Alaska Native Medical Center

Breast Cancer Screening

Background[1]:

In the US in 1995 there were an estimated 182,000 new cases of breast cancer diagnosed and 46,000 deaths from this disease in women. Approximately 32% of all newly diagnosed cancers in women are cancers of the breast, the most common cancer diagnosed in women. Breast Cancer is the leading contributor to cancer mortality in women aged 15-54, although 48% of new breast cancer cases and 56% of breast cancer deaths occur in women age 65 and over.
Important risk factors for breast cancer include female gender, residence in North America or northern Europe, and older age. The annual incidence of breast cancer increases with age.
Factors for increased risk include:

1. Women with a family history of breast cancer in a first-degree relative. For women < 50 yrs the risk is highest when the relative had premenopausally diagnosed breast cancer.
2. Women with previous breast cancer or carcinoma in situ
3. Women with atypical hyperplasia on biopsy

Breast cancer rates among Alaska Natives match the national pattern showing a similar increase in rate after age 40 yrs[2].

Issues:

1. Clinical Breast Exam (CBE): There is some debate on the benefit of annual CBE regarding final outcome, however the CBE picks up a certain percentage of lumps that would be missed by mammogram and helps locate a mass for focused views on mammogram or ultra sound.
2. Age for screening: Debate exists about the benefit of screening women between 40-49 years. The American College of Radiology and the American Cancer Society advocate annual screening, while the US Preventive Services Task Force and the American College of Preventive Medicine state that there is insufficient evidence to support screening this group[3].
3. Obstacles at ANMC. Currently the provider must do a CBE prior to ordering a mammogram. Radiology will however not deny a mammogram to a patient who shows up for the test without a CBE. Efforts should be made to advise the patient on the reasons why CBE is felt to be important and if possible an appointment should be made at that time her primary care provider.

Recommendations:

- Breast cancer screening should include annual mammogram and CBE
- Screening should start at age 40 yrs
- Cessation of Breast cancer screening should not be age related, but a function of comorbidity
- Women with a first degree relative detected with pre-menopausal breast cancer are considered at higher risk and should be screened 5 years prior to the age of the relative at detection.

Mammograms should continue to be ordered by provider and case manager. All efforts should be made to do a CBE on the patient prior to the mammogram but this should not be an impediment to patients getting a mammogram (the "gold standard").

References:

1. United States Preventive Services Task Force. Screening for Breast Cancer. Guide to Clinical Preventive Services. Second Edition. 1996
2. Cancer in Alaska Natives 1969-1993; 25 year Report. Alaska Area Native Health Service August 199
3. Internet citation: National Guideline Clearinghouse (NGC). Guideline synthesis: Screening for breast cancer. In: National Guideline Clearinghouse (NGC) [website]. Rockville (MD): 2000 Jun 12. Available: http://www.guideline.gov.

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