Month XX, 2014

[Customer’s Name]

[Customer Site Name]

[Address Line 1]

[Address Line 2]

[Address Line 3]

Dear [insert name]—

As you’re likely aware, a paper on the Canadian National Breast Screening Study (CNBSS) recently published in the *British Medical Journal* questions the value of screening mammograms, suggesting mammography has limited effectiveness for women ages 40 to 59. Major news outlets covered the findings, and we expect some patients will have questions or concerns. As a courtesy, we have provided some suggested talking points on the importance of annual mammograms, the particulars of the study and how digital mammography addresses many of the study’s findings:

* Ultimately, the early and accurate diagnosis of breast cancer is the key. Mammography is widely regarded as the gold standard for early detection. In most cases, mammography can identify an abnormal breast mass as much as two years before a physical change would be noticed.
* Regular mammography screening began in the U.S. in 1990. Since then, the mortality rate from breast cancer, which had been unchanged for the preceding 50 years, decreased by 30 percent. This shows that screening works.
* The American Medical Association, American Cancer Society, American Congress of Obstetricians and Gynecologists, American College of Radiology and Susan G. Komen for the Cure® continue to agree that annual breast cancer screening should begin at age 40 — even earlier if a woman is at greater risk for developing breast cancer.
* The American Congress of Obstetricians and Gynecologists, American College of Radiology and the Society of Breast Imaging have released a position statements summarizing the limitations of the CNBSS for those who would like to investigate further.[[1]](#endnote-1),[[2]](#endnote-2),[[3]](#endnote-3)
* This recent CNBSS paper[[4]](#endnote-4) presents a longer term follow-up of a trial that has been previously heavily criticized.[[5]](#endnote-5) Researchers have raised significant concerns of the trial design and subsequent conclusions. The quality of the mammography was extremely poor. The number of cancers found in this trial using mammography were well less than half the rate found today with modern mammography equipment and well-trained radiologists.[[6]](#endnote-6) The cancers found with mammography were the same size as the cancers found in the control arm (palpable masses) without mammography, additional evidence of the poor quality of the study. The trial was not properly blinded, women possibly were not entered into the mammography study in an unbiased way, and this might have been another contributor to the negative results seen. The original data was not reliable and the recent follow-up paper does not improve anything.
* The CNBSS paper suggests that mammography leads to the over diagnosis of breast cancer; however, the study used film mammography, an outdated tool. Most breast centers today, including ours, use digital mammography.
* The landmark DMIST study published in 2005 in *The New England Journal of Medicine* found that in the entire population of ~40K patients, the accuracy of digital mammography was significantly higher than that of film mammography among women under the age of 50 years, women with heterogeneously dense or extremely dense breasts on mammography and premenopausal or perimenopausal women.[[7]](#endnote-7)

*Additional talking points for Hologic 3D mammography (breast tomosynthesis) referrals:*

* At our practice, we use the most advanced technology available, 3D mammography (breast tomosynthesis), which increases accuracy by 40%
* Multiple peer-reviewed studies have shown that 3D mammography increases the detection of **invasive**cancers by 40% and reduces the rate of “false positives” – when women are called back for more testing when really everything is fine – by up to 40% compared to traditional 2D mammography alone.[[8]](#endnote-8),[[9]](#endnote-9),[[10]](#endnote-10),[[11]](#endnote-11)

The CNBSS is just one paper. Based on the body of current evidence, screening mammography remains a powerful lifesaving tool. It is appropriate to continue to screening as usual.

If you have any additional questions, please contact us at [insert appropriate radiology facility email or phone number].

Sincerely,

[Signature]
[Name]
[Title]

1. <http://www.acr.org/News-Publications/News/News-Articles/2014/ACR/BMJ-Article-on-Breast-Cancer-Screening-Effectiveness-Incredibly-Flawed-and-Misleading> [↑](#endnote-ref-1)
2. <http://www.sbi-online.org/Portals/0/Position%20Statements/ACR%20SBI%20Response%20to%20BMJ%20Article%202-11-13.pdf> [↑](#endnote-ref-2)
3. <http://www.acog.org/About_ACOG/Announcements/Ob-Gyns_Continue_to_Recommend_Annual_Mammograms_for_Women_Beginning_at_Age_40> [↑](#endnote-ref-3)
4. Miller AB, Wall C, Baines CJ, et al. Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomised screening trial. *BMJ*. 2014 Feb 11;348:g366. [↑](#endnote-ref-4)
5. Kopans DB, Feig SA. The Canadian National Breast Screening Study: a critical review. *American Journal of Roentengenology*. 1993 Oct;161(4):755-60. [↑](#endnote-ref-5)
6. Pisano ED, Gatsonis C, Hendrick E, et al. Diagnostic performance of digital versus film mammography for breast-cancer screening. *New England Journal Medicine*. 2005 Oct 27;353(17):1773-83. [↑](#endnote-ref-6)
7. <http://www.cancer.gov/newscenter/qa/2005/dmistqandA> [↑](#endnote-ref-7)
8. Skaane P, Bandos A, Gullien R, et al. “Comparison of Digital Mammography Alone and Digital Mammography Plus Tomosynthesis in a Population-based Screening Program.” *Radiology.* 2013 Apr; 267(1):47-56. Epub 2013 Jan 7. [↑](#endnote-ref-8)
9. Ciatto S, Houssami N, Bernardi D, et al. “Integration of 3D Digital Mammography with Tomosynthesis for Population Breast-Cancer Screening (STORM): A Prospective Comparison Study” *The Lancet Oncology*. 2013 Jun;14(7):583-589. Epub 2013 Apr 25. [↑](#endnote-ref-9)
10. Rose S, Tidwell A, Bujnock L, et al. “Implementation of Breast Tomosynthesis in a Routine Screening Practice: An Observational Study.” *American Journal of Roentengenology*. 2013 Jun; 200(6): 1401-1408. Epub 2013 May 22. [↑](#endnote-ref-10)
11. Haas B, Kalra V, Geisel J et al. “Comparison of Tomosynthesis Plus Digital Mammography and Digital Mammography Alone for Breast Cancer Screening” *Radiology*. 2013 Dec;269(3):694-700. Epub 2013 Jul 30. [↑](#endnote-ref-11)