

Breast Cancer Screening

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1. The AMA affirms the value of preventive medicine. Because well-controlled trials have shown long-term reduction in morbidity and mortality through early detection of some diseases, national screening programs for the early detection of those diseases are highly desirable.
2. Australian women have a significant life-time risk of developing breast cancer, which is, at the time of writing, the foremost cause of women's deaths from cancer.
3. While primary prevention of breast cancer is not currently possible, screening mammography constitutes a secondary preventive measure. The aim of screening mammography is to reduce breast cancer mortality and morbidity by detecting impalpable cancers in asymptomatic women.
4. Women with breast symptoms should not be referred for screening mammography, but need individualised assessment and treatment through their general practitioner.
5. The AMA supports screening mammography for women over 50 years of age, in which age group mammography has been proven to reduce deaths from breast cancer. Evidence of mortality reduction from screening the 40 to 50 year age group is still controversial. The AMA strongly supports further research into the appropriate age group for whom screening mammography reduces deaths from breast cancer.
6. Doctors, especially General Practitioners, have a pivotal role through encouraging women to undergo mammography screening and in the education and counselling of women about screening.
7. The AMA acknowledges the value of breast self-examination despite the absence of evidence which unequivocally demonstrates a resultant reduction in mortality.
8. The AMA therefore recommends that all adult women have annual clinical breast examinations by a doctor, as cancers not detected by mammography may be found.
9. As soon as an abnormality is suspected through mammographic screening, the patient should be referred to her general practitioner. The woman and her general practitioner should be involved in all decisions following the detection by screening of any abnormalities, including the choice of specialist for diagnosis and treatment.
10. Medicare rebates should be payable for the mammographic examination of women with a personal or family history of breast cancer or who are exhibiting symptoms or clinical signs which might be considered by their doctor to be suggestive of breast cancer.
11. The AMA considers it has an important role to play in any National Breast Screening Advisory Body and that any such Body should be subject to continuing national evaluation and support in relation to its expertise in breast cancer detection and management. This expertise is, and should remain, available in both private and public spheres.
12. The AMA supports the development of specialised centres for management of breast disease in both private and public spheres, provided that there is appropriate involvement of the patient's general practitioner.