# Women back idea of more breast screens for those at high risk of cancer 

February 202015
Most women ( 85 per cent) would back the idea of more frequent breast screening if they are at higher genetic risk of developing breast cancer, according to research published today by The Breast.

Fewer women ( 60 per cent) would be happy to be screened less often if they were found to be at lower risk.

More than 940 women from across the UK were asked for their views on the possibility of tailoring breast screening to people's genetic risk in a study funded by Cancer Research UK and The Eve Appeal. Two-thirds (66 per cent) supported the idea of adjusting the frequency of screening on the basis of risk.

The NHS breast screening programme offers routine mammograms based on age, rather than genetic risk. All women between 50 and 70 are invited for screening every three years, and women over 70 can request screening if they wish, because older women are at increased risk of the disease. Women with a strong family history of breast cancer may be offered a different pattern of screening.

Breast screening can help detect cancers early, when treatment is more likely to be effective, and is estimated to save around 1,300 lives from breast cancer in the UK each year.

But as well as picking up cancers that need treating, screening can also detect very slow-growing cancers that would not have been picked up
without screening. This means some women are treated unnecessarily for a cancer that would not have caused any problem during their lifetimes.

Dr Susanne Meisel, research psychologist at UCL (University College London), said: "Looking at whether genetic risk could be used to tailor and improve the breast screening programme is still at an early stage, but it's useful to find out now what the public might think about this idea. Our study showed that, overall, women seem to support it.
"It's interesting there was less support for the idea of less frequent screening for people at lower risk of cancer. This could be because many women tend to see screening as beneficial or feel they have a right to screening, or some women might take a 'better safe than sorry' approach to cancer screening which may make them more accepting of potential harm from it."

Women who took part in the study were asked five questions to assess what they believed their risk of developing breast cancer was, and their attitude to genetic testing and using genetic risk to vary screening frequency. Limited information was provided on how a modified screening programme might work, and no information was given on the current screening programme.

Athena Lamnisos, CEO of The Eve Appeal, said: "Women at increased risk of cancer deserve more than the one-size fits all approach. This study shows that women were positive about the idea of adjusting the frequency of mammography screening in line with personal genetic risk. It also shows how critical it is to develop effective communication materials - both for women at high risk and those at lower genetic risk."

Jessica Kirby, senior health information manager at Cancer Research UK, said: "Breast screening saves lives, but it also has risks. One suggestion to try to maximise the benefit and reduce the risk is to tailor
screening more effectively to people's risk of breast cancer, but more research is needed to show whether this approach will be effective or possible.
"This interesting study suggests that women are generally positive about the idea of tailoring screening, but in the meantime, it's critical that women are offered proper information about the benefits and risks of screening, and supported to make an informed decision."

More information: Susanne F Meisel et al - 'Adjusting the frequency of mammography screening on the basis of genetic risk: Attitudes among women in the UK' The Breast (2015)

## Provided by Cancer Research UK

Citation: Women back idea of more breast screens for those at high risk of cancer (2015, February 20) retrieved 17 May 2023 from https://medicalxpress.com/news/2015-02-women-idea-breast-screens-high.html

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