Re: Accuracy of Screening Mammography Interpretation by Characteristics of Radiologists

I enjoyed the excellent study by Barlow et al. (1), demonstrating that there is no evidence that greater volume or experience at interpreting mammograms is associated with better performance. The common wisdom has always been contrary to these results. In fact, the Mammography Quality Standards Act (MQSA) contains at least two requirements based on the dogma that increasing volume and experience improve performance: 1) minimum annual interpretation volume (480 per year) and 2) continuing education in mammography interpretation (15 hours per triennium). Perhaps I am showing my age, or revealing my crankiness, but I arrived at three very different conclusions from the study.

• The aggregate sensitivity in this study is 82.6%. It appears that mammography sensitivity has not changed in the United States in decades (2,3). Perhaps the MQSA regulations have not had an effect on improving interpretation performance.

• Because aggregate sensitivity has not changed in decades, and there is no evidence that experience improves performance, we must conclude that younger, more recently trained radiologists are performing at levels similar to radiologists’ performance decades ago. Perhaps the increased emphasis on mammography training in residency has not had an effect on improving interpretation performance.

• Perhaps there is an inherent ceiling to mammography sensitivity that is not easily broached. Because we radiologists do not gain expertise with experience, we must make the same mistakes with increasing confidence.

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REFERENCES


NOTES

Editor’s note: Barlow et al. declined to respond. Correspondence to: Robert Clark, MD, Seven Rivers Regional Medical Center, 2020 NW 15th St., Crystal River, FL 34428 (e-mail: rclarkmd@tampabay.rr.com).

DOI: 10.1093/jnci/dji156