



For Immediate Release

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Strategic Radiology Takes Unified Stance Against Canadian Breast Screening Article

*Nation's leading independent radiology practice network not
alone in expressing frustration over misleading findings.*

March 3, 2014—In response to the recent media coverage surrounding an article published in the *British Medical Journal* (BMJ) questioning the value of screening mammography by revisiting data from the Canadian Breast Cancer Screening Study (CNBSS), Strategic Radiology (SR) fully aligns itself with organizations such as American Congress of Obstetricians and Gynecologists (ACOG), National Comprehensive Cancer Network (NCCN), American Cancer Society (ACS), American College of Radiology (ACR), and Society of Breast Imaging (SBI) to unanimously recommend regular screening mammography for women beginning at age 40 in order to reduce breast cancer mortality.

“Mammograms have been shown to save lives by finding breast cancer early, so it is no wonder that a study claiming the opposite would cause headlines. The study rekindling the controversy, published in the *BMJ* last week, stands alone against multiple other studies that prove the lifesaving benefits of screening mammography,” said Matthew Gromet, MD, breast imaging specialist with SR member group Charlotte Radiology, in Charlotte, NC. “The Canadian study relied on mammograms taken more than 25 years ago. Experts have pointed out significant flaws in the study design, the equipment used, the positioning of patients for the mammograms, and the training and expertise of the radiologists.”

The breast imaging specialists serving in SR’s 17 member groups strongly advocate that early detection through mammography often affords women more treatment options, reduced surgery, better cosmetic outcomes, and may eliminate the need for harsh chemotherapy. Since mammography screening began at a national level over two decades ago, annual breast cancer mortality rates have declined by 30%. SR

agrees with industry experts that breast cancer therapy is most effective when the disease is caught as early as possible through regular screening mammography.

“The Canadian study implies that 22% of women with cancers detected by mammograms were overdiagnosed and thus were exposed to unnecessary treatment because their exams detected slow growing cancers that would not have been harmful,” said Dr. Mary Pat Borgess of Riverside Radiology and Interventional Associates, an SR member group based in Columbus, OH. “But those types of cancers haven't been identified. If you're talking to a 45 year old woman and say, 'You may have a non-invasive cancer. Let's just wait and watch it for a while, see if it turns into something,' most people would be very, very uncomfortable.”

The CNBSS trial has been widely discredited due to poor quality mammography and lack of proper randomization. It stands apart as the only one out of several published mammography screening trials that fails to show any decrease in breast cancer death rates. A number of other major trials have shown significantly decreased mortality rates in patients as a result of screening mammography.

“It is true that screening mammography will not detect all breast cancers, not all of those detected will be curable, and it is possible that some of those detected might not have been lethal had they remained undetected,” said Catherine A. Young, MD, breast imaging specialist with Austin Radiological Association, another member of SR, based in Austin, TX. “None of these facts provide a sound argument against screening. Rather they encourage continued research directed at developing better tests, treatments, and someday a cure. Until then, mammography remains the best weapon in our arsenal for the fight against breast cancer.”

SR consists of geographically diverse and forward thinking American radiology group practices representing more than 1,200 radiologists. The goal of SR is to achieve higher quality patient care and more cost efficient delivery of medical imaging through an integrated approach of shared data and best practices, interchanging clinical expertise, and consolidating certain practice expenses. More information can be found on the SR website at <http://www.strategicradiology.org>.

Current SR members include:

- Advanced Radiology Services; Grand Rapids, MI
- Austin Radiological Association; Austin, TX
- Central Illinois Radiological Associates; Peoria, IL
- Charlotte Radiology; Charlotte, NC
- Diversified Radiology; Denver, CO
- Inland Imaging; Spokane, WA
- Jefferson Radiology; Hartford, CT
- Mountain Medical Physician Specialists; Salt Lake City, UT
- Northwest Radiology; Indianapolis, IN
- Quantum Radiology; Atlanta, GA

- Radiant Imaging, Inc. Pasadena, California (affiliates: The Hill Medical Corporation; Arcadia Radiology Medical Group)
- Radiology Associates of North Texas; Fort Worth, TX
- Radiology Associates of South Florida; Miami, FL
- Radiology Ltd.; Tucson, AZ
- Riverside Radiology and Interventional Associates; Columbus, OH
- Southwest Diagnostic Imaging; Phoenix, AZ and affiliates Scottsdale Medical Imaging and Valley Radiologists
- University Radiology; East Brunswick, NJ