Annotated Bibliography

Ciatto, S., M. Rosselli Del Turco and M. Zappa. “The detectability of breast cancer by screening mammography.” *British Journal of Cancer* 71 (1995): 337-339. Print.

Ciatto, et. al., determine that better imaging technology is necessary to decrease false readings and increase readability of mammogram screenings. The source is useful in its early construction of technology concerns in medical science with regards to mammograms. By having a source dated in the 1990s, the paper is given a larger historical context.

Gram, I.T., E. Lund and S.E. Slenker. “Quality of life following a false positive mammogram.” *British Journal of Cancer* 62 (1990): 1018-1022. Print.

The source looks at how women responded to both false positive results and non-detective results. The authors conclude that women diagnosed with false positives have more anxiety than their peers who are not diagnosed. They also note that anxiety amongst women who are screened via mammography for breast cancer tend to have anxiety, particularly when they are asked to be screened again.

Gram, et. al., present a case in which it is clear that stress due to mammograms resulting in false positives is an issue that needs to be addressed. This is useful in research to see the prevalence of these instances as well as in the determination of having the procedure performed.

The information presented in the article informed the oppositional stance to mammograms by providing evidence for stress and consequences linked to false positives. It would have been more useful had the study conducted research regarding percentages of women diagnosed with false positive test results.

Karimi, Parisa , Armin Shahrokni, and Sedighe Moradi. "Evidence for U.S. Preventive Services Task Force (USPSTF) Recommendations Against Routine Mammography for Females between 40-49 Years of Age." *Asian Pacific Journal of Cancer Prevention* 14.3 (2013): 2137-2139. Print.

 Karimi, et. al., argue that the decision posed by the U.S. Preventive Services Task Force - women between the ages of 40 and 49 should make individual decisions without USPSTF recommendation on the start and frequency of mammogram screening - is supported due to the multiple negatives associated with mammography screening. They cite radiological exposure, the potential of false negatives and false positives, and physical pain due to the screening process as examples of negative consequences of the process. The authors do not express positive effects affiliated with mammograms.

This source is useful for researchers interested in the negative effects of mammogram screenings. Unlike other sources in this bibliography, it provides a specific outline of consequences related to mammography, including radiological exposure and muscle compression stress. The information should be considered reliable as it is centered around previous studies from the U.S. Preventive Services Task Force, which relies on studies from top researchers. Karimi, et. al., strives to inform the readers of mammography-related problems.

 Karimi, et. al., fits into the context of this paper because it focuses on a specific position in the discourse of mammography. The biggest flaw is in its inability to provide a truly positive or negative response to mammograms. However, its largest contribution is the consideration of facts its provides.

Lee, Carol H. , Stephen Feig, Debra Monticciolo, Barbara Monsees, Phil Evans, Daniel Kopans, D. David Dershaw, Edward Hendrick, Ellen Mendelson, Carl D’Orsi, Edward Sickles, Linda Warren Burhenne, Wendie Berg, Lawrence Bassett, and R. James Brenner. "Breast Cancer Screening With Imaging: Recommendations From the Society of Breast Imaging and the ACR on the Use of Mammography, Breast MRI, Breast Ultrasound, and Other Technologies for the Detection of Clinically Occult Breast Cancer." *Journal of the American College of Radiology* 7.1 (2010): 18-27. Print.

The key argument presented by Lee, et. al., is that women aged 40 and older should seek mammographic screenings, particularly if patients are deemed high-risk and/or have a history of breast cancer in their families. The authors offered a look at several types of breast screening used in determining the presence of cancerous tissue, including mammograms, ultra sounds, and MRIs. They discussed the types of factors to be taken into consideration by practitioners, such as the patient’s risk factor (varying from average to high risk). Their discussion was focused on age-appropriate screenings and diagnosis.

The article is useful to this paper in its ability to show various perspectives on the age argument surrounding mammograms and other screening techniques with regards to breast cancer detection. For those interested in a scientific or medical perspective, the authors provide a relatively objective look based in their own and others’ research.

Whereas other sources utilized in this discussion focus on the technique of mammographic screening or simply oppose the use of radiological technology, Lee, et. al., emphasize the benefits of breast cancer screening through these technologies; this provides a rounded perspective on the subject.

Maitra, Indra Kanta , Sanjay Nag, and Samir Kumar Bandyopadhyay. "Technique for preprocessing of digital mammogram." Computer Methods and Programs in Biomedicine 107.2 (2012): 175-188. Print.

Maitra, et. al., discuss the benefits of an algorithm they developed to enhance the results of digital mammograms. Essentially, a digital mammogram will reveal the same information as an X-ray mammogram but utilizes digital film rather than X-ray film, which allows for easier storage of these images as well as the ability to navigate on the screen with higher zoom capacities. The authors also hint that this process does not carry the same negative consequences as X-ray mammography due to the lacking radiological component.

This source is useful in its highlighting of new ways breast cancer can be screened for through mammography. While the source does not discuss in depth negative consequences of digital mammography, it does provide an option for those who fear problems associated with X-ray mammography. It is a more neutral source than other sources referenced for this paper. The information is reasonably reliable as it is sourced with numerous studies for outside evidence to the experiment conducted for the research. However, there is bias present as there is still support for the technique of mammographic screening.

This source is useful to the concept of this paper because it provides a new look at mammograms and the potential of their future in the avoidance of negative consequences. Furthermore, it provides a positive argument for mammography from which uses can be extracted. It allows for the provision of a discussion on changing paradigms in this field of medicine in science - can we still say that there are negative consequences to a technology if it is always evolving and moving towards less controversial techniques?

* **Summarize**: Some annotations merely summarize the source. What are the main arguments? What is the point of this book or article? What topics are covered? If someone asked what this article/book is about, what would you say? The length of your annotations will determine how detailed your summary is.
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