

Expert Perspective on Breast Cancer Screening

Powerful Patient Event

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Andrew Schorr:

Thank you Lorie. I want to get Connie Lehman up. Connie is the head of breast imaging, so she's a radiologist at the Seattle Cancer Care Alliance. She also is the author of a lot of; well everybody here, some of the eminent physicians have AMA; all sorts of journal articles you've seen. So Connie has been on a number of our Patient Power programs including recommendations for MRI for women who are at high risk of breast cancer. So when you talk to Connie, Connie was one of the authors of that study.

Also, if you've been keeping up with the news media now ladies, there has been some debate and changes it looks like in who should have mammography, how often, and at what age, right? It can be really confusing, so I asked Connie if she could help give her perspective on it because she deals with this every day.

Connie Lehman, thank you.

Dr. Lehman:

Thank you. I'm really happy to be here. This is going to be an important week for early breast cancer detection because the U.S. Preventative Services Task Force is coming out with yet again some new recommendations, so I'm certain that there will be a lot in the news, and we'll want to follow that, and we want to help educate women and their families on how they should respond to this. So it will be official later in this coming week, but I just wanted to give you a little bit of a sense of some of the new controversy that may be coming out.

We think it is so important to detect breast cancer early. We know that's how we have the best chance of a cure, and we've heard about experiences of patients in the hospital when they have more advanced disease, and the woman who has joined us as well with stage IV. When we can detect breast cancer at its earliest stages not only can we cure it but we can cure it with very minimally-invasive approaches and techniques, and that really is our passion.

Yet we continue to have people say, 'Maybe we shouldn't get mammography. There are false positives or maybe there is over diagnosis of breast cancer. Maybe we're finding breast cancer that doesn't matter.' And these are important scientific hypotheses to test and evaluate in the research, but as far as what should we do; what should we say to our patients, and what should of all of you be thinking about as far as mammography; we firmly believe in annual mammography age 40 and older as the best method for detecting

breast cancer early, and we firmly believe that if a woman has a strong family history or is concerned that she might have an increased risk because of family members with breast cancer that she talk to her doctor to really understand more; if mammography is sufficient or if other methods such as MRI should be employed as well.

So why is there confusion rather than clarity because it seems straightforward? It's because there have been so many studies on mammography since the 1970s, and people continue to take those research studies from the 1970s and 1980s and try to make sense of them today. The most important thing you can do is go to a high quality center that understands the importance of high quality mammography and really work with that organization and that group to make sure you're getting consistent care across that.

Andrew Schorr:

Connie, so women in the room, most of them are older than 39, still 39, so the guidelines as you see them now, just restate that really carefully so women know.

Dr. Lehman:

The guidelines as we see them based on the research and the evidence is annual mammography age 40 and older. Now should a woman ever stop having mammograms? Should we continue to screen a woman if she is 70 or 75? I was disappointed to see that this week they will say that women should stop at the age of 69. I do not think that is rational. I don't think it's appropriate. The American Cancer Society will not be supporting those recommendations from the USPSTF (U.S. Preventative Services Task Force) because we believe more it's about a woman's quality years of life left, and there are many, many, many 70-year-old women with easily 10 to 15 years of very high quality of life left. Again when we detect that cancer early through screening mammography that woman who is 70 or 75 will be afforded the opportunity to have minimally-invasive surgery possibly without any chemotherapy at all, and that's our goal.

So annual mammography age 40 and older. When you should stop, at what age you should stop, great discussion to have with your doctor but again we look more at years of quality of life left, and if a woman has a life expectation of another 5 to 10 years we absolutely strongly support continuing to screen.

Andrew Schorr:

Dr. Lehman, one last question for you, and that is I've interviewed women who had a mammogram that didn't show anything, thought great come back next year or whenever, and then whether it was their intuition or two months later felt something; so what would you say to a woman's intuition or something that she's concerned about even if a mammogram didn't show anything?

Dr. Lehman:

That's so important. I mean again the theme is "Patient Power" and we'll be hearing so many of those stories. The patient has a power, and we depend on that power and if a

lump is felt to bring it to the attention of their doctor. Mammography is a great tool, but it's not perfect, and we see every day in our clinic cancers that may be palpable, we can see them on ultrasound, maybe we can see them on MRI, but we don't see them on the mammograms. So it really is a partnership, and we depend on our patients to work with us so that if they notice something in their breast even if they recently had a negative screening mammogram they bring it to our attention.

There's another area; I liked the nurse that was saying, 'Have a voice, form a relationship with your doctor, and feel comfortable in speaking up.' We'll have women come into our clinic that feel something in their breast, and the truth is most things that are felt are not cancer, but some are. So how can a woman be reassured if the center says this is normal tissue? One of the things we always say to women if it seems that everything looks normal, if it seems that there's not a reason to do a biopsy, is I feel what you're feeling; this feels normal to me; you feel what your feeling; if this changes, if it continues to worry you please come back, or please go back to your doctor. Don't feel that you don't have a voice to then say, 'I know everyone thought this was normal, but gosh it seems like it's changing. It seems like it's bigger. It seems like it's harder.' To keep that communication pathway open is really important.

Andrew Schorr:

You don't label people "Nervous Nellies?"

Dr. Lehman:

We love it when patients come in. I really think it's a way that patients feel they're owning their health when they say, 'You know I felt something and I'm going to come in.' We try to really give them positive feedback when they come in with a question. Sometimes we'll have very young women coming in in their 20s and they're embarrassed. They're like, 'I'm not even getting mammography and I'm coming in.' We want them to feel good about that.

During the menopause breast tissue can change. It's very challenging to determine which of those changes in the breast tissue are normal healthy changes at menopause and which are abnormal, and again sometimes these women are embarrassed or they feel they're making a lot of fuss about nothing. That's the partnership we want. We want them to come in so that we can address their questions.

Andrew Schorr:

Two quick things. Men do get breast cancer. So guys if we feel something do something. Also, there is one kind of breast cancer, and we have folks there, Patti and Nancy, with inflammatory breast cancer, that is a "do not pass go." You're worried about it. Something's changed. Make sure you know what you're dealing with, right?

Dr. Lehman:

Absolutely.

Andrew Schorr:

Okay, Connie Lehman, thank you very much, from the Seattle Cancer Care Alliance.

So we're kind of running people through here pretty quick, and as I said all these doctors and nurses have been giving of their own time.

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