

A Q&A on mammograms

IS IT TOO EXPENSIVE TO CARE FOR WOMEN?

Q: Which screenings are recommended?

A: The U.S. Preventive Services Task Force recommends mammograms for women 50 to 74 every other year. It says women and their doctors should discuss the benefits and risks of mammograms beginning at age 40. The findings don't apply to high-risk patients, such as those with a family history of breast cancer.

Q: What about other types of breast screenings?

A: Although doctors promoted breast self-exams for many years, there's now good evidence to show they don't help save lives, the task force says. And while women without access to mammograms may benefit from examination by a doctor, those exams don't add protection to women already having mammograms. There's also not enough data to recommend digital mammograms or MRIs in place of traditional film mammograms, the task force says.

Q: Do mammograms prevent cancer?

A: No. They just find it early, when it's too small to cause a noticeable lump or other symptoms, says Barbara Brenner of Breast Cancer Action.

Q: Do they reduce women's risk of dying from breast cancer?

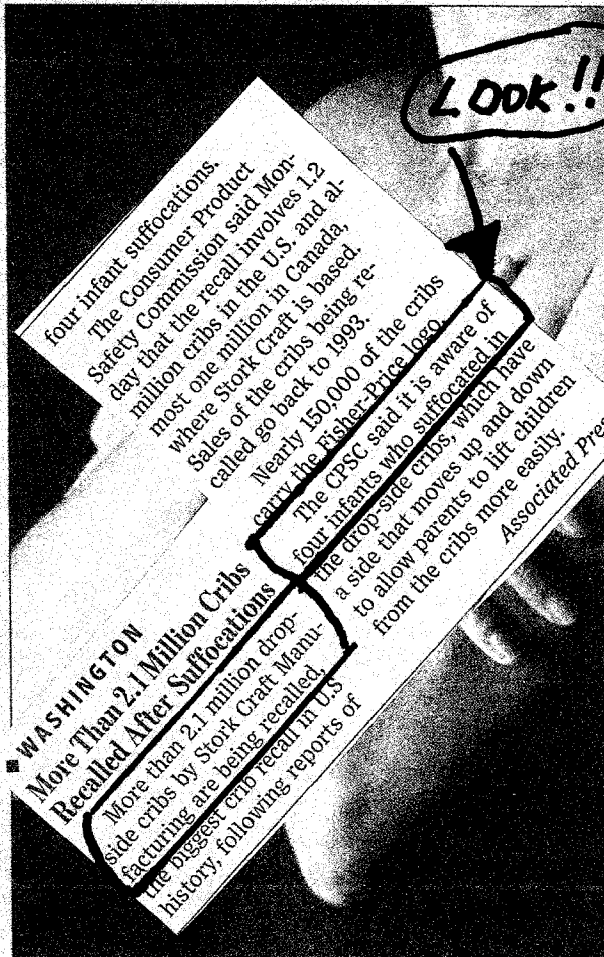
A: Yes. They reduce it by about 15% for women in their 40s and 50s, the task force says. But their absolute benefit for younger women, whose risk of cancer is very low, is much smaller. Making that tiny risk even smaller doesn't prevent many deaths, says Eric Winer of Boston's Dana-Farber Cancer Institute.

Doctors would have to screen 1,904 women ages 39-49 for a decade to prevent one death vs. 1,339 women 50-59 and 377 women 60-69, according to a study accompanying the recommendations in the *Annals of Internal Medicine*.

Q: Why not get a mammogram anyway, just to be safe?

A: Many find them stressful, painful, time-consuming and, de-

USA TODAY's Liz Szabo asked experts to explain the new mammogram recommendations.



By H. Darr Belser, USA TODAY

► New mammogram recommendations, 1A

pending on insurance, expensive, says Laura Petitti, vice chair of the panel and a doctor at Arizona State University-Phoenix.

Also, after 10 mammograms, more than half of fortysomething women will have a "false positive," which occurs when a mammogram detects something suspicious that turns out to be benign, Petitti says. Suspicious findings cause anxiety and may lead women to undergo painful needle biopsies.

Studies also suggest that 1% to 10% of cancers found through mammograms turn out to be es-

entially harmless, because they will never prove life-threatening.

Q: What about older women?

A: Women in their 60s should get a mammogram every other year because they have a higher risk of cancer.

Doctors say there hasn't been enough research on women over age 74, who are at high risk from not just cancer, but heart disease, strokes and other diseases of aging.

Q: How can women reduce

their risk of breast cancer?

A: There's no way to eliminate the risk of cancer, but research shows women can reduce their risk by limiting their use of alcohol, exercising regularly and maintaining a healthy weight, according to the American Cancer Society. Breast-feeding for at least several months also reduces the risk, as does avoiding post-menopausal hormone therapy.

Q: Will the recommendations change insurance coverage?

A: Maybe. There's no way to predict how private insurance plans will respond. Many companies also base their coverage on recommendations from private groups, such as the American Cancer Society, which still recommends annual mammograms beginning at age 40.

The recommendations could affect West Virginia, whose law on mammogram coverage is tied to task force recommendations, says the society's Stephen Finan.

The task force's recommendations have no direct effect on Medicare coverage of mammograms. That's because Medicare is required by law to cover one screening for women ages 35 to 39, and yearly mammograms after that. Medicare's mammogram coverage can be changed in one of two ways: Congress could pass a new law, or the secretary of Health and Human Services could change coverage, after consulting the head of the National Cancer Institute.

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

A: It's an independent panel of government-appointed experts that reviews medical research and recommends ways to reduce the risk of illness and death. Although it's sponsored and funded by the Agency for Healthcare Quality and Research, part of the Department of Health and Human Services, doctors are not obligated to follow its recommendations. Its influence is considerable, however. The American Academy of Family Physicians has endorsed the panel's recommendations on breast screening in the past.

THE TASK FORCE HAD NO RADIOLOGISTS OR ONCOLOGISTS. THESE ARE DOCTORS THAT DIAGNOSE AND TREAT CANCER. WHY WEREN'T THEY INCLUDED?

LOOK!! GOV'T SAYS LET 1 OUT OF 1904 WOMEN DIE!! WHILE THE STANDARD FOR CHILDREN IS 4 OUT OF 2,100,000. DON'T LET GOV'T HEALTH CARE DEVALUE THE LIVES OF OUR MOTHERS, WIVES, AND SISTERS.