The importance of regular mammograms for women is recognized by all experts. The US Preventive Services Task Force recommends screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older. The American Cancer Society recommends that women aged 40 and older have a screening mammogram every year, and that they continue to do so for as long as they are in good health. While there remains some controversy about women in their 40s and older women, recommendations for screening mammograms for women in their 50s and 60s are universally accepted.

Yet Medicare claims data indicate that from July 1, 2001 to June 30, 2003, fully one-third of Wisconsin female Medicare beneficiaries aged 50-67 did not receive a mammogram. Note that the data are reported for a 2-year period; the rates at which women received the recommended annual mammogram of course are lower.

National data bear out these unfortunate statistics. A recent study assessed mammography use in 72,417 women, and found that only 6% of women who received a mammogram in 1992 received 1 annual mammogram for the following 10 years. The mean number of mammograms received during this 10-year period was 5.06—only half of what is recommended. Lower levels of use were observed in: traditionally-underserved socioeconomic, racial, and ethnic groups; the uninsured; non-English speakers; those receiving their first mammograms; and those who in the past had not returned promptly. Highest levels of use occurred in women aged 55-65 and in those who previously had had breast cancer. However, there was no subgroup of women that exhibited a widespread propensity to return promptly over time for annual screening. The authors concluded that improvements in the rate of annual screening could lead to substantial reductions in deaths from breast cancer.

How can physicians have the greatest impact on mammography rates for women under their care?

- Keep careful track of when patients had their most recent mammogram.

- If a patient is due for her mammogram, mention it next time you see her, whether she presents for preventive services or for a chronic or even an acute problem. A physician’s recommendation remains the most effective tool.

- Make the appointment for the mammogram before the patient leaves the office.

- Coordinate with the radiology department so the patient can have a same-day appointment if possible.

- If a patient is due for her mammogram and isn’t scheduled to see you, contact her by letter or by phone.

Ensuring that women who need mammograms receive them promptly is not something physicians can do by themselves. A recent Institute of Medicine report points out how the shortage of breast imaging specialists and mammography facilities plays its part in keeping rates low. But there is much physicians can do to increase the likelihood that their patients will receive mammograms on the recommended schedule.

References