



Getting a grip on mammos

An estimated 480 Canadian women in their 40s died of breast cancer last year.
So why are we told to start screening at age 50?

BY ANNE BOKMA PHOTOGRAPH BY HAMIN LEE

When Barbara Gobis Ogle's family doctor told her to get a mammogram at 40, she didn't see the urgency. The single mother and executive at a Vancouver-based medical tech firm had too many other distractions: putting in the hero's hours at work, ferrying around teenage sons to football practice, struggling to catch six hours of sleep a night.

Most women are told they don't need to be tested for breast cancer until they turn 50, so why would Ogle bother to take a half-day off work to put on a pink

gown and have her breast sandwiched between two cold plates? Her general practitioner, Dr. Barbara Hejdankova, was just being cautious; she advises all of her over-40 patients to go for an exam. At age 45, Dr. Hejdankova had found a suspicious lump of her own, and though the growth turned out to be benign, the discovery made her a big believer in early testing.

Ogle's mammo request, a fraying slip of paper, quietly sank to the bottom of her purse.

Six months later she found the request

while cleaning out her purse; it reminded her to book the appointment. Four weeks later, she made the 10-minute drive to the mammography clinic at Lions Gate Hospital in North Vancouver and joined a group of nervous women in the waiting room.

Minutes felt like hours as she went through the procedure; a patient stands bare-chested while a technician pushes her breast onto a metal plate with a firm grip to ensure the breast doesn't move. A radiologist then examines the mammogram for two key indicators: large >

white areas called shadows that betray a lump or thickening, and tiny white dots, which can signal calcifications, a collection of cells that can flag a pre-cancerous area.

Ogle was a decade younger than most screenees, so her breasts were more dense and fibrous, a blinding snowstorm of ducts and lobules that can lead to false

Five days later, Ogle had a lumpectomy, but when that didn't eliminate the cancer, a mastectomy was performed. Throughout the ordeal she allowed herself to lose her composure only a few times. "I had a good cry after the lumpectomy when I found out they hadn't gotten it all. But then I took a deep breath and organized the mas-

unless there is just cause.

This position is based on hard science. Prevailing wisdom among experts holds that early screening does not significantly reduce deaths. What benefit is there, the thinking goes, in having hundreds of thousands of fortysomething women going through mammograms, ultrasounds and biopsies only to discover that, after a terrifying process and a dose of radiation, nothing is wrong with them – not to mention an overburdened medical system and the taxpayers who'd shoulder the enormous cost. So even if a few women's lives – and the lives of their families – hang in the balance, scientists feel that the fallout from pre-emptive exams far outweighs the benefits.

Ultimately, the issue is a medical twist on the *Saving Private Ryan* dilemma: Is it worth saving one life at the risk of scaring the life out of many? While the arguments behind the science and the economics seem airtight, the humanity is questionable.

The Lancet, one of the world's most influential medical journals, recently featured a study concurring that the benefits of early screening are negated by emotional and financial costs. British scientists conducted a 10-year trial in which more than 160,000 women aged 40 to 48 participated in annual breast cancer checkups. In this group, related deaths dropped by 17 per cent.

Though the number amounts to 27,000 women, the journal didn't feel that the statistic made a significant enough difference to warrant earlier testing. Only four in 10,000 lives would be saved, researchers reasoned. They cautioned that testing younger women should be weighed against the risks: stress, extra procedures and testing, as well as increased radiation exposure. False positives were another risk scientists warned about. Between six to eight per cent of women wind up with those misleading results and the emotional trauma that comes with the experience.

These are many of the reasons >

Some women have no idea they have cancer until they get screened in their 50s. "They have a few years of blissful ignorance and then their whole world comes crashing down on them."

positives: suspicious areas that turn out benign after a biopsy. The fattier breasts of baby boomers yield the best X-rays, which catch the tiniest of cancers before they've even begun to infiltrate.

"I wasn't at all worried," Ogle says. "I just didn't think there would be a problem." As a health professional, she knew her odds. Women aged 50 to 59 represent 18 per cent of all breast-cancer deaths; women aged 40 to 49 account for only nine per cent.

But three weeks later, the result came back, and the news wasn't good: A shadow was found on her right breast. Two weeks later, she drove back to Lions Gate for a biopsy. Trying to remain calm, her breast exposed to a young, freckle-faced radiologist who took a sample of tissue from the suspicious area with a large vacuum-assisted needle, Ogle couldn't resist a joke. "I asked him, 'Does your mother know what you're doing?'"

