American Cancer Society Issues Recommendation on MRI for Breast Cancer Screening

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Atlanta 2007/03/28 -An expert panel convened by the American Cancer Society has developed new recommendations for the use of magnetic resonance imaging (MRI) for women at increased risk for breast cancer, and recommends annual screening using MRI in addition to mammography for women with a 20-25 percent or greater lifetime risk of the disease.

The panel reviewed new evidence that has become available since the Society last issued guidelines for the early detection of breast cancer, in 2003, at which time there was insufficient evidence to justify a recommendation to use MRI to screen for breast cancer. Newer data provided the opportunity for the panel to make specific recommendations. The panel says in addition to mammography, annual screening using MRI is recommended for women who:

- have a BRCA 1 or 2 mutation
- have a first-degree relative with a BRCA 1 or 2 mutation and are untested
- have a lifetime risk of breast cancer of 20-25 percent or more using standard risk assessment models*
- received radiation treatment to the chest between ages 10 and 30, such as for Hodgkin Disease
- carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes).

The panel also identified several risk subgroups for which the available data are insufficient to recommend either for or against screening. They include women with a personal history of breast cancer, carcinoma in situ, atypical hyperplasia, and extremely dense breasts on mammography. The panel acknowledged that these clinical factors are relevant in making individualized decisions about MRI screening when family history alone does not predict a risk of approximately 20 to 25 percent.

The complete guideline is published in the March/April 2007 issue of CA: A Cancer Journal for Clinicians, a peer-reviewed journal of the American Cancer Society.

“As with other cancer screening tests, MRI is not perfect and in fact leads to many more false positive results than mammography” said Christy A. Russell, MD, co-director of the University of Southern California/Norris Cancer Hospital Lee Breast Center, and chair of the American Cancer Society’s Breast Cancer Advisory Group. “Those false positives, which can lead to a high number of avoidable biopsies, can create fear, anxiety, and adverse health effects, making it imperative to carefully select those women who should be screened using this technology. These guidelines are a critical step to help define who should be screened using MRI in addition to mammography, a question of significant importance as we discover women at very high risk of breast cancer can be diagnosed much earlier when combining the two technologies rather than mammography alone.”

*The guideline provides information about three risk models available for calculating breast cancer risk (BRCAPRO, Claus model, and Tyrer-Cuzick). Software for each model, geared to health professionals, is available online.

Article: “American Cancer Society Guidelines for Breast Screening with MRI as an Adjunct to Mammography,” (CA Cancer J Clin 2007;57:75-89.)

CA: A Cancer Journal for Clinicians is a peer-reviewed journal of the American Cancer Society providing cancer care professionals with up-to-date information on all aspects of cancer diagnosis, treatment, and prevention. Published six times per year, CA is the most widely circulated oncology journal in the world, mailing to approximately 90,000 individuals, including primary care physicians; medical, surgical, and radiation oncologists; nurses; other health care and public health professionals; and students in various health care fields. CA is

published for the American Cancer Society by Lippincott Williams & Wilkins.

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