

The recent media coverage of the United States Preventive Services Taskforce (USPST) mammography guidelines alludes to the “controversy” within the medical community regarding the value of mammography in the screening of women in the age group of 40 to 50. Perhaps instead of viewing it as a controversy or political issue, these recommendations should be viewed as another useful piece of information to be used by doctors and their patients.

We have always known that mammography is not infallible. We have also known that data driven studies have shown that mammography can prevent death from breast cancer in 25 to 30 percent of appropriately screened women. We also know that mammography misses one in five of even palpable breast cancers (most of these are missed in women under age 50). The shift in screening from film mammography to digital mammography has provided much better detection rates of breast cancers in this age group.

When looking impartially at the data used to come up with USPST’s recommendations, it’s clearly correct. We have *always* known mammography is not as reliable in women younger than age 50. The question then for well-informed physicians is how to use this information wisely.

The limitations of mammography have less to do with age, but instead have to do with the density of the woman’s breast. Because dense breast tissue is more often noted in women under age 50, the accuracy of mammograms in younger women is inferior to that in the older woman whose dense breast tissue has undergone the expected post-menopausal changes that make the breast more fatty and less dense and therefore easier to “see through”.

Still, many women under age 50 have fatty, less dense breast tissue and their individual screening mammographic exam may be as reliable and accurate as that of the older woman. Also, in some cases, the converse is true. A 60 year old woman taking hormone replacement therapy may have such dense breast tissue that her mammogram may not be very accurate.

It is the responsibility of doctors to be aware of the limitations of mammography and to design a screening strategy that best suits the individual woman’s risk of breast cancer and to decide if mammography is useful as part of her overall preventive strategy. The recommendations of the USPST must be used as one more piece of data available to well informed physicians who must then make screening recommendations for an individual patient.

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