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Adjunctive ultrasonography improves breast cancer detection

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By Shreeya Nanda, Senior medwireNews Reporter

The addition of ultrasonography to mammography significantly improves the rate of detection of breast cancers in Japanese women, according to trial findings published in *The Lancet*.

Lead author Noriaki Ohuchi, from Tohoku University in Sendai, Japan, said in a press release that the more accurate screening results “could ultimately lead to improved treatment and reduced deaths from the disease”, but that long-term follow-up is needed to assess the effects on treatment outcomes and survival.

Between 2007 and 2011, the Japan Strategic Anti-cancer Randomized Trial (J-START) accrued 72,717 healthy Japanese women aged 40 to 49 years without a history of cancer in the 5 years prior to enrolment. Participants were randomly assigned to undergo mammography screening either with (n=36,752) or without (n=35,965) ultrasonography twice during a 2-year period.

Sensitivity of breast cancer detection, as assessed after the first round of screening, was significantly higher in the ultrasonography arm than in the mammography alone arm, at 91.1% versus 77.0%. But the specificity was significantly lower, at 87.7% versus 91.4%.

Significantly more cancers were detected at screening in the ultrasonography group compared with the mammography alone group, at 184 and 117, respectively. And detected cancers were significantly more likely to be stage 0 or 1 in the intervention than in the control arm (71.3 vs 52.0%).

Fewer interval neoplasms were diagnosed among women in the ultrasonography group compared with those screened by mammography alone, at 18 versus 35, a significant difference.

The J-START investigators conclude that adjunctive ultrasonography could offer a low cost way to improve sensitivity and detection rates of early-stage cancers in women with high-density breast tissue and young women, groups in which the accuracy of mammography is reduced.

In a related commentary, Martin Yaffe and Roberta Jong, from the University of Toronto in Ontario, Canada, say that J-START is an important trial as it is “the first randomised trial of population screening with ultrasonography, and was done in asymptomatic women at average risk, who were not preselected on the basis of other imaging findings.”

Moreover, the trial was conducted in “relatively young women”, they say, adding that “[d]espite evidence of mammography screening effectively reducing mortality in women in their 40s, this method is seldom recommended or provided for women younger than 50 years.

“Definitive evidence of whether ultrasonography screening of women from age 40 years can further reduce breast cancer mortality could be an important step.”

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