



## A CUP OF HEALTH WITH CDC

### *Get Your Mammogram!*

(Use of Mammograms Among Women Aged >40 Years --- Unites States, 2000-2005)

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**[Announcer]** *This podcast is presented by the Centers of Disease Control and Prevention. CDC – safer, healthier people.*

**[Matthew Reynolds]** Welcome to A Cup of Health with CDC, a weekly broadcast of the MMWR, the Morbidity and Mortality Weekly Report. I'm your host, Matthew Reynolds.

Breast cancer is the most commonly diagnosed cancer in women and the second leading cause of cancer-related death. Mammograms are an important tool for finding breast cancer early and most medical organizations recommend that women have their first mammogram at age 40 and then continue having mammograms every year or two after that. A recent CDC study found that fewer women are getting regular mammograms – the number dropped slightly between 2000 and 2005. This is worrisome because regular mammograms can reduce deaths from breast cancer.

We have Blythe Ryerson with us today in the studio to talk about the study. Blythe is with CDC's Division of Cancer Prevention and Control in Atlanta. It's great to have you here today, Blythe.

**[Blythe Ryerson]** Thanks, Matthew. I'm glad to be here.

**[Matthew Reynolds]** Blythe, why is it so important for women to get mammograms?

**[Blythe Ryerson]** As you said before, breast cancer is the most commonly diagnosed cancer and is the second leading cause of cancer related death for women in the U.S. In 2002, over 182,000 women were diagnosed and 41,000 died from the disease. Although breast cancer cannot be completely prevented, mammograms can detect breast cancer early, even before a tumor is big enough to feel or cause symptoms. Early detection is important because finding breast cancer early allows for more effective treatments and lowers a woman's risk of dying from it.

**[Matthew Reynolds]** How does CDC track the number of breast cancer cases and the number of women getting mammograms?

**[Blythe Ryerson]** It's important for CDC to collect health information so that we can monitor changes in cancer rates, so that we can find out how cancer affects different groups differently, and it also helps us to plan and evaluate our cancer prevention efforts. We collect this information through a number of programs. Our National Program of Cancer Registries collects data from state based systems about cancer diagnoses and deaths so that we can better understand and address the cancer burden more effectively. There are also a number of surveys including the Behavioral Risk

Factor Surveillance System and the National Health Interview survey that collect information about risk factors and screening behaviors for women throughout the U.S. Among many other factors, these surveys collect information on how many women have been screened for breast cancer and how often they get re-screened.

**[Matthew Reynolds]** Your study looked at the most recent findings. What did you learn?

**[Blythe Ryerson]** Our study looked at data from 2000-2005, the Behavioral Risk Factor Surveillance System, to see whether women 40 or older in the U.S. were getting mammograms every one to two years, as is recommended. And what we found was that in 2000, about three out of four women said they followed the current recommendations, but by 2005 this number had actually dropped.

**[Matthew Reynolds]** How much did the number of women following the recommendations change?

**[Blythe Ryerson]** It dropped from 76.4% in 2000 to 74.6% in 2005 or a difference of about 1.8%, and this might seem like a small change to some people, but it does represent about 1.1 million fewer women not being screened for breast cancer regularly. And since we know mammograms help prevent deaths from breast cancer and yet one out of four women are not getting screened regularly, we would prefer to see the number of women maintaining regular screening schedules going up, certainly not going down.

**[Matthew Reynolds]** Blythe, why do you think there are fewer women getting regular mammograms done?

**[Blythe Ryerson]** I think that's a great question, I think it's a little difficult to answer at this point. There have been a few reports that discuss the ability of our health care system to handle the steady rise in the number of women who are reaching the breast cancer screening age. Some studies have shown that breast imaging facilities are facing some challenges, such as shortages of key personnel and financial constraints; however, we're still uncertain as to whether true supply and demand issues are affecting mammography usage and even if they are, it is likely only one of many reasons affecting the numbers. Until we know more about which groups are most affected, it's difficult to describe the particular barriers to screening; however, we do have ongoing analyses to look at trends of mammography usage by different groups of women.

**[Matthew Reynolds]** Even though CDC will continue to study this, are there things being done now to help increase the number of women getting mammograms?

**[Blythe Ryerson]** Absolutely. One of our most successful programs is the National Breast and Cervical Cancer Early Detection program, which in partnership with state and territorial health departments, tribes, and tribal organizations provides cancer screening and diagnostic services to low income, uninsured, and underserved women. Since the program began in 1991, we've provided over 2 million mammograms to over 1.2 million women and this is just one example of the many CDC programs and research efforts that we're doing to raise breast cancer awareness, look at barriers to screening, and to stress the importance of mammograms and mammography re-screening.

**[Matthew Reynolds]** Blythe, what's the bottom line on what you want women to know about this issue?

**[Blythe Ryerson]** To get screened. Women should have their first mammogram at the age of 40 and they should continue getting them every 1 to 2 years.

**[Matthew Reynolds]** Thanks, Blythe, for taking the time to talk to us today.

**[Blythe Ryerson]** It was my pleasure. Thank you, Matthew.

**[Matthew Reynolds]** That's it for this week's show. Don't forget to join us next week. Until then, be well. This is Matthew Reynolds for *A Cup of Health with CDC*.

**[Announcer]** *To access the most accurate and relevant health information that affects you, your family and your community, please visit [www.cdc.gov](http://www.cdc.gov).*