



With breast screenings, every woman counts

'We must send a strong message to private insurers and government funders: We'll be watching for any changes to the coverage of routine mammograms and other cancer screening. Our goal should be more and better screening, not less.'

By Nancy G. Brinker

Amid the news media firestorm since the release of the U.S. Preventive Services Task Force [recommendations regarding mammography and breast self-exam](#), one fact remains undisputed: Screening saves lives. Looking carefully at the data considered by the panel, I see a call to action. We need to improve screening technology and make sure that every woman has access to it.

The new recommendations [suggest no routine mammograms](#) for women of average breast cancer risk ages 40 to 49. Among the factors cited were risk of overtreatment in this age group whose tumors might be detected on a mammogram, and the questionable nexus between breast self-exams and breast cancer mortality. The panel further discussed "anxiety" over mammograms as a factor in its decision to change its guidelines.

According to the data the panel used, we must screen [1,904 women ages 39-49 for a decade](#) to find one with breast cancer. A little perspective:

- One woman out of 1,900 in a town the size of Auburn, Maine, would be a little more than half a dozen women — or the entire staff at Betty Lou's Beauty Nook.
- One out of 1,900 in New York state could fill the Metropolitan Opera to capacity, from the cheap seats to the orchestra pit.
- About 17 million people visit Disney World a year. One of 1,900 is 8,947 — or nearly 25 people a day. If that many died riding Pirates of the Caribbean daily, would anyone oppose potentially life-saving precautions?

I'm one woman whose life was saved by early detection. My sister, Susan G. Komen, died before she had the opportunity to be screened. Both of us were diagnosed with breast cancer in our 30s.

We've come a long way in the 30 years since my sister, Suzy, died. The [five-year survival rate](#) for cancers that haven't spread from the breast is up to 98%. There are more than 2.5 million breast cancer survivors alive in the U.S. today.

The fact that breast cancer is in the news and being discussed openly is a tremendous step forward. Yet every five years or so, we come up against this baffling idea that too much information is hazardous to a woman's health; that any woman who discovers a lump in her breast dissolves into a puddle of anxiety, incapable of intelligently weighing her options in consultation with her physician. I was stunned to hear self-exams characterized by some as a "search and destroy mission" that "makes enemies of our breasts." Our breasts are not enemies; the cancer is.

Think about this for a second. It's never recommended that we skip our kids' back-to-school checkups because the average child probably wouldn't die. An X-ray that reveals a sprain instead of a fracture isn't considered

"unnecessary." Driving into the mechanic's bay for a routine inspection, we aren't told that we're treating our Chevy like an enemy. Yet for some reason, routine maintenance of breast health is periodically scrutinized and blustered against.

If we're attempting to quantify esoteric elements such as "anxiety" and "inconvenience," it seems appropriate to consider what a year of life truly means to a woman, her family and her community — something raw survival statistics don't reflect. For example, if a young mother is diagnosed when her child is in kindergarten and she lives just long enough to see her graduate from high school, or even elementary school, statistically, her death has not been prevented, but the scope and impact of her life and the lives of her family have changed dramatically.

One thing that this debate has done is to highlight the flaws in today's technology. My sincere hope is that this dialogue will result in a clarion call for better screening tools and greater outreach to underserved women.

We must invest in improved imaging technology to facilitate informed, targeted treatment decisions. At the same time, we must improve access to screening for vulnerable populations not well served by the current system. More than half of eligible women do not receive screening.

We must also send a strong message to private insurers and government funders: We'll be watching for any changes to the coverage of routine mammograms and other cancer screening. Our goal should be more and better screening, not less.

I'm not willing to lose that one woman in 1,900. We're working to save as many lives as we can while we race toward a cure. Let's build on what we know is working: awareness, early detection, research and treatment. And, yes, that includes screening, self-exams and mammograms.

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(Exam: Technician Maria Elena Arriaza at work in Washington./2000 photo by USA TODAY.)

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