

## NEWS & Commentary

### Expanded Use of Mammograms Recommended by U.S. Preventive Services Task Force

U.S. Preventive Services Task Force. Screening for breast cancer: Recommendations and rationale. Available at <http://www.ahcpr.gov/clinic/3rduspstf/breastcancer/>.

All women over the age of 40 years should undergo screening mammography every 1 to 2 years, according to new guidelines issued by the U.S. Preventive Services Task Force. The guidelines recommend that physicians base their decision regarding mammography frequency on a woman's breast cancer risk factors, including older age, personal or first-degree family history of breast cancer. No recommendation was given for when women should have their first mammogram or on the exact interval between tests. The document notes that evidence is insufficient to recommend for or against routine clinical breast examination alone to screen for breast cancer. They also conclude that evidence is insufficient to recommend for or against teaching or performing routine breast self-examination.

**Comment.** Perhaps the best support for continued use of mammography for breast cancer screening is the decline in breast cancer mortality in the United States since the early 1990s. While some of this mortality decline can be attributed to improved treatment, the Swedish Two-County Trial (Tabar et al, *Cancer* 2001) found only a 19% decline in mortality for unscreened women between 1968 and 1996 compared with a 63% decline for screened women. This indicates that about 70% of the improvement in mortality is likely due to screening rather than to improved treatment.

The age at which to start screening has been controversial. None of the randomized controlled trials has shown a statistical difference in mortality between women aged 40 to 49 and those aged 50 to 59. A similar lack of benefit is seen when comparing women who are younger than 60 with those who are 60 and older. The cost of screening younger women is higher because the incidence of cancer is lower. However, about 25% of breast cancers are diagnosed in women younger than age 50, and society must ultimately decide if the cost is reasonable.

Jennifer Harvey, MD  
Associate Professor of Radiology  
University of Virginia  
Charlottesville, VA

### Premenopausal Fractures Increase Risk of Postmenopausal Fractures

Wu F, Mason B, Horne A, et al. Fractures between the ages of 20 and 50 years increase women's risk of subsequent fractures. *Arch Intern Med* 2002(Jan 14);162:33-6.

Postmenopausal women who suffer a fracture (not related to a motor vehicle accident) between the ages of 20 and 50 are more likely to suffer a subsequent fracture after age 50, according to this observational study from New Zealand. Data were analyzed from 1,284 postmenopausal women (mean age, 73 years) regarding fractures, medical, menstrual, alcohol and smoking histories. Fractures occurring during a motor vehicle accident were excluded from the study. Women who suffered a fracture between ages 20 and 50 had a 74% increase in the risk of fracture after age 50 (odds ratio, 1.74; 95% CI 1.12-2.70). The risk remained significant after adjusting for confounding factors, including bone density, age, age at menopause, weight, history of hormone replacement therapy, and smoking and alcohol use.

**Comment.** This interesting observational study suggests that women who have sustained fractures prior to meno-

pause are at increased risk for fracture postmenopause. The study does not provide the evidence to establish the mechanistic link between the two. One hypothesis is that women with lower bone mass to begin with are the ones who fracture at a younger age and are, therefore, also at higher risk of fracture postmenopause. Another possible factor might be that women who sustain fractures at a younger age are risk takers or careless. Later in life, such behavior would place these women at a continued higher risk. The authors did try to address this issue by pointing out that fractures sustained by children under the age of 20 did not appear to increase the risk of fracture in later life. However, lifestyle issues in the group between age 20 and 50 were not controlled, and activity-related differences are still not excluded as a potential risk factor. Nevertheless, despite the limitations of an observational recall study, these data are impressive and suggest the need for heightened awareness in women with a history of fracture between the age of 20 and 50. Additional study to confirm these findings and to establish the likely mechanism will be of interest.

Risa Kagan, MD  
Co-Medical Director  
Foundation for Osteoporosis  
Research and Education  
Oakland, CA  
Associate Clinical Professor  
Department of Obstetrics and  
Gynecology and Reproductive Sciences  
University of California at San Francisco

*These news items with expert commentary come from the First-to-Know program offered to members of The North American Menopause Society (NAMS) by broadcast e-mail within days after publication of the studies. The items are then posted on the NAMS Web site ([www.menopause.org](http://www.menopause.org)) under Scientific News. You can receive this valuable resource via e-mail by joining NAMS on the Web site or by calling 440/442-7550.*