
RSNA Press Release

More Training in Breast Imaging Available but Most Residents Say No to Mammography

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OAK BROOK, Ill. - A newly published survey of radiology residents revealed that although medical schools are providing more extensive training in breast imaging, the majority of residents do not want to interpret mammograms in their future practices. Researchers reported their findings in a study appearing in the June issue of the journal *Radiology*.

For the multicenter study, researchers conducted a telephone survey with one resident from each of 211 accredited radiology programs throughout the United States and Canada to determine the scope of their breast imaging training and their interest in performing mammography in the future.

"As our population grows and women increase their utilization of screening mammography, we anticipate a greater need for qualified radiologists to supervise and interpret screening mammograms and perform diagnostic workups," said Lawrence W. Bassett, M.D., Iris Cantor Professor of Breast Imaging at UCLA's Jonsson Cancer Center. "Training sufficient numbers of residents to interpret these examinations in the future is an important challenge for our radiology residency training programs."

Because the American Cancer Society (ACS) advises women 40 and older to get a mammogram every year, the demand for screening mammography services is expected to rise as baby boomers age and as more women comply with screening guidelines. The U.S. Census Bureau estimates that the female population aged 40 to 84 will increase from 64.6 million to 77.4 million in the next two decades.

Inadequate reimbursement levels, costly regulations, and exam-related litigation directed at radiologists have resulted in a growing shortage of radiologists and centers dedicated to reading mammograms and performing related procedures in some U.S. cities. An increased demand for breast imaging could exacerbate the situation.

The UCLA survey, conducted in 2000, revealed that radiology residency training in breast imaging has improved in terms of time spent in the specialty and curriculum. Of the 211 programs, 96 percent had specific rotations devoted exclusively to breast imaging, compared to just 40 percent of programs in 1990. During these training periods, which lasted eight

weeks or longer at the majority of institutions, residents reported that they interpreted a mean of 162 mammograms per week under supervision.

"Despite the apparent improvements in training and curriculum, our survey revealed that most residents had negative attitudes about breast imaging," Dr. Bassett said. "The majority of residents surveyed indicated they would not consider a fellowship in breast imaging and did not want to interpret mammograms in their future practices."

While fellowships provide residents with stipends and prestige, only 31 percent of the residents surveyed said they would consider a fellowship in breast imaging if it were offered to them. Of the 53 institutions offering such fellowships at the time of the survey, only 46 had been successful in recruiting fellows. Regarding their future practices, only 29 percent of residents surveyed said they would like to spend a significant portion of their time (more than 25 percent) interpreting mammograms, largely because they perceived breast imaging as an uninteresting field. Other reasons cited included, in order of frequency, fear of lawsuits, high stress and low pay. A 2002 study by the Physician Insurers Association of America reported that malignant neoplasm of the female breast continues to be the condition for which patients most frequently file a medical malpractice claim.

"It's critical that we begin to address these issues immediately, so that training programs can provide adequate numbers of skilled interpreting physicians in the future," Dr. Bassett concluded.

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"Survey of Radiology Residents: Breast Imaging Training and Attitudes." Collaborating with Dr. Bassett on this paper were Lily Wang, M.D., Parizad Hooshi, M.D. and James W. Sayre, Ph.D. (Iris Cantor Center for Breast Imaging, UCLA), Barbara S. Monsees, M.D. and Dione M. Farria, M.D. (Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis, Mo.), Robert A. Smith, Ph.D. (American Cancer Society, Atlanta, Ga.), Stephen A. Feig, M.D., (Mount Sinai School of Medicine of New York University, New York City) and Valerie P. Jackson, M.D. (Indiana University School of Medicine, Indianapolis).