A 2014 study in the British Medical Journal is reigniting the debate over the value of mammograms. The Canadian study involved 90,000 women and found that women ages 40 to 59 who had annual mammograms saw no added survival benefit after 25 years when compared with women who had skipped the screenings.

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2014 Study Questions Value of Mammograms to Reduce Breast Cancer Deaths

BRIAN WILLIAMS, anchor:

Back as promised with the results of a big medical study that is reigniting the debate over the value of mammograms where it’s often so complicated to know what or who to believe. Researchers look specifically at whether or not mammogram safe lives. The results causing further confusion and conversation over what women are supposed to do. We get more on this tonight from our Chief Medical Editor Doctor Nancy Snyderman.

DOCTOR NANCY SNYDERMAN, reporting:

Whether or not to have a mammogram is becoming one of the most controversial and confusing decisions for women today, like patients we met at New York’s Maimonides Cancer Center.

WOMAN: You are afraid of getting too much radiation. But on the second hand, I mean, it’s something that you have to take a chance because you want to save your life.

DR. SNYDERMAN: This latest study is one of the largest ever done on mammography, following nearly 90,000 women in Canada for 25 years. It found that there was no difference in the rate of death from breast cancer between women who got yearly mammograms and those who did not. What’s more--researchers found that 22% of the cancers found were over-diagnosed; meaning, they wouldn’t have shortened patients’ lives if left untreated.

DR. SUSAN LOVE (Dr. Susan Love Research Foundation): Mammography screening is better at catching the slow-growing tumors that are less aggressive and actually less likely to kill us, and we’re less likely to find the really aggressive serious ones.

DR. SNYDERMAN: Noted breast cancer surgeon Doctor Susan Love says spending more money on mammograms isn’t the answer.

DR. LOVE: The answer has got to be moving that money into figuring out what causes breast cancer in the first place, and how can we stop it from happening. Because if we can do that then we don’t need to
find it once it’s there.

DR. SNYDERMAN: Some say that early screening was more important when newer treatments weren’t available. This study is the first to include women who have benefitted from drugs like tamoxifen, which many credit with increasing life expectancy. But critics say the mammography, while imperfect, is the best screening tool we have.

OTIS BRAWLEY (American Cancer Society Chief Medical Officer): It is going to miss some tumors that we wish we would find. It’s going to find some tumors that actually don’t need to be treated. It’s going to cause some false alarms. All this taken together, we recommend that women still get mammography we see benefited.

DR. SNYDERMAN: The American Cancer Society recommends annual mammograms beginning at the age of 40 but says that it will consider today’s study as well as other research as it reviews its regular guidelines. And I should point out, Brian, critics are saying that this is not a perfect study. But I would just say very few studies are and it’s one more piece of evidence.

WILLIAMS: And what about all the anecdotal evidence, the women who are watching tonight saying early detection saved my life while you guys, the doctors, figured that out--

DR. SNYDERMAN: Yep.

WILLIAMS: --what should people do?

DR. SNYDERMAN: Well, I think you just threw out the big word- anecdotes and science. And this is one of those times when we’re watching the scientific evidence move forward. And women aren’t comfortable with the message because we want to believe that screening will save our lives. But one person said, look, this is a little bit like the TSA. We feel better after we’ve been screened, but it doesn’t necessarily mean we’re getting to the root of problem. We need to put more research money into what causes breast cancer.

WILLIAMS: All right. Doctor Nancy Snyderman here with us with that story.

DR. SNYDERMAN: You bet, Brian.

WILLIAMS: Thanks as always.