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Breast-cancer survivor: Follow your own heart about mammography

Since long before the U.S. Preventive Services Task Force changed its guidelines on breast cancer screening, women have been debating the pros and cons of mammography, often while donning a hospital gown and sitting in the waiting room of a mammography center. Generally the conversation goes something like this:

"God, I hate this test."

"Me too. I got a callback. But they said not to worry."

"So you're not worried?

"No, I'm freaking out."

Survivors learn early on that cancer is a game of wait and see and that every test begets another. I was in a breast surgeon's waiting room recently, sitting next to two women in their 20s. I overheard one of them, a breast cancer survivor, giggling nonstop. She sheepishly admitted to her friend that she had smoked pot before her appointment. "I couldn't take another appointment straight," she said.

The new guidelines - that women wait until age 50 to start having routine mammograms, and that no benefit has been shown for clinical breast examination or breast self-examination - conflict with other expert advice, leaving many women asking themselves: To test, or not to test?

As a cancer survivor myself who, at 45, found a breast lump during a self-exam, I'm well aware that mammograms are unlikely to reveal all that lurks within the dense breast tissue of a young woman. Even when my lump was palpable, a mammogram didn't detect it. Only a sonogram confirmed it was there.

My brother, a cancer researcher, told me that although I'd had four mammograms over four years, the lump had been growing undetected for around seven. And, as later testing revealed, so had several other lumps in each breast, some of which have since been removed, others of which have taken up permanent residence and are checked several times a year by my doctors.

According to the task force report, breast cancer is the second-leading cause of cancer-related deaths among U.S. women, after lung cancer, killing 40,480 women in 2008. So the real question, it seems, is not whether women under 50 need to have regular testing, but when other, more accurate if not more individualized tests will be available to take mammography's place.

When it came time for me to make a decision about post-surgical treatment, my breast surgeon told me about a new test called Oncotype, which compiles data about women with cancers like mine. I learned I qualified for their pilot program. The results showed that the chances of my cancer's returning were lower than someone developing breast cancer for the first time. Once I healed from surgery, I skipped the chemo and went straight to radiation therapy. I've never looked back. Until now.

Had these new guidelines been in place before I had breast cancer, I might never have found my lump - and had I found it, might never have had a mammogram or a biopsy. And, had I decided to have testing and treatment, there might have been a whole series of insurance obstacles to overcome.

The key to navigating today's world of breast testing - to have the test or not have the test - is to arm yourself with information, find a doctor willing to answer your questions, and most important, to employ your instincts, follow them, and make your voice known. Doing this not only brought me clarity and a sense of control, it also helped distance me from my own initial emotional response.

In the end, it's about being OK with whatever decision you make, regardless of how many times the medical community changes its collective mind.

Melissa T. Shultz is a freelance writer living in the Dallas area. HELPING YOU DECIDE

Some suggested links for answers about breast cancer:

U.S. Dept. of Health and Human Services Guidelines: www.ahrq.gov/clinic/uspstf/ uspsbrca.htm

General breast cancer information:

•www.breastcancer.org

•National Cancer Institute: www.cancer.gov

•American Cancer Society: www.cancer.org

•National Women's Health Network: www.nwhn.org

•The University of Texas M.D. Anderson Cancer Center: www.mdanderson.org