LETTER TO THE EDITOR
https://doi.org/10.29289/2594539420260004

Continuing medical education in breast cancer screening: implications for gynecologists

Marcelo Antonini[1,2]*, André Mattar[2], Francisco Pimentel Cavalcante[2], Felipe Zerwes[2], Eduardo Camargo Millen[2], Fabricio Palermo Brenelli[2], Antonio Luis Frasson[2]

We read with great interest the article *"Gynecologists' knowledge and adherence to breast cancer screening guidelines: a study in Teresina-PI"*, recently published in *Mastology*. The authors address a highly relevant and timely topic by evaluating gynecologists' knowledge and adherence to breast cancer screening recommendations within a regional Brazilian context, contributing valuable data to an area of ongoing clinical and public health importance[1].

The findings reported by Nunes et al.[1] reveal important gaps in breast cancer screening practices among gynecologists, including variability in the recommended age to initiate mammographic screening, frequent use of breast ultrasound beyond guideline-based indications, and inconsistencies in the application of BI-RADS®-guided clinical management. Of particular relevance, the study demonstrates a clear association between structured residency training and improved adherence to evidence-based screening recommendations, reinforcing the role of formal education in shaping clinical practice.

These observations are highly consistent with the results of our previously published national study in *Einstein (São Paulo)*, entitled *"Knowledge related to breast cancer screening programs by physicians in Brazil"*[2]. In that investigation, we assessed the knowledge and practices of gynecologists, obstetricians, and family and community physicians across different regions of Brazil. The study identified marked heterogeneity in screening protocols, widespread misconceptions regarding the role of breast ultrasound as a screening modality, and substantial difficulties in the correct interpretation and clinical application of BI-RADS® categories. Similar to the findings reported in *Mastology*, deficiencies were more pronounced among physicians without residency training, specialist certification, or academic involvement.

Although conducted independently, using different methodologies and study populations, both investigations converge on a central and concerning conclusion: non-uniform and frequently inadequate knowledge regarding breast cancer screening recommendations remains common among gynecologists and other physicians who are directly responsible for initiating screening in clinical practice. The consistency of these findings across regional and national studies strengthens their external validity and suggests that these gaps represent systemic challenges rather than isolated or local phenomena.

From a clinical perspective, such deficiencies may have meaningful consequences. Inadequate screening practices can lead to unnecessary imaging examinations, inappropriate use of complementary diagnostic methods, delays in diagnostic confirmation, and deviations from guideline-based care. From a health system standpoint, these issues may contribute to inefficiencies, increased costs, and unequal access to high-quality breast cancer screening and early diagnosis.

Taken together, the results presented by Nunes et al.[1] and those observed in our national analysis[2] underscore the urgent need for structured, continuous, and specialty-oriented medical education programs focused on breast cancer screening. Educational initiatives should not be limited to defining the appropriate age to start or stop mammography, but should also emphasize the correct indications for complementary imaging modalities, the standardized interpretation of BI-RADS® categories, and the appropriate management of abnormal findings according to evidence-based guidelines.

In this context, gynecologists occupy a particularly strategic position within the Brazilian healthcare system, as they frequently represent the first point of contact for asymptomatic women and play a central role in initiating breast cancer screening. Strengthening continuing medical education for this specialty may therefore have a substantial impact on improving screening quality, harmonizing clinical practice, and ultimately enhancing patient outcomes.

We congratulate the authors for their important contribution and believe that their work, when viewed alongside national-level evidence, provides a compelling argument for expanding and prioritizing continuing education strategies in breast cancer

[1]Hospital do Servidor Público Estadual – São Paulo (SP), Brazil.
[2]Sociedade Brasileira de Mastologia – São Paulo (SP), Brazil.
***Corresponding author:** drantonini@uol.com.br
Conflict of interests: nothing to declare. **Funding:** none.
Received on: 02/06/2026. **Accepted on:** 02/24/2026.

screening. Such efforts are essential to promote consistent, high-quality, and guideline-adherent care across different regions and healthcare settings.

AUTHORS' CONTRIBUTIONS

MA: Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Validation, Visualization, Writing – original draft, Writing – review & editing. AM: Conceptualization, Formal analysis, Investigation, Methodology, Resources, Supervision, Validation, Writing – original draft, Writing – review & editing. FPC: Data curation, Resources, Validation, Writing – review & editing. FZ: Data curation, Resources, Validation, Writing – review & editing. FPB: Resources, Validation, Writing – review & editing. ECM: Formal analysis, Resources, Validation, Writing – review & editing. ALF: Resources, Supervision, Validation, Writing – review & editing.

REFERENCES

1. Nunes RS, Fontinele DRS, Vieira SC. Gynecologists' knowledge and adherence to breast cancer screening guidelines: a study in Teresina-PI. Mastology. 2025;35:e20250035. https://doi.org/10.29289/2594539420250035
2. Antonini M, Pannain GD, Souza GSS, Ferraro O, Mattar A, Lopes RGC, et al. Knowledge related to breast cancer screening programs by physicians in Brazil. Einstein (Sao Paulo). 2024;22:eAO0760. https://doi.org/10.31744/einstein_journal/2024AO0760

This is an open access article distributed under the terms of the Creative Commons license.