乳腺密度のみではがんのリスクファクターにならない (BR-5A-01)

乳腺密度のみでは乳がんの強力な独立したリスクファクターにはならない可能性がある

Breast density alone may not be strong independent risk factor for breast cancer

乳腺密度は乳がんの強力な独立したリスクファクターではない可能性がある、と2015年Radiological Society of North America年次集会で発表された。研究者らは、50～69歳の女性に施行された5年間のマンモグラフィー検査52,962件のデータを調査した。2人の放射線科医が別々にマンモグラムを読影し、標準診断基準に従い乳腺密度を判定した。検出された乳がん230件のうち約半数は乳腺密度が最も低い群から検出され、一方最も乳腺密度が高い群から検出されたのは3%未満であった。がんが検出された患者とがんを有さない同年代の参加者コントロールとでマッチさせたところ、マンモグラフィー上の密度に有意差はなかった。マンモグラフィー上の密度が低い女性（乳腺実質<50%）は乳がん患者群の83%を構成したのに対し、コントロール群では89%であり、マンモグラフィー上の密度が高い（乳腺実質>50%）女性は乳がん患者の17%に認められ、コントロール群では11%であった。今回のスタディでは、閉経後女性においてマンモグラフィー上の高密度と乳がん高リスクとの間に強力な関連性は認められなかった。

Full Text

Breast density may not be a strong independent factor for breast cancer risk, according to a new study presented at the 2015 annual meeting of the Radiological Society of North America (RSNA).

Prior research has shown an association between breast density and breast cancer. In addition, cancers in dense breast tissue are more difficult to see on mammograms. As a result, some women with dense breasts are advised to get supplementary screening with ultrasound or MRI.

"In our study, we found that there was no significant difference in breast density between breast cancer patients and the control group in the screening program," said Natasa Katavic, M.D., from the Department of Radiology at Health Center Osijek in Osijek, Croatia.

For the study, Dr. Katavic and colleagues looked at data from 52,962 mammography exams performed in women ages 50 to 69 over five years at five different mammography facilities. Women in Croatia in this age group are invited every two years for mammography by the country's Institute of Public Health.

"We wanted to find out if breast cancer patients had more dense breast tissue than the healthy women," Dr. Katavic said. "Also, we wanted to see what the percentage of dense breasts was in our postmenopausal population and, consequently, determine the value of mammography screening for this group."

Two radiologists read the mammograms independently and determined breast density according to standard criteria. The researchers compared data between patients in the low-density breast tissue group and the high-density group.

The majority of screened woman had low breast density. Of the 230 detected breast cancers, almost half were from the group with the lowest ranked breast density, while slightly less than 3 percent came from women in the highest breast density category.

When the researchers matched the women who had a detected cancer with control participants of the same age and from the same locales who did not have cancer, they found no significant difference in mammographic density. Women with low mammographic density (<50 percent parenchyma) made up 83 percent of the patients in the breast cancer group, compared with 89 percent in the control group, while high mammographic density (>50 percent parenchyma) was found in 17 percent of the breast cancer patients and 11 percent of women in the control group.

The study did not find a strong association between higher mammographic densities and a higher risk of breast cancer among postmenopausal women, according to Dr. Katavic.

"Our study suggests that breast density alone might not be strong independent risk factor for breast cancer," she said. "In risk assessment, all risk factors should be considered before decisions on additional examinations."

The findings also support mammography as an efficient method for early detection of non-palpable breast cancer, Dr. Katavic said.

Co-authors on the study are Kristina Bojanic, M.D., Prof. Kristina Kralik, Tibor Santo, M.D., Kristina Vidacic, M.D., Mirta Pacovski, M.D., and Miroslav Sikora, D.M.D.