

# American Cancer Society adds its voice in campaign against early breast cancer screenings

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The American Cancer Society (ACS) on Tuesday unveiled new breast cancer screening guidelines, recommending that women of average risk delay the age for receiving annual mammograms from 40 to 45.

At age 55, the ACS guidelines say women should have mammograms every other year as long as they are in good health. Breast exams, either by a medical provider or self-exams, are no longer recommended by the group.

The ACS recommends that women at high risk—due to family history, a breast condition, or another reason—“need to begin screening earlier and/or more often.” They also advise: “Women should be able to start the screening as early as age 40, if they want to.”

The ACS is a nationwide voluntary health organization that funds medical research and runs numerous public health advertising and informational campaigns. The new screening guidelines were published in the influential *Journal of the American Medical Association*.

The new ACS guidelines have provoked resistance from within the medical community. They are at odds with the recommendations of the American College of Radiology (ACR), the Society of Breast Imaging (SBI), the National Comprehensive Cancer Network and the American College of Obstetrics and Gynecologists.

The ACS’s revised guidelines follow the announcement in May by the United States Preventive Service Task Force (USPSTF) that it was proposing a letter grade C for breast cancer screening for women ages 40-49. Under the Affordable Care Act, screenings receiving less than an A or B grade can potentially be disqualified from free coverage.

As the WSWWS warned at the time, an estimated 17 million women could lose access to free annual mammogram coverage if the USPSTF guidelines are adopted. The task force is currently in the process of

finalizing its guidelines. Under both the USPSTF and ACS’s revised recommendations, numerous breast cancer cases will go undetected, leading to unnecessary suffering and deaths.

In a joint statement, the ACR and SBI wrote: “As our shared goal is to save the most lives possible from breast cancer, the American College of Radiology (ACR) and the Society of Breast Imaging (SBI) continue to recommend that women get yearly mammograms starting at age 40. ... Moving away from annual screening of women ages 40 and older puts women’s lives at risk.”

Breast cancer is the most common form of cancer for women of all races and ethnicities in the US. According to the ACS, an estimated 231,840 new cases of invasive breast cancer will be diagnosed in 2015, and more than 40,000 people will die from the disease.

The new ACS guidelines are based on the spurious claim that mammograms among women 40-45 are resulting in unnecessary “false-positives” and “over-diagnosis” of breast cancer. They write: “Sometimes mammograms find something suspicious that turns out to be harmless, but must be checked out through more tests that also carry risks including pain, anxiety, and other side effects.”

But Dr. Therese Bevers, medical director at the Cancer Prevention Center at the University of Texas MD Anderson Cancer Center, says the harms of false-positive readings among women receiving regular mammograms are overstated. She told CBS News: “It’s a week or so of anxiety, and it’s not fun. But in the long run, women are actually reassured that extra effort has been taken to make sure nothing is going on.”

In a paper headlined “Arguments Against Mammography Screening Continue to be Based on Faulty Science” published in 2013 in the *Oncologist*, Daniel B.

Kopans of the Department of Radiology at Harvard Medical School debunks the USPSTF's claims on the harms of "false positives."

He writes: "The most recent effort to reduce access has re-formed around the so-called harms of screening. Using this pejorative term and the misleading concern about false positives, the USPSTF was more concerned about women being recalled based on screening."

Kopans notes that of the approximately 100 of 1,000 women who are recalled after screening, 56 of these will have nothing more than a few mammographic views or ultrasounds, showing no cancer. About 25 of the 100 recalled will be followed up in six months. Needle biopsy will be recommended for 19.

Of the 19 patients receiving needle biopsy, 6 of these (32 percent) will be found to have breast cancer. "This is a fairly high yield of cancer," Kopans writes. In other words, the so-called preponderance of harmless false-positives results in the early detection of cancers that can potentially be cured, saving lives.

The mortality rate for breast cancer for all age groups has decreased by 34 percent since 1990, with women under 50 having experienced the largest decrease in death rates. According to Breastcancer.org, this is likely a result of advances in treatments and earlier detection through screenings and increased awareness.

Yet the American Cancer Society is proposing that women and their health care providers put their heads in the sand, medically speaking. The recommendation against clinical breast exams is particularly preposterous.

The ACS advises: "Recognizing the time constraints in a typical clinic visit, clinicians should use this time instead for ascertaining family history and counseling women regarding the importance of being alert to breast changes and the potential benefits, limitations and harms of screening mammography."

Let's put aside for the moment the novel idea that several minutes be found for a physician to perform a potentially cancer-detecting exam. The ACS advises against physician breast exams as well as self-exams, despite their own admission that "a substantial proportion of breast cancers are self-detected."

The ACS claims that they are not trying to influence what mammograms should be covered by health insurance. But the recommendations of such organizations weigh heavily in the medical community. The ACS guidelines, combined with the latest proposals on screenings from the USPSTF, will be influential among health care providers, and private insurers will also

consider whether they will cover mammograms for women before age 45.

As for women, they are left in the dark about what to do. ACS advises: "The best way to know when to begin screening for mammograms and how often to get screenings is to talk to your medical provider. ... Understand the benefits, risks, and limitations of breast cancer screening. Mammograms will find most, but not all breast cancers.

Regardless of the USPSTF's claims to the contrary, if their C grade for cancer screening for women ages 40-49 is adopted, free mammograms for women in this age group can be denied under the ACA.

Working class women will be disproportionately affected by these changes. Unable to come up with the \$75 to \$1,000, depending on location, to pay for a mammogram out of pocket, they will be forced out of economic necessity to forego the vital test.

The threat to deprive millions of women of breast cancer screenings is but one facet of the drive by the government and corporations to ration health care for ordinary Americans.

Preventive screenings of all types, as well as other life-saving tests and procedures, are being scrutinized by governmental and other organizations to determine which are "unnecessary" and should be denied to all except those who can pay in full. The program popularly known as Obamacare is being used as a model for slashing medical costs in the health care system as a whole.

While life expectancy for top-earning women in the US has grown from 86.2 years for those born in 1930 to 91.9 years for those born in 1960, for the poorest fifth of women life expectancy has fallen from 82.3 years to 78.3 years during this same period.

The ACS cancer screening guidelines and similar recommendations will accelerate this class-driven process unless the health care industry is taken out of the hands of the for-profit private insurers, pharmaceuticals and health care providers and placed under workers' control.



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