Dear Members of the Breast Cancer Screening Panel,

I have become aware of the upcoming NCCN February 26, 2016 review of the Breast Cancer Screening Guidelines and am writing today to provide recent study findings which support the use of digital breast tomosynthesis (DBT) for breast cancer mammography screening.

I recently reported data regarding the screening outcomes from a cohort of 44,468 DBT examinations in 23,958 unique women screened over a three year period. These findings were presented in a scientific session at the 104th meeting of the Radiologic Association of North America, in Chicago. The study has been accepted for publication in February 2016. Although I am not able to provide the manuscript prior to publication, I am able to share the results presented at RSNA. Briefly, the study demonstrated:

**Screening outcomes at a population level over 3 consecutive years of DBT screening:**
- The recall rates remained significantly reduced over the 3 years compared to recall rates for screening with digital mammography (DM) alone.
- The cancer detection rates increased progressively over the 3 years compared to screening with DM. Importantly, the proportion of invasive cancers detected remained constant and higher than screening with DM.
- There was a trend towards a reduction in interval cancers with DBT compared to DM.

**Screening outcomes at the individual patient level for those with only 1, only 2 and 3 DBT screens:**
- Recall rates continued to decrease with each additional DBT screen.
- At the second round of screening, the cancer detection rate decreased slightly suggesting a prevalence effect of screening with DBT. However, the cancer detection rate increased again in patients with 3 DBT screens.

I hope this information is relevant and timely to your review. Please contact me with questions or if I can be of further assistance.

Sincerely,

Emily F. Conant, MD