

## **Mammogram Debate**

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Mammograms have been considered the gold standard in breast cancer early detection for decades. Despite limitations and risk/benefit concerns mammograms have detected breast cancers early and made a positive difference for a percentage of women diagnosed. The concern about false negative and false positive results of mammography has been part of the risk/benefit discussion over the past number of years and warrants review.

I am not an expert in diagnostic testing, but I am an informed woman in the recommended screening age in the province of Ontario. I am also a health promotion professional who has spent the last ten years educating young women about their breast cancer risk, breast cancer facts, symptoms and self-care strategies.

There is no routine breast cancer screening available for young women under the age of 40, and self-checks are the only early detection strategy available to them. One of the limitations to mammography is the failure to detect breast cancer in women, particularly young women, with dense breast tissue. As a result, the recommendation for young women is to know their bodies, know their breasts and check 'em often. Knowing how their breasts look and feel provides them with the opportunity to know their normal. Young women are then able to seek medical attention if they detect any unexplained or persistent changes in their breasts.

Early detection was also the goal of Breast Self Examination (BSE) promotion in the past, but research reviewed by the Canadian Task Force on Preventive Health Care <https://canadiantaskforce.ca/breast-cancer-clinician-cbebse-recommendation/> reported that BSE, a formal or prescribed approach to examining your breasts, was not reducing deaths from breast cancer for women 40 to 74 years of age. Unfortunately, poor communication of the review findings did not clarify that knowing your breasts and the symptoms of breast cancer were still important and a compliment to mammography screening. This lack of clarity or confusion left a void in breast cancer education and women of all ages were put at risk.

There are risks with over diagnosis (reported in the Danish study) including treatment decisions of identified pre-cancerous breast lumps. Women and health care professionals may react to the mammography results and cases, where monitoring may be indicated, are advanced to more aggressive treatment. Risks, along with any research limitations, need to be considered in reviewing the best guidelines for mammography screening, interpretation of results, stage of diagnosis and the protocols for treatment.

As concerns regarding routine mammography escalate and protocols change, the need for older women to be more diligent in knowing their own breasts becomes increasingly more vital. Interestingly, the Danish study did not find any 'difference in incidence between screened and unscreened groups.' Women often detect their own breast cancer, but the hope is to feel the breast lump when it is the size of a small almond not the size of a mandarin orange. Early detection messaging needs to be comprehensive so that women receive appropriate screening, understand their risk, know the symptoms, check their breasts, and watch for unusual changes.