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New Study Finds Half of All Women Age 40 to 44 Qualify for Early Screening under New Guidelines

Risk Assessment Crucial for Women Age 40 to 44

Abstract: Application of the 2015 ACS and ASBS Screening Mammography Guidelines: Risk Assessment is Critical for Women Ages 40-44

Dallas, April 14, 2016--Half of all women between age 40 and 44 seen at a large academic breast practice were identified with elevated breast cancer risk, qualifying them to begin cancer screenings earlier than the new recommended age of 45. These were the findings of a new study examining the importance of formal risk assessment for women to ensure appropriate breast care, which was presented this week at the American Society of Breast Surgeons (ASBrS) Annual Meeting.

“The number of women found to have above average risk between age 40 and 44 was extremely surprising, and the message is clear. A formal risk assessment by a qualified physician is crucial before a doctor recommends delaying regular screening mammography until age 45,” says senior study author Kevin S. Hughes, M.D., FACS, Co-Director of the Avon Comprehensive Breast Evaluation Center at Massachusetts General Hospital, Associate Professor of Surgery at Harvard Medical School, and Medical Director for the Bermuda Cancer Genetics and Risk Assessment Clinic. Few women undergo risk assessment, which can be complex and time-consuming and involves such information as a woman’s child-bearing history, age of first menstrual cycle and family members diagnosed with cancer.

“Many women do not focus on breast cancer issues until they begin regular mammograms,” he says. “As a result, women may remain unaware that screening at an earlier age is important for their health. The new guidelines are a bit of a catch 22.”

Dr. Hughes notes that in 2015 the American Cancer Society (ACS) raised its recommended age for beginning regular mammographic screenings from 40 to 45. The exception is women considered at above average risk based on a risk assessment and those who already have had breast cancer, have a confirmed or suspected genetic mutation or have had thoracic radiotherapy at a young age. For these

women, the recommendation is to begin screenings at age 40. The ASBrS similarly revised its guidelines to delay regular screening, with the added recommendation of earlier exams for women whose lifetime breast cancer risk is specifically 15 to 20% based on a risk assessment. Recommended screening procedures for elevated risk women include annual mammography, annual mammography combined with MRI and genetic testing.

For the study, researchers reviewed a database of patient-reported risk factors and family history for all women entering the specialty breast practice at Massachusetts General Hospital from March, 2011 to October, 2015. Patients with a breast cancer history were excluded.

In the cohort of 909 qualifying women, 39% met ACS criteria for above average risk and an additional 11% met the added ASBrS guidelines for elevated lifetime risk. Dr. Hughes notes that even with a formal assessment, some women with risk factors will not be identified. "Certain conditions will only become clear through mammography and related procedures now recommended to start at age 45," he says.

Dr. Hughes notes that a related study is currently underway examining the percentage of above-average risk women in this age group in a standard mammography practice. "While findings are still preliminary, results appear to be very similar."

"Our study was large and comprehensive," he says. "A growing body of evidence points to a similar conclusion: if your doctor adheres to the new recommendations for breast screening, actively seek out a formal risk assessment, whether or not it is specifically suggested, to make sure you receive the care you need."

Abstract, Official Proceedings

Presenter: Kevin Hughes

Institution: Massachusetts General Hospital

Title: Application of the 2015 ACS and ASBrS Screening Mammography Guidelines: Risk Assessment is Critical for Women Ages 40-44

Objective: The newly updated 2015 American Cancer Society (ACS) screening mammography guidelines suggest that women at average risk of breast cancer may not require screening mammograms before age 45, whereas those with an above average risk (defined as a personal history of breast cancer, confirmed or suspected genetic mutation, or history of thoracic radiotherapy at a young age) may require alternate screening regimens. The 2015 American Society of Breast Surgeons (ASBrS) guidelines are similar, with the addition of recommended screening mammograms for women with a lifetime risk of 15%–20%. In addition, the ACS MRI guidelines recommend yearly MRI plus mammography if the calculated lifetime risk is $\geq 20\%$. We sought to determine how many women ages 40 to 44 in our specialty breast practice would be eligible for screening mammograms, genetic testing, and MRIs based on the new guidelines.

Methods: Under IRB approval, we reviewed a database of patient-reported risk factors and family history of all new female patients at a single academic institution from 3/3/2011 through 10/26/2015. We excluded patients with a personal history of breast cancer. Those with a $\geq 5\%$ risk of BRCA mutation by the Tyrer-Cuzick, Myriad, or BRCAPRO models or who met the NCCN guidelines were considered at risk for a genetic mutation. Those with a $\geq 20\%$ lifetime risk of breast cancer by the Tyrer-Cuzick, Claus, or BRCAPRO models were considered eligible for MRI.

Results: Six thousand nine hundred sixty-four women age 40 and above who did not have a breast cancer diagnosis were seen as new patients in our breast clinic during this time period. Of these, 909 (13%) were ages 40 to 44 and make up our cohort. Of this group, our risk assessment identified 352 women (39%) deemed above average risk by the ACS criteria and an additional 103 (11%) by the ASBrS guidelines who were eligible to start screening mammography at age 40. Fifty-nine (6.5%) were found to be at risk for a suspected genetic mutation, 127 (13.8%) qualified for screening MRI, and 166 (18.3%) qualified for both genetic testing and screening MRI.

Conclusion: Fifty percent of women in our breast practice would have been eligible for screening mammography beginning at age 40, as identified by risk assessment. Some were also found to be at risk for a genetic mutation and/or qualify for MRI. It is essential that women age 40 to 44 have formal risk assessment in order to identify those who would qualify for screening mammography, screening MRIs, and genetic testing.