Since 2009 guideline changes

Fewer Providers Recommend, Fewer Women Get Mammograms, UCH Studies Show

A pair of University of Colorado Hospital studies show smaller percentages of providers recommended mammograms for women 40 and older and fewer women 40 to 49 years of age received mammograms after the government issued new guidelines for breast cancer screenings late in 2009.

Lara Hardesty, MD, chief of Breast Imaging for UCH Radiology, presented the findings last week at the annual meeting of the American Roentgen Ray Society in Chicago.

Before and after. The studies, which drew national attention, examined data from nine months before and nine months after mid-November 2009. That’s when the U.S. Preventive Services Task Force (USPSTF), a federal advisory board, changed its recommendations for how frequently women should get mammograms.

Prior to the change, the task force recommended that women 40 years of age and older get a mammogram every one to two years. In November 2009, USPSTF changed course, recommending no routine mammograms for women 40 to 49 years of age and routine screenings every two years for women 50 to 74 years old. Citing insufficient evidence to assess the benefits and risks of mammography screening for women older than 74, the task force said it did not recommend them for women in that age group.

In explaining the changes — still disputed by the American Cancer Society and the American College of Radiology, among others — USPSTF said it wanted to reduce the potential risks of overscreening, including unnecessary biopsies and excessive treatment for slow-growing cancers.

What changed? Hardesty said her studies, conducted with the help of third-year Radiology resident Jayme Takahashi, MD, sought to uncover whether the new guidelines changed the way providers practice and the number of screenings patients received.

“We wanted to know what providers are doing, and we wanted to know what patients are doing,” she said.

In one study, Hardesty sent an email survey to approximately 300 physicians, physician assistants and nurse practitioners in UCH’s Internal Medicine, Family Practice and OB/Gyn clinics and the Center for Midwifery. The survey, which garnered a 16.5 percent response rate, asked providers whether or not they recommended mammograms for women 40 to 49 and 50 to 74 years of age, and women 75 and older before and after the changes in the new guidelines.

Less likely to recommend. The results were dramatic: 56 percent said they recommended annual mammograms for women 40 to 49 years of age before the change, while just 20 percent said they did so after. Before the new guidelines, 94 percent of providers recommended annual screenings for women 50 to 74 years of age; the figure dropped to 74 percent after the change.

“The changes are significant,” Hardesty said. She added, however, that many of the providers who responded also said they have individual discussions with their patients about mammograms.
“They said they don’t recommend mammograms routinely, but they discuss the risks and benefits with their patients,” Hardesty said.

**Fewer for the younger.** The second study counted the number of mammograms performed at UCH during the nine months before and after the guidelines change. The number for women 40 to 49 years old fell 15.4 percent, to 1,122 from 1,327, Hardesty said. However, the number of mammograms performed on women 50 to 74 years of age inched up slightly during the same period, to 4,498 from 4,479.

“The statisticians tell us the increase in 50 and older patients isn’t significant, but the decrease in 40- to 49-year-olds is,” Hardesty said. She added, however, that she was “surprised there was no drop in the number of women 50 and older.” She speculated that many providers may still be following previous practices of recommending annual mammograms for their patients in that age group.

The changes can’t be linked conclusively to changes in the guidelines, Hardesty acknowledged. The economic downturn, which cost some people their insurance, may have played a role, for example. But the issue continues to generate interest and discussion, she added.

“Basically, people at the conference told me they were thankful that we looked into the question and provided additional details,” Hardesty said.

As a clinician, she still favors the American Cancer Society and American College of Radiology recommendations to perform annual screening mammography beginning at age 40.

“I’m very concerned that if we don’t screen, how are cancers going to be found? When a mass is large enough to be found as a lump, it’s larger on average than what we find with a mammogram,” she said. “Early detection means a better chance of survival.”