

Mammography as a screening tool - A patient's perspective

 By [Marisa Louw](#)

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Source: ©rawpixel [123rf](#) Breast cancer affects women of all ages

Within South Africa, healthcare professionals registered 15,491 new breast cancer cases last year, making it the leading carcinoma in females across population groups.

Researchers estimate that, by 2040, the number will increase to more than 22,000 new cases. Breast cancer is the second leading cause of death from cancer in South African women, with nearly 5,000 deaths recorded in 2020.

The mammogram debate - diagnostic or screening tool?

Research published in the October 2018 issue of the SA Journal of Radiology states that "screening has been shown through studies to reduce the breast cancer mortality rate by 30% – 40%".

Nevertheless, the National Department of Health's (DoH) Breast Cancer Control and Prevention Policy (June 2017)

questions the value of screening mammography and that it "should not be introduced unless resources are available to ensure effective and reliable screening of at least 70% of the target group i.e. women aged 50 and older". (sic)

In a recent article, Cancer Alliance project manager Salomé Meyer highlighted that public sector mammography in a South African context is a diagnostic and not a screening tool.

A routine mammogram saved my life

In December 2016, I underwent a diagnostic mammogram (my first ever!) after discovering a lump in my right breast. The imaging revealed benign cysts that disappeared after six months.

Then, in July 2019, I opted to undergo a screening (routine) mammogram, which detected a suspicious mass measuring 15mm.

I showed no signs or symptoms of breast cancer; however, the subsequent biopsy results prompted the oncologist to recommend a bilateral mastectomy.

Following the surgery at the end of August 2019, a specialist pathologist examined the mastectomy specimens and confirmed that I have Stage 2 Grade 3 pleomorphic lobular carcinoma in situ (PLCIS) that is estrogen receptor positive (ER+) and human epidermal growth factor receptor 2 positive (HER2+).

I was 45 years old at the time of the diagnosis. Now, two years later, I am cautiously optimistic that a routine mammogram saved my life!

Although the DoH indicates annual breast cancer screening using mammography for women aged 50 and older, one must consider that women diagnosed with breast cancer are becoming younger - 5,242 of the new cases recorded in 2020 were in women under 50, and of the 5,000 deaths, 1,311 were women aged 49 and younger.

Even though there is no history of breast cancer in my family, I regularly performed self-examinations for as long as I can remember.

Three weeks before the routine mammogram that turned my life upside down, my family doctor performed a clinical breast exam and found no abnormalities.

The oncologist who leads the multi-disciplinary team that manages my treatment plan said that if I waited until a clinical breast exam detected abnormalities, my chances of survival would be considerably lower.

Are we doing enough to promote early detection?

When Aaron Motsoaledi, previously minister of health, released the department's Breast Cancer Policy in June 2017, he wrote that it "is an important document aimed at prioritising breast cancer awareness, prevention, treatment and care in South Africa".

He concluded by saying: "We envisage that this policy, along with the accompanying programme implementation strategy and clinical guidelines, will be applied in the public sector at all levels of the health system thereby positively contributing to reducing breast cancer's incidence and mortality rates as well as improving the quality of life for women in South Africa."

I live in a remote countryside town; the nearest public healthcare facility with a breast clinic is more than 120km away.

The average household income within the municipal district is less than R15,000 per annum.

Since my diagnosis in 2019, I have been trying to organise a mobile breast screening unit in town, but alas, corporate

sponsors seem to focus their efforts on the major metropolitan areas.

I, therefore, plead with South African businesses to support the various non-profit organisations and activists for breast cancer to reach women in outlying areas.

Early detection saves lives. On my own, I can do only so much.

Together, we can create awareness, help women to get timeous treatment, and save many lives.

ABOUT MARISA LOUW

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