

To Our Patients,

You are probably aware of the LATEST controversy regarding screening mammography. At the end of the day, each patient is going to make a decision that she feels is the best for her. However, before you take the latest Canadian Task Force recommendations seriously and stop having regular mammograms, remember that if there is one thing we know about breast cancers (if not all cancers) it is that "BIG IS BAD", "BIGGER IS WORSE" and "SMALL IS ALWAYS BETTER THAN BIG"!, and remember these FACTS that no amount of scientific scrutiny or statistical manipulation can refute.

1. Breast cancer prior to widespread use of screening mammography was a universally fatal disease. **For hundreds of years prior to the 1990s (before screening mammography became widely available), breast cancer survivors were considered "miracles"**. Prior to then breast cancers usually came to the attention of physicians because of a palpable lump, advanced local spread and often distant spread. Breast cancer today in the early 21st century in Canada RARELY presents in this fashion.
2. The single biggest reason for improvement in survival statistics is EARLY diagnosis. **And the SINGLE biggest contributor to early diagnosis is the easy availability of high quality mammograms**. For every 1000 screening mammograms, about 4 new cancers are diagnosed. These cancers are usually small, not palpable by the patient or physician and TOTALLY WITHOUT SYMPTOMS. Most of these cancers are less than 10 mm in size – smaller than a pea (and a substantial number are less than 5 mm!). The survival numbers for these patients are not measured in months, years or even 5 year statistics. They are now measured in 25 year survival rates in the range of 97%. **Most of these women with small cancers diagnosed by mammography will NOT die from their breast cancer!**
3. The Task Force recommends screening for "high risk patients" and even that at 2 to 3 year intervals. **Did you know that 80% of breast cancers occur in women with none of the traditional "high risk" factors?** Being of the FEMALE sex is THE BIGGEST risk factor for developing breast cancer.
4. **More than 20% of all newly diagnosed breast cancers occur in women in the 40 to 49 year age group**. AND breast cancers in this age group are generally MORE aggressive than those that occur in women more than 50 years old. If so many cancers occur in this 40 to 49 year age group and the cancers are more aggressive, ask yourself why you would not want to have a mammogram and if you did have a mammogram why you would not want to have it every year?
5. **The likelihood of getting breast cancer increases as we get older**. So an 80 year old women is more likely to develop breast cancer than a 70 year old, who in turn is more likely to develop than a 60 year old. The only reason women in their 40s and 50s account for most of the newly diagnosed breast cancers is because there are more women in these age groups than there are women in their 60s, 70s and 80s. If you are in your 70s or 80s, and are otherwise in good health, would you want to have your breast cancer picked up early and have it effectively "cured" given the 25 year survival numbers for small cancers or would you want to go to your doctor with advanced breast cancer and become a victim of this potentially deadly disease?
6. At our clinic we diagnose about 40 breast cancers every year. Most of these are discovered in women with NO symptoms. **And most of these early cancers have no local or distant spread of the cancer**. They have their surgery, radiation and chemotherapy and become part of the incredible survival statistics. Every one of these cancers is eventually going to get bigger if it is not picked up and treated early. And by the time it gets picked up by you or your doctor it is usually going to be late and we turn the clock back to the 1960s and 70s when this disease was a death sentence! This is where we are headed as a society if we adopt the Canadian Task Force recommendations.
7. When we pick up a breast cancer on mammography, we usually schedule a biopsy within one week. Two weeks at the most. For most patients waiting even for 1 week is too long! **Without mammography, this 3 or 4 mm cancer will be left in your breast for at least another 3 or 4 YEARS, maybe more, before you or doctor find it**. Think about it!
8. As much as the Task Force would like you to believe that the imagers have a vested interest in doing more mammograms, you should remember that as imagers we find that assertion repulsive. **We went to Medical School because we wanted to take care of patients**. To think that we would expose patients to unnecessary radiation, discomfort and anxiety for little or no benefit is perverse and totally unjustified.
9. Finally, the members of the Canadian Task Force comprised of bureaucrats and physicians with limited to no expertise on breast cancer. The experts on this subject from across the world are unequivocal in their support for annual screening mammography. These include the Canadian Association of Radiologists, American College of Radiology, American Cancer Society and the American College of Obstetricians and Gynecologists.

At the Toronto Centre for Medical Imaging we have been accredited for mammography by the Canadian Association of Radiologists since 1997 and have been an Ontario Breast Screening Centre since 2006. A digital unit was installed in 2008. We have diagnosed hundreds of non palpable breast cancers before they have had an opportunity to spread. We have also had the misfortune to diagnose a number of breast cancers in women that did not have regular mammograms and EVERY single one of these was large (more than 10 mm and usually more like 20 to 50 mm). **And if there is one thing we know about breast cancers (if not all cancers) it is that "BIG IS BAD", "BIGGER IS WORSE" and "SMALL IS ALWAYS BETTER THAN BIG"!**