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## **Mammography Plus Exam Better at Finding Cancer, But Produce More False Positives**

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A study found that using both a clinical exam -- a manual exam of the breasts by a medical professional -- and a mammogram is better at detecting breast cancer than a mammogram alone. Still, clinical exams produced more false positives. A false positive is an abnormality that looks like a cancer, but turns out to be normal.

Done in Canada, the study involved more than 290,000 women and compared the effectiveness of breast cancer screening that included clinical exams AND regular mammograms to screening with only regular mammograms. The clinical exams were done by well-trained nurses who were experienced in proper breast exam technique.

- Screening that included both a clinical exam and a mammogram was 95% effective at detecting breast cancer.
- Screening using mammogram alone was 89% effective at detecting breast cancer.

Still, the more effective screening had more false positives:

- More than 12% of screenings using both a clinical exam and a mammogram resulted in a false positive.
- Only 7.4% of screenings using mammogram alone resulted in a false positive.

This means that for every additional breast cancer detected by using a clinical exam in screening, 55 women had a false positive.

Monthly breast self-exam (BSE) and regular clinical breast exam were considered important parts of an overall breast cancer screening plan for all women for many years. A suspicious area found by BSE or a clinical exam allowed many breast cancers to be diagnosed and successfully treated. BSE, along with regular exams by a doctor and an annual mammogram starting at age 40, can help make sure that breast cancer is diagnosed early, when it's most treatable.

Still, screening tests aren't perfect. BSE, clinical exams, and mammograms can each result in false positives. Besides the fear of a breast cancer diagnosis, a false positive usually means more tests (including biopsies) and follow-up doctor visits. The process can be very stressful and upsetting.

Some doctors started questioning the usefulness of BSE and clinical exams in screening plans after some research showed that regular BSE and clinical exams didn't reduce the number of women who die from

breast cancer.

From a public health perspective, this research suggests that regular BSE (and money spent to promote regular BSE) doesn't really change the overall effect breast cancer has on a population of women. So regularly recommending it (and spending money to promote it) may not make sense. These concerns caused the American Cancer Society (ACS) to change its BSE guidelines several years ago. The ACS now views BSE as an optional -- not a recommended -- screening technique. Regular clinical examination of the breast is still recommended by the ACS.

Healthcare decisions, including BSE and clinical examinations, are individual choices based on the information available and each person's unique situation. A woman can choose to make doing monthly BSE and having regular breast clinical exams part of her personal breast health monitoring and screening plan. In many cases, official recommendations and guidelines can affect whether or not insurance companies cover a screening technique or procedure. But at least for BSE this isn't true, as BSE costs only your time and commitment.

Talk to your doctor about the pros and cons of regular BSE and clinical exams and whether these should be part of your personal breast cancer screening plan. Together you can make choices that makes the most sense for you. No matter what you and your doctor decide about BSE and breast clinical exams, it's very important to remember that if you're over 40 regular screening mammograms must be done.

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