cancer, who test positive for genes linked to breast cancer or who had previous radiation

on their chest.

The guidelines are a framework for patients to use when discussing mammograms with their doctors, said Dr. Melissa Fana, a breast surgical oncologist and NYU Langone Health's director of women's health for Suffolk County.

"For a woman who is truly at average risk, the determination of whether it's every year or every two is really made in conjunction with their health care provider," she said.

Fana said she is encouraged the task force guidelines dropped the age women should start mammograms. But she said it's key that every woman knows her lifetime risk, which includes factors ranging from age at first menstrual period to whether or not they have given birth, family history and race/ethnicity.

"I'm just afraid we will miss people," if women only go every other year for a mammogram, said Dr. Monique De

STONY BROOK MEDICINE / JEANNE NEVILLE

sparks debate



Dr. Sophia Fu, director of breast surgery at Good Samaritan University Hospital, favors yearly screening.

MAMMOGRAM GUIDELINES FOR WOMEN

Here are recommendations from major national groups for women at average risk of developing breast cancer in their lifetime. People with certain genetic markers, a family history of breast cancer or with other factors may need to get screened earlier.

| Organization | What they say |
|---|---|
| U.S. Preventive Services Task Force | Every other year starting at 40 and continuing through age 74. |
| American Cancer Society | Optional for ages 40-44. Every year for 45-54. 55 and older can continue annually or switch to every other year. Continue as long as the woman is in good health and expected to live at least 10 more years. |
| The American College of Obstetricians and Gynecologists | Offered starting at 40 and continue every one or two years based on "an informed, shared decision-making process that includes a discussion of the benefits and harms of annual and biennial screening," with a health care professional. |
| American College of Radiology | At 25, have breast cancer risk assessment and at 40, receive mammogram annually. |
| National Comprehensive Cancer Network | From 25 to 29, have a breast cancer assessment and breast exam. Starting at 40, have an ongoing risk assessment and annual mammogram. If 3D mammography is available, it is recommended. |
| Memorial Sloan Kettering | Have a talk with your health care provider about the pros and cons of getting screened. Starting at 40, have annual mammogram or 3-D tomosynthesis. |

Four Jones, associate chief of labor and delivery at Katz Women's Hospital — Long Island Jewish Medical Center in New Hyde Park. "Some people don't like going to doctors to begin with."

De Four Jones said going every two years can be further delayed if the women are too busy, centers are not accessible and the patient does not

have insurance.

Dr. Sophia Fu, director of breast surgery at Good Samaritan University Hospital in West Islip, said having annual mammograms makes a difference.

"The reason we have done so well in the treatment of breast cancer is that we are always trying to get ahead of the curve," she said. "There are cancers that can grow sooner

than two years."

Fana said women need to prioritize their health care and know their family history and personal risk assessment for breast cancer. Those at higher risk can get screened earlier than age 40.

"You wouldn't miss a mortgage payment," Fana said. "You should not miss a mammogram."

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