Transcript of comments on the American Cancer Society's updated recommendations for Breast Cancer Screening. October 20, 2015

<u>Title Graphics:</u> Sandhya Pruthi, M.D. (Pronounced: SAHN-dee-ah PROOTH-ee) Mayo Clinic Breast Clinic

Dr. Pruthi's reaction to updated recommendations:

"So, the American Cancer Society recommendations continue to say that women in their forties should have the opportunity to have their mammograms beginning at age 40 and even annually. And then, after age 55, what they're saying is that conversation can become annual or every other year. What I did like about the American Cancer society guidelines is that there's no upper end limit, where now they're saying if a woman has a greater than 10-year life expectancy, she should continue to have her mammograms at least every year. That was probably the most important take-home message; is that the benefit of mammography has been shown to reduce death from breast cancer and women who are screened do get that benefit." Trt :45

Dr. Pruthi's reaction to the lack of recommendation for Clinical Breast Exams:

"Yeah, I was a little surprised by the American Cancer Society's take on the clinical breast exam, which is a procedure performed by the provider at the annual health exam, and they no longer support the role of the clinical breast exam. To me, I think that's a little unfortunate, because I think there's always an opportunity where the doctor may feel something that's a little different on a clinical breast exam and a mammogram may not see it. Because we know that mammograms still may have a difficult interpretation, especially in dense breast tissue. Especially younger women who have dense breast tissue, that doctor having the opportunity to do a breast exam may feel something that requires further evaluation. So, by taking away that clinical breast exam, was a little concerning to me. However, what I did like is that the paper does support that the physician, even though they may not be performing the exam, should use those annual visits to talk to the patient about their family history, inform them that if there's anything different on their own self breast exam or a change, that they should bring that to the attention of their doctor promptly." Trt 1:05