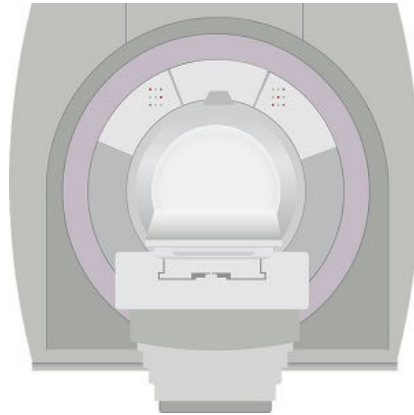




Improving Breast Cancer Detection After Breast Conservation Therapy



Women aged 50 years or younger who underwent breast conservation therapy may benefit from breast magnetic resonance imaging (MRI) screening as an adjunct to mammography, according to a new study published in *JAMA Oncology*.

“After breast conservation therapy in women 50 years or younger, the addition of MRI to annual mammography screening improves detection of early-stage but biologically aggressive breast cancers at acceptable specificity [correctly identifying people who don’t have disease]. Results from this study can inform patient decision-making on screening methods after breast conservation therapy,” study authors write.

Women who are treated with breast conservation surgery and radiotherapy remain at an increased risk for second breast cancers. The study compared outcomes for combined mammography and MRI or ultrasonography screenings for new breast cancers in women who have previously undergone breast conservation surgery and radiotherapy for breast cancer initially diagnosed at 50 or younger.

The multicentre comparison study, led by Woo Kyung Moon, MD, of the Seoul National University College of Medicine in South Korea, included 754 women. Annual mammography, breast ultrasonography and breast MRI were performed for both conserved and contralateral (opposite) breasts during a three-year study period for a total of 2,065 mammograms, ultrasonography and MRI screenings.

The researchers report 17 cancers were diagnosed and 13 of the 17 cancers were stage 0 or stage 1. The addition of MRI screening to mammography detected 3.8 additional cancers per 1,000 women over mammography alone and the addition of ultrasonography to mammography detected 2.4 additional cancers, according to results of the study.

Limitations of the study include there was no control group for comparison of women undergoing mammography alone. The researchers also could not evaluate the cost-effectiveness and the effect of MRI or ultrasonography screening on survival benefit.

Source: [JAMA Oncology](#)

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