High-risk, Underserved Women Benefited from MRI Screening for Breast Cancer

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- Results based on lower-cost MRI screenings for high-risk, uninsured or under-insured women.
- MRI screenings found more cancer cases in high-risk women than mammography.
- Underserved women can benefit from follow-up with the help of a breast navigation team.

WASHINGTON, D.C. — Using breast magnetic resonance imaging (MRI) screenings among targeted, high-risk, underserved women significantly decreased diagnostic cost and increased patient compliance rates with follow-up compared to using general risk mammography screenings.

However, a caveat to these findings was that the cost of a MRI was reduced from an average of $3,500 to $649 by a grant specific to the study. Cost per diagnosis was $37,375 for mammography compared to $21,561 for MRI at the grant-based rate, according to the researchers.

“What we need is to lower the cost of MRI, and maybe that will happen as we do more of them,” said lead researcher Anne C. Ford, M.D., assistant professor in obstetrics and gynecology at Duke University Medical Center.

Preliminary results of the study, conducted by Ford and colleagues from 2004 to 2011, were presented at the Fourth AACR Conference on The Science of Cancer Health Disparities, held in Washington, D.C., from Sept. 18-21, 2011.

The researchers compared breast cancer mammography screening in 299 general-risk, underserved women to MRI screening in 299 high-risk, underserved women. Women with abnormal mammogram or abnormal breast MRI underwent ultrasound, ultrasound guided biopsy and/or stereotactic biopsy for mammogram cases, and/or MRI guided biopsy for MRI cases.

Results showed that mammographic screenings detected one breast cancer case, while MRI screenings detected nine cases. Benign breast/total biopsies were found in 88 percent of mammographic screening cases and in 78 percent of MRI cases.

“In an underserved population, using this model, it is cost effective to screen with MRI because we found more breast cancers with MRI than we did with mammography in this population,” Ford said. “If you truly target high-risk women with MRIs, you can find the cancers, and you can find them early.”

In addition, compliance with follow-up in mammographic screenings was 75 percent and 90 percent in MRI screenings. Vital to those results was the utilization of a breast navigation team, which recruited study participants from the general population at health and screening fairs in central North Carolina, according to Ford.

“The navigation team was key in helping the women — and these are all uninsured or under-insured women — negotiate the medical center,” she said.

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