

# Mammograms remain a key tool

By Dr. MARC K. SIEGEL

**M**ammography has long been the greatest ally to physicians screening for breast cancer. The medical literature backs this up: It is well established that for women over 40, yearly mammograms, coupled with frequent breast exams, lead to early detection of breast cancer.

Recently, however, reviews of studies more than 20 years old have spawned a controversy over whether mammograms alone actually save lives.

Most cancer experts remain unswayed. And women should expect this debate to be over shortly. Mammograms will remain a vital diagnostic tool — until a new way of imaging the breast is perfected.

The most important issue, when discussing mammograms, is the skill of the doctor interpreting the test. Because of variations from one radiologist to another, it is difficult to standardize results. Any scientific study that attempts to measure such an operator-dependent test is bound to be faulty.

Because a mammogram has many aspects, because it images dense, sometimes calcified tissue, it is crucial for doctors and their patients to choose the most experienced mammographer available.

Deciding whether to biopsy a lesion discovered on a mammogram means combining these results with the physical findings. The choice to biopsy or not must be discussed with the patient. Picking the right option based on the available information is the art rather than the science of medicine. The goal is not only to prolong life, but to improve its quality.

A doctor not knowing whether a patient has breast cancer is a doctor working in the dark. Mammograms help doctors detect cancers before they escape the breast. A breast cancer that has spread to bone or the liver causes great pain and weakness and may destroy the quality of a patient's life, even if she continues to live.

Many women over 40 are worried about their breasts, and they are reassured when their yearly mammograms are negative. Very few will die from breast cancer that was missed by a mammogram, especially in the hands of an expert radiologist. In fact, there are countless instances in which breast cancer was missed by examination yet found by mammography in time.

Even if a lesion is discovered late, surely most women would rather know they have breast cancer than to find themselves sick from an unknown cause.

As a practicing internist, I send hun-

dreds of women for mammograms every year, and I have discovered several breast cancers early enough to cure them. One patient was convinced that her lumps were her usual cysts worsened by coffee. A mammogram convinced her otherwise.

Another patient delayed mammograms for two years because she found them painful. I sent her to the most skilled mammographer I knew, where she received a careful breast examination in addition to the test. She reported minimal discomfort, and the test revealed a tiny cancer that was cured by lumpectomy. Now she looks forward to the yearly mammogram, not only because the procedure saved her life, but because the X-ray technicians treat her so gently.

Better tests may be coming down the pike. These include a more sophisticated computerized mammogram, an ultrasensitive MRI, a heat-detecting PET scan and a superfast CT scan.

Meanwhile, the mammogram remains crucial to standard practice, routinely saving lives. More than that, it helps doctors reassure millions of women that they don't have breast cancer. In the art of screening the breast for disease, the mammogram is an indispensable tool.

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