The terrible results arrived within days. Cancer. Specifically, Ductal Carcinoma in Situ with advanced comedo carcinoma cells present.

She walked to her car stunned, with tears streaming down her face. "The first thing I did was call my sister," she recalls. "We both cried on the phone. "We were scared and shocked."

tectomy," says Ogle. "Rather than say, 'Why me?' I asked myself what I needed to do to get over this."

Two years later, she bills herself as a poster girl for the importance of early screening mammography. She's grateful the cancer was treated and didn't require radiation and chemotherapy. "If I had waited even five years, it's likely the cancer would have spread into the lymph nodes and on to the lung," she says. "Then I would have been in real trouble."

NOT ALL PATIENTS are lucky enough to find and treat breast cancer at an early stage. Last year, 480 Canadians in their forties died of the disease, which remains one of the biggest health threats to females in that age group. "What I find really sad is that there are women who have no idea they have cancer until they get screened in their fifties, and they have to go through radiation and chemotherapy," says Ogle. "They have a few years of blissful ignorance and then their world comes crashing down on them."

While provincial health programs across Canada will pay for a fortysomething to be tested, doctors follow guidelines from the Canadian Task Force on Preventive Health Care (CTFPHC) that recommends screening at 50,

why Canadian experts are sticking to 50. "Current scientific evidence does not support screening from 40 to 49. That's not based on any one study, but on the body of evidence," says the Canadian Cancer Society's Heather Logan, director of cancer-control policy in Toronto. Verna Mai, director of screening programs at Toronto-based Cancer Care Ontario, agrees. It's estimated that early mammos could prevent 15 per cent of fatalities. That would mean 72 survivors out of the 480 women in their forties who die of cancer each year, she says.

"If we talk about a 10 per cent reduction in mortality, that sounds pretty good. But what that means is that if 10 people in a group of 1,000 die from cancer and you reduce the death rate by 10 per cent, that's one life saved. Nine people still die."

So is that one life worth it?

DIANNA SCHREUER WOULD SAY SO.

When she was 43, the Halifax native had a routine mammo that came back positive for cancer and she became a militant believer in early testing. Now 61, she is the former president of the Canadian Breast Cancer Network, a survivor-directed national network of organizations and individuals.

She believes Canada's refusal to drop the screening age is more about the bottom line than bedrock fact. "Dollars and resources are definitely part of why screening isn't happening earlier," she says, adding that recruiting hundreds of thousands of Canadian women in their forties would require a huge financial investment in screening resources.

But the British Columbia Cancer Agency (BCCA), which runs the province's testing program, went against the tide almost 20 years ago. "We felt there was clear evidence for screening women under 50 and it wasn't clear whether that should start at 40 or 45, so we elected to offer screening to all women from 40 to 70," says Dr. Karen Gelmon, who chairs the Provincial

Breast Tumour Group for the BCCA. "Nobody knows what the right age is to start screening."

The B.C. agency's decision mirrors more recent advice from health officials and cancer organizations south of the border. When the U.S. Preventive Services Task Force reviewed some of the same studies as its Canadian counterpart, the CTFPHC, it determined there were many benefits to begin screening women at 40 and lowered the age accordingly. While some might argue the extra decade of screening puts money in the pockets of professionals working in a private medical system, or offsets huge potential lawsuits for hospitals from women whose cancer wasn't caught, the decision was made by government-appointed scientists. It was an evidence-based decision.

While this debate continues, women in their forties probably wonder about their next step. If they have a predisposition to the disease, such as a direct relative who has fought it or a genetic mutation they've been tested for, such as the BRCA gene, they should report it to their physician. Ditto if they have abnormalities from a previous mammo.

But for other women with no ominous symptoms, the fear is more abstract, a sneaking, unwarranted suspicion that must be put to rest. They know the statistics in their age group – one in nine – and wonder. They think of people who've been diagnosed with the disease, many of them with young kids, new homes, burgeoning careers. The ones whose names by cruel design ended up on a hit list: Hejdankova. Ogle. Schreuer.

Until the experts change their minds, Hejdankova urges women in their forties to raise their voices. "Doctors should ideally bring it up, but in the real world they often don't," she says. "Women have to take it in their own hands."

And if doctors are less than enthusiastic about early screening, Schreuer advises that any woman in her forties should take the initiative and broach the

*And a little lift
every day.*



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always.