DEBORAH K. MAYER, PHD, RN, AOCN®, FAAN—EDITOR

Mammography and the Media

There was a public uproar about the recommended changes in mammography—not those announced in November 2009; I'm referring to the 1990s when mammography was endorsed for women in their 40s instead of starting at age 50. I was a member of the National Cancer Advisory Board in the 1990s during the first debate and am glad I am not a member of the U.S. Preventive Services Task Force (USPSTF) for this one. Both debates created more heat than light.

First let me say that nothing I voice in this editorial is meant to diminish the suffering of women diagnosed with breast cancer, especially younger women, some of whom may have been diagnosed with a screening mammogram. Second, I am not endorsing or refuting the USPSTF's changes in recommendations for mammography screening for 40- to 50-year-olds. Many other organizations have done that. I was struck by the amount and type of media attention that this announcement received because revised recommendations for cervical and prostate cancer screening also were recently published and did not stir up a similar public debate. What was the difference?

Much of the media coverage on the USPSTF report focused on women in their 40s who were diagnosed during routine screening. I was reminded of a gallery of photos featuring the faces of breast cancer in the U.S. Congress many years ago. Most of the images were of young mothers with breast cancer rather than older women who most often are diagnosed with the disease. Although the photo exhibition was a successful strategy to obtain federal funding for breast cancer research, it created unintended consequences. Younger women often perceive themselves to be at higher risk than older women for developing breast cancer, and women have come to fear breast cancer more than heart disease; however, the reverse is a more accurate portrayal of risk. The power of the story over statistics reigned again. And who gets to tell the story shapes the debate.

We have put a lot of effort into moving toward evidence-based practice for all aspects of cancer care, including screening. A number of organizations, including the USPSTF and American Cancer Society, weighed in on the evidence and offered their own recommendations. It is not unusual for those recommendations to differ. Healthcare providers and insurers review different recommendations and decide which they will adopt. It was very disconcerting to see U.S. Department of Health and Human Services Secretary Kathleen Sebelius distance herself from the USPSTF report; the report was well done whether you agree with its recommendations or not. How would we feel if evidence-based practice recommendations were dismissed because they were politically unpopular? The resulting response last November really undermines this process and is very discouraging as we try to address much-needed healthcare reform. All screening recommendations will continue to be revised based on new data. Isn't that what evidence-based practice is about? However, the recommendations are for the population at large and always need to be applied to each individual patient based on a number of factors, including risk, in a clinically relevant manner. We also must remember that the magical age of 50 has been a statistical surrogate for hormonal changes associated with menopause, which may occur earlier in some women and later in others.

So what are the take-home lessons from the most recent example of public opinion shaping healthcare practices? First, we need to pay attention to what appears in the news. Then, we must ask ourselves the following questions. What makes this news? Who is shaping the news? What pertinent details are being left out of the story? Third, we need to learn more about health risk and communicating risk accurately and effectively. There is a growing body of knowledge about how to communicate effectively—and how not to (U.S. Public Health Service, 1995). In fact, a Healthy People 2010 (n.d.) goal is to use communication strategically to improve health.

We need to use that knowledge to critique and help shape the news. Our patients, families, and friends will ask us about what they see in the news. We need to know where to get the real story—the primary sources. In this case, find and read the USPSTF report on mammography (www.ahrq.gov/clinic/USpstf/uspsbrca.htm). Then, find expert commentaries critiquing the recommendations. As a result, you will have a greater appreciation for the pros and cons and can shed light during discussions with patients. We have credibility as oncology nurses about *anything* cancer related. Although we may not be quoted on the evening news, we will be asked what we think about it. So tell me, where do you stand on the mammography recommendations?

The author takes full responsibility for the content of the article. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff.

Author Contact: Deborah K. Mayer, PhD, RN, AOCN®, FAAN, can be reached at CJONEditor@ons.org.

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