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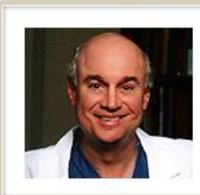
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Cosmetic Surgery

Are you thinking about cosmetic surgery and wondering what to expect? Dr. Robert Kotler is a board certified cosmetic facial surgeon in Beverly Hills. He's here to discuss how to select a cosmetic surgeon, computer imaging, celebrities makeovers, and much more.



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Friday, December 4, 2009

Screening Mammography: What's the Controversy?

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The press has given much attention to recently revised recommendations regarding routine screening mammography. Of course, as a specialist in cosmetic plastic surgery of the face and neck only, I am not an expert in areas beyond my territory. However, the issue of breast cancer, including how it is diagnosed and how it is treated is important to the world of cosmetic and plastic reconstructive surgery. Our brethren who specialize in breast and body cosmetic and reconstructive plastic surgery are often called to participate in the care of breast cancer patients.

I have always believed that early detection and treatment is the key to defeating any and all cancers. Breast cancer, now nearly epidemic in Western societies, needs to have our attention.

Therefore, I have asked Stuart Linder, MD, FACS, of Beverly Hills to discuss his view of the controversy over the timing of mammography for middle-aged women. Dr. Linder is the classic cosmetic plastic surgery superspecialist because of his focused and narrowly-based practice which deals only with breast and torso cosmetic and reconstructive plastic surgery.

Dr. Linder's commentary:

Recently, the U.S. Preventive Services Task Force has changed the screening mammography schedule for women in the United States. The recommendation was to do yearly mammograms only for women over 50.

This has become a very controversial subject. However, as a board certified plastic and reconstructive surgeon, a Diplomate of the American Board of Plastic Surgery, a Fellow of the American College of Surgeons and as a specialist in breast surgery, including breast augmentation, breast revision, breast lifts and breast reduction surgery, I strongly oppose this new change for several reasons.

First, breast cancer is one of the most common malignancies in women. Screening mammograms general are quite inexpensive, ranging between \$80 and \$150. This is a small price to pay to detect early pre-malignant or malignant cancers even in younger females in their 30s and 40s when malignancies tend to be more aggressive. Since one of eight and a half women will develop breast cancer, screening mammograms will save lives.

Secondly, I believe that all women at 40 years of age, regardless of family history, should have screening mammograms. Multiple studies have shown that mammograms at 40 years of age save lives. In fact, in my practice we have performed breast reconstruction operations for bilateral mastectomy patients in their late 20's and early 30's. If these patients had not had mammographies they would certainly be dead.

Victor G. Vogel, MD, MHS, FACP, national vice president for research at the American Cancer Society (ACS) in Atlanta, Georgia, has cited several lines of evidence which support the American Cancer Society's recommendation for screening mammographies for women between the age of 40 and 49.

Patients who undergo breast surgery, including implants, breast reductions and breast lifts should undergo preoperative diagnostic and screening mammography at age 35.

Therefore, for the above reasons, I will continue to recommend mammograms for all women at the age of 40, for any woman with a family history of breast cancer and women who undergo any type of breast surgery at age 35.

- Robert Kotler, MD, FACS

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Posted by: Robert Kotler, MD, FACS at 12/04/2009 03:00:00 PM

Contributors

Robert Kotler, MD, FACS

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