

ACR, SBI Comments Regarding JAMA Mammography Patient Anxiety Study

Reston, Va. (April 21, 2014) - Anxiety regarding inconclusive test results is real and is only natural. Experts in breast imaging (researchers and clinicians) continue to work to reduce the number of false-positive exams that patients experience and ensure that follow-up exams are as minimally invasive as possible. When women are recalled after an inconclusive mammogram, usually all that is required is an additional mammogram or ultrasound exam.

A very small number of screened women, in the range of 1-2 percent, will ultimately undergo a needle biopsy as a result of a suspicious finding. Approximately 20-30 percent of these women will be found to have breast cancer. By comparison, when surgeons used to biopsy women based solely on a mass that could be felt, only 15 percent were found to have cancer. These tumors were larger and more advanced than those found by mammography. Physicians continue to refine the reporting process to ensure that patients receive results as quickly as possible. Attention to women's feelings associated with test results is, and should be, a concern for those who provide this care.

Like similar previous studies, Tosteson et al published online April 21, 2014 in the *Journal of the American Medical Association (JAMA)*, proves that patients experience short term anxiety regarding test results and that these feelings rapidly decline over time. The study also shows that there are no measurable effects to women's health from experiencing a false-positive exam as some have previously claimed.

It is likely that women who have a family history of breast cancer, or those who have already experienced a biopsy as a result of suspicious test results, may be more likely to experience such anxiety. This suggests that we should better inform professionals regarding which women may be more in need of assistance following initially inconclusive results. It may also be that patient anxiety declines more rapidly than previously documented as the act of answering follow-up questionnaires used in such studies may prolong (e.g. "bring back") any anxiety that had been present.

[Past research indicates](#) that nearly all those who experienced a false-positive study support screening and want to know their status. In terms of benefits vs. harms of breast cancer screening, short term anxiety regarding test results does not equate to dying from breast cancer. The proven benefits of breast cancer screening far outweigh any harm. According to National Cancer Institute [data](#), since mammography screening became widespread in the mid-1980s, the U.S. breast cancer death rate, unchanged for the previous 50 years, has dropped more than 30 percent.

These *JAMA* findings should, however, remind medical professionals that some women experience adverse effects of a false-positive exam. The medical community should help identify which professionals can help these women cope with and overcome their concerns. The American College of Radiology (ACR) and Society of Breast Imaging (SBI) would be glad to provide any input needed to better identify the appropriate professionals to do so.

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Contact Catherine Dexter at 703-476-7485 or cdexter@sbi-online.org to arrange an interview with an SBI spokesperson.