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STATEMENT ON MAGNETIC RESONANCE IMAGING (MRI)

In March 2007, the American Cancer Society announced new guidelines for breast cancer screening with magnetic resonance imaging (MRI). A panel of experts developed evidenced-based recommendations for women at defined levels of risk. New guidelines indicate that annual screening with MRI, in addition to mammography, is recommended for women with a lifetime breast cancer risk of 20 – 25% or greater using standard assessment models; received radiation treatment to the chest between ages 10 and 30; have BRCA 1 or 2 gene mutations; have a first-degree relative with a BRCA 1 or 2 mutations; or carry or have a first-degree relative who carries a genetic mutation in the TP53 or PTEN genes (Li-Fraumeni syndrome and Cowden and Bannayan-Riley-Ruvalcaba syndromes).

There were some subgroups for which the available data was insufficient to recommend for or against screening by the American Cancer Society. These populations include women with a personal history of breast cancer, extremely dense breasts on mammography, carcinoma in situ, and atypical hyperplasia. Beyond the scope of this review was the applicability of MRI for diagnostic uses.

The YSC agrees with the guidelines presented by the American Cancer Society based on the Medical Advisory Board's recommendation. We recognize that current guidelines clearly indicate a need to further study the use of MRI on those most served by the Young Survival Coalition: women with dense breast on mammography and those with a personal history of breast cancer, as well as MRI for diagnostic purposes.

MRI may have the potential to find cancers at an earlier stage than those found today in women under the age of 40, although we do not know if that would affect mortality. Current observational studies have demonstrated some promise, but they are very costly and have not yet demonstrated that MRI can or should be a standard for screening young women for breast cancer. We would encourage developing accurate and cost-effective methods of early detection. We further recommend that randomized controlled trials should demonstrate a new technology to be an effective, non invasive, high quality screening mechanism for all young women prior to its routine adoption.

The Young Survival Coalition encourages any young woman considering using MRI as a screening or diagnostic mechanism to be fully informed of the risks. Significant risks include a higher rate of false positive results when compared to mammography. This often leads to an increase in needless biopsies, fear, anxiety, and impacts health negatively. It is imperative that every woman seek proven benefits and applicable use of this tool, and base their decision on recommendations which are evidence based.

The complete guideline is published in the [March/April 2007 issue of CA: A Cancer Journal for Clinicians](#), a peer-reviewed journal of the American Cancer Society.
<http://caonline.amcancersoc.org/cgi/content/full/57/2/75>