

# GET THE

# FACTS:

**FACT:** *The Task Force recognizes the value of mammography screening as an important tool in reducing breast cancer deaths.*

The Task Force recognizes that mammography is an important tool in reducing breast cancer deaths. The science continues to show that screening is most beneficial for women ages 50 to 74. Women ages 40 to 49 should make their own decision about whether to get a mammogram, in consultation with their doctors. This decision should be based on their health history, preferences, and how they value the different potential benefits and harms of screening