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NEWS

RSNA Press Release

Access to Mammography May Worsen

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At A Glance

- Nearly half of community-based mammography facilities do not have enough radiologists on staff to meet demand.
- Patients may wait as long as four weeks for a diagnostic mammogram at a high-volume facility.
- Staffing shortages could have significant implications in the early detection of breast cancer.

OAK BROOK, Ill. - Community-based mammography facilities do not have enough radiologists and certified technologists to adequately deliver screening and diagnostic services to the public, and the situation may get worse, according to a study published in the May issue of the journal *Radiology*.

"If we do not address the issues causing the staffing shortage, more facilities will close and screening will become more centralized, perhaps making screening and diagnostic mammography impossible for some women," said the study's lead author, Carl D'Orsi, M.D., professor of radiology and director of the Breast Imaging Center at Emory University in Atlanta.

A 2001–2002 survey of 45 mammography facilities in three states (Washington, New Hampshire and Colorado) found that 44 percent did not have enough radiologists on staff to meet the demand for mammography services. Twenty percent of facilities reported a shortage of Mammography Quality Standards Act (MQSA) qualified technologists, and nearly half (46 percent) reported difficulty in maintaining qualified technologists.

The survey also found that 85 percent of the facilities reported being able to schedule diagnostic mammograms (performed to resolve a question related to a symptom or abnormality of the breast) within one week of a request, while only 30 percent of facilities had the ability to schedule screening mammograms (performed on asymptomatic women to detect early signs of cancer) within a week. Nearly half (47 percent) reported a wait of two or more weeks for screening mammography. In high-volume facilities, the scheduling delays for both diagnostic and screening mammography were two to three times higher than in low-volume facilities, with some facilities reporting waiting times of up to four weeks for a diagnostic mammogram.

The facilities surveyed represent distinct regions of the country. They are part of a breast

cancer consortium with access to a great amount of data. "The fact that this is a community-based report that fits the profile of the rest of the country indicates that our results are reflective of national trends," Dr. D'Orsi said.

Situation May Get Worse

The researchers reported that staffing shortages could have significant clinical implications in the early detection of breast cancer. With fewer radiologists choosing breast imaging as a specialty and a decline in the number of technologists testing for mammography certification, community facilities will not be able to meet the increasing demand for mammography services, leading to further delays in diagnosis and a potential increase in interpretive errors.

The American Cancer Society estimates that 211,240 American women will be diagnosed with breast cancer in 2005, and 40,410 will die from the disease. Mammography is currently considered by most experts to be the most effective routine screening tool available for early detection of breast cancer.

According to Dr. D'Orsi, steps must be taken to solve the staffing problem, including more efforts to attract radiologists and technologists to the specialty, increased mammography reimbursement and more education on all aspects of breast imaging. "All these issues must be addressed," he said, "so facilities providing these crucial services in the community can remain clinically and financially viable."

In the meantime, Dr. D'Orsi advises women seeking mammography to make sure that the facility and its personnel meet FDA requirements and to inquire about the experience of the radiologists on staff.

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The Radiological Society of North America (RSNA) is an association of more than 37,000 radiologists, radiation oncologists and related scientists committed to promoting excellence in radiology through education and by fostering research, with the ultimate goal of improving patient care. The Society is based in Oak Brook, Ill. (RSNA.org)

"Current Realities of Delivering Mammography Services in the Community: Do Challenges with Staffing and Scheduling Exist?" Collaborating with Dr. D'Orsi on this paper were Shin-Ping Tu, M.D., M.P.H, Connie Nakano, M.P.H., and Joann G. Elmore, M.D. M.P.H., University of Washington (Seattle); Patricia A. Carney, Ph.D., Dartmouth Medical School (Hanover and Lebanon, N.H.); Linn A. Abraham, M.S., Stephen H. Taplin, M.D., M.P.H., and William E. Barlow, Ph.D., Group Health Cooperative (Seattle); R. Edward Hendrick, Ph.D., and Eric Berns, Ph.D., Northwestern University Feinberg School of Medicine (Chicago); and Gary R. Cutter, Ph.D., University of Alabama (Birmingham).