

American Cancer Updated Breast Cancer Screening Guidelines

Specific Guidance for Older Women and Women at Increased Risk; Clarified Role for Physical Breast Exams

ATLANTA, GA – May 14, 2003: The American Cancer Society has issued breast cancer screening guidelines that, for the first time, offer specific guidance for older women, women who have serious health problems and women at increased risk. The new guidelines also offer greater clarification of the role of physical breast exams.

The guidelines, published in the May/June issue of *CA: A Cancer Journal for Clinicians*, represent the most current scientific evidence and expert opinion available. They were developed by an independent panel of 42 medical and scientific experts representing various areas, including breast imaging, epidemiology, family medicine, genetics and risk assessment, geriatrics, medical oncology, nursing, public health, radiology, surgery, consumer issues and advocacy.

The Society's new guidelines for the early detection of breast cancer are:

- Yearly mammograms starting at age 40 and continuing for as long as a woman is in good health
- Clinical breast exams (CBE) should be part of a periodic health exam, about every three years for women in their 20s and 30s, and every year for women 40 and over
- Women should report any breast change promptly to their healthcare providers. Breast self-exam (BSE) is an option for women starting in their 20s
- Women at increased risk (e.g., family history, genetic tendency, past breast cancer) should talk with their doctors about the benefits and limitations of starting mammography screening earlier, having additional tests (e.g., breast ultrasound or MRI), or having more frequent exams.

"These new guidelines will enable improved discussion between women and their healthcare providers, helping them make more informed decisions

about early detection testing," said Mary A. Simmonds, MD, FACP, the Society's national volunteer president.

"While research related to the ability of CBE or BSE to reduce breast cancer deaths is limited, the exams are still important. When a woman examines her breasts, she becomes more aware of how her breasts normally feel and notices any changes," said Dr. Simmonds. "Having a physical exam by a healthcare professional is a complement to regular mammography and an opportunity for women and their healthcare providers to discuss breast changes, risk factors and early detection testing," she explained.

"This is the clear, up-to-date, science-based guidance that women and their healthcare doctors have been waiting for," said Amy Langer, executive director of the National Alliance of Breast Cancer Organizations (NABCO) and an 18-year breast cancer survivor. "Without question, getting a screening mammogram every year starting at age 40 is essential for good breast health."

The panel also reviewed current evidence about new and emerging breast cancer screening technologies, such as ultrasound, screen-film mammography (SFM) and computer-aided detection with SFM. The new guidelines offer women known to be at increased risk more information about these technologies to help them and their doctors make more informed decisions about testing.

"There is a great deal of research today on developing imaging technologies that can noninvasively detect and display actual molecular events taking place in the body," said Harmon J. Eyre, MD, the Society's national chief medical officer. "However, in order to be recommended as a screening tool, the new technology must equal or exceed the performance of mammography screening, which is the 'gold standard' technology for the early detection of breast cancer," he added.

For more information, anytime, call toll-free 1-800-ACS-2345 (1-800-227-2345) or visit www.cancer.org.