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Specialty Societies and Breast Cancer Screening Recommendations—Reply

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Lee and colleagues reinforce differences in recommending breast cancer screening by physician specialty and underscore the importance of adherence to different guidelines across physician specialties.

In additional analyses of our data,¹ we found that gynecologists were more likely than internal medicine (IM) or family medicine (FM)/general practitioners (GP) to endorse trusting guidelines by the American College of Obstetricians and Gynecologists (ACOG) (73%, 8%, and 19% respectively). The corollary of this is that 15% of gynecologists reported trusting other guidelines for their breast cancer screening recommendations (with another 10% reporting not knowing or not having a preference). Similarly, there was variation between IM and FM/GP among the proportion who trusted guidelines from the US Preventive Services Task Force and the American Cancer Society. This suggests that while physician specialty is critically linked to trusted guidelines, they are not in lockstep. Physicians likely gravitate towards guidelines that reflect not only their specialty but also their values, attitudes, and beliefs about cancer screening.

At the same time, physicians do not always recommend screening that is in accordance with guidelines. Many providers continue to recommend screening to younger and older women that is against the guidelines they report trusting and studies suggesting that changes in guidelines have typically had little impact on population rates of screening.^{2,3} This may occur for a range of reasons including physician incomplete knowledge of guidelines, anticipatory regret about potentially missing a cancer diagnosis, fear of malpractice, quality metrics and institutional factors which reinforce screening, and patient expectation. Understanding the knowledge, attitudes, and beliefs that encourage physicians to trust particular guidelines as well as deviate from them is critical to reducing overscreening.

References

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