

Should States Be Setting Breast Screening Policy?

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Hi. It's Dr. Kathy Miller from Indiana University. I want to talk to you today about the potential unintended consequences when science and clinical research get mixed up with politics.

Ultrasonography With Mammography for Breast Cancer Screening

We have talked before about an ACRIN trial^[1] that looked at patients who were at higher risk of developing breast cancer because their breasts were more dense, a well-recognized risk factor. They sought to determine whether adding other screening modalities to standard annual mammography would be helpful. Just to remind you all, the large parent trial enrolled about 2800 women who had an ultrasound added to mammography annually for 3 years. The ultrasound was not done by technicians. It was done by highly trained radiologists who were specifically trained for this protocol. Ultrasounds took an average of 20 minutes to perform. Some took longer than an hour.

With ultrasound, they found a lot more things, but they also did many more biopsies. The authors concluded that it was tough to recommend ultrasound. It wasn't clear that ultrasound ultimately did more good than harm, and there were some legitimate logistic practical barriers to making this a global recommendation.

MRI for Breast Cancer Screening

Later, they reported a substudy of about 600 women who had a single MRI after the 3 years of mammogram and ultrasound screenings.^[2] MRI also found more things and a few more cancers; but, very similar to ultrasound, there were many more biopsies and other barriers. It was much more expensive, and only half of the women were even willing to have an MRI even though this study was completely paid for.^[3] These were women who had been willing to have ultrasounds and who were aware of the risks.

I thought that the manuscripts of these 2 studies were quite honest in acknowledging the potential benefits, potential harms, and potential drawbacks. The authors concluded that they weren't certain if they did good, if this was neutral, or if perhaps they even did harm.

Breast Cancer Screening in State Legislature

State legislatures have taken this to a totally different and unintended level. Indiana is about to become one of several states in which we will legally be required to notify women of their breast density and that if their breasts are more dense, they are at higher risk of developing breast cancer. Someone will be required to develop an education program about breast density and the associated risks. Insurance companies will be mandated to cover the cost of additional screening that might be recommended on the basis of breast density.

There are many potential implications of this legislation. I suppose a good one is that women might be more informed or might be able to be more proactive about their health. We might diagnose a few more breast cancers. There are many bad ones. There are huge implications for the infrastructure and huge implications for the cost of care. There is great potential for us performing a very large number of additional procedures and biopsies to find those few cancers. It is not at all clear that we will save more women's lives. It is also possible that the additional fear that the notification causes as well as the anxiety and fear caused by additional imaging and biopsies may drive some women away from screening entirely.

Several other states already have similar breast density notification laws. This is a new law in Indiana that is about to be passed, so we are still going to be learning the implications of this. If you are from a state that already has this law, I would love to hear from you about the implications and what the impact of that law has been on your state. What would you be thinking if you just found out that your state was about to join the club?

References

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