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## Women's Health Special Report

## Taking The Mystery Out Of Breast Cancer Screening

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Many of my female patients feel guilty. They've heard that one of the best defenses against breast cancer is a monthly self-examination. But they haven't done it—out of forgetfulness, lack of time, or fear of what they may discover. Sheepishly, they'll tell me, "I know I should be checking, but..."

Recent research suggests that such guilt may be unnecessary. Self-exams have shown little benefit in reducing death rates from breast cancer. In fact, most medical organizations no longer recommend that women perform them. Which raises the question: What *should* women be doing to detect breast cancer as early as possible? The answer is critical, says Dr. Elizabeth Steiner, director of the Oregon Cancer Institute's Breast Health Education Program, because "when we catch breast cancer early, when it is confined to the breast, we can cure it 95% of the time."

Here's what you need to know about the different screening methods.

**CLINICAL BREAST EXAM**

This test puts you, literally, in the hands of an expert. The clinical breast exam involves a doctor systematically exploring your breasts with his or her fingertips—called "palpating"—and searching for small lumps or irregular shapes. To ensure a thorough job, the doctor usually will spend a few minutes examining each breast. Physicians have been performing clinical exams for decades, and they're still a key component of early detection, especially when done in combination with mammograms. "Clinical breast examinations are 80% to 85% sensitive in women in their 40s," says Dr. Steiner. "That's pretty darn good." So, out of 100 women with breast cancer, hands-on exams will find the disease 80% of the time. The clinical breast exam is an essential part of your annual "well woman" examination.

**MRI**

Magnetic Resonance Imaging (MRI) has been touted as a more sensitive diagnostic tool than a traditional mammogram. So, should MRIs be used for annual screening? The answer is no—for most women.

Much costlier than a mammogram, an MRI requires the injection of a dye into the bloodstream, which may exacerbate other medical conditions. Also, MRIs done to detect breast cancer result in too many false positives. Right now, "MRIs are recommended only for women at highest risk," says Dr. Debbie Saslow, director of breast and gynecologic cancers at the American Cancer Society. That includes women with a genetic mutation, a strong family history of breast or ovarian cancer, or a history of radiation to the chest. Patients who fall into any of these categories should get an annual MRI—and a mammogram—starting at age 30.

**THE BASIC MAMMOGRAM**

Mammograms have been widely used since the 1960s. They rely on traditional X-ray technology to spot tiny calcium deposits that frequently signal the presence of cancer. "It's not a perfect test," says Dr. Joann Elmore, professor of medicine at the University of Washington School of Medicine in Seattle. "In two out of 10 women with cancer, the cancer either will be missed or is not visible." The procedure also can be uncomfortable and time-consuming. However, a mammogram is still the best tool currently available to detect breast cancer. "It's the gold standard," says Dr. Elmore.

An annual mammogram is recommended for all women age 50 and over. For women who are 40 to 49, the guidelines are more complicated. Their breast tissue is denser, which leads to more false positives—and often unnecessary follow-up tests, biopsies, medical expenses, and anxiety. For women younger than 40, who have even denser breast tissue, mammograms are not recommended at all—unless there's a family history of early breast cancer or a recorded genetic mutation.

**DIGITAL MAMMOGRAM**

A new generation of mammogram technology—called digital mammography—allows the image taken by your radiologist to be stored on a computer hard drive. That way, it can be viewed and enlarged on a computer screen rather than held up to a lightbox. Many experts hoped that this advance would lead to earlier detection of a greater number of cancers, but a 2005 *New England Journal of Medicine* study showed that this benefit may apply only to women under 50 and those with dense breast tissue.

Computer-Aided Detection (CAD) is another innovation. This method relies on computer software to examine an image and look for patterns so that radiologists can pay more attention to certain areas. But the jury is still out as to whether CAD actually improves the accuracy of a diagnosis. Some evidence suggests that CAD creates more false positives and increases the rate at which patients are called back for follow-up exams. For now, the basic mammogram, though not perfect, is the screening method of choice.

**SELF-EXAMINATION**

So what happened to the advice that women were given for years, telling them to check for lumps while dressing or in the shower? Studies found that self-exams did not reduce actual death rates from breast cancer. Too often they were performed incorrectly or not regularly enough, setting off too many false alarms.

Still, doctors recommend that women pay attention to their bodies. Talk with your physician to learn which changes may normally occur with your breasts and which changes warrant further attention.

If something doesn't feel or look right, see your doctor immediately—even if you've just had a mammogram. Dr. Elmore notes that 40% of new cases of breast cancer are picked up by women or their physicians. If caught early, your treatment may be easier and more effective.

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