When Seeking the 'Truth' About Mammograms is Imprecise

By ACSH Staff — December 7, 2015

An opinion piece on The Huffington Post political website asks a question which cannot be answered Why Don't Women Get the Truth About Mammograms? although the author makes a pretense of trying. She is perturbed by conflicting and confusing advisories coming from various medical groups.

Written by Dr. Darria Long Gillespie, the self-described "ER doctor, MBA, TV & Media Expert, Mom" rattles off a litany of statistics mainly focusing on the women in their vulnerable 40s who have been advised by recent changes to avoid screening mammograms, if of average risk. Her main contention: too many breast cancers will be missed if the recommendations are observed, as opposed to having annual mammograms at age 40 and every year thereafter until ... whenever.

Her outrage was provoked by the October advisory of the American Cancer Society, which recommended [3] that women begin screening at age 45 each year until age 54, and then only every two years until age 75.

Its prior recommendation was annual screening from age 40 through 75. The U.S. Preventive Services Task Force (USPSTF [4]) issued a recommendation in 2009 that screening only begin at age 50, and then be done every two years, which was affirmed in April 2015 [5] and is still being finalized. Some groups radiologists [6] and breast surgeons [7] adhere to the prior advice of annual and early screening. If you are keeping count, Gillespie notes there are six groups behind three different recommendations.

The best-known consumer nonprofit on this issue, Susan G. Komen [8], takes the wise approach of giving its visitors all the available advice and telling women to read it and discuss it with their doctors.

Dr. Gillespie's op-ed devoted much attention to the sequelae of missing breast cancer due to infrequent mammograms. But she neglected to pay sufficient attention to the consequences of false positives from overdiagnosis and over-treatment, not to mention anxiety generated needlessly.
On a similar note, when the ACS issued its revised recommendations, three experts in breast cancer diagnosis (a radiologist) and treatment (two breast surgeons), all female, penned an op-ed [9] in *The New York Times* castigating the group for failing women. But one response [10] showed that they had ignored the potential downsides of too many mammograms. (A prior *Times* op-ed [11] discussed in some detail the evidence base of the recommendations *not* to have annual mammograms; perhaps the best example of the *latter is here* [12]).

The bottom line is this: in science and medicine, there is no "truth" to demand. These issues are dynamic, and time is the best test of truth. The back-and-forth over screening mammography is a good example, in fact, as the recommendations for the timing of initiating it and frequency of screening mammography have evolved and are likely to continue to do so, to the dismay of folks like Dr. Gillespie who crave "the truth."

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[10] http://www.science20.com/tip_of_the_spear/blog/when_all_youve_got_is_a_mammogram_everything_looks_like_a_breast_158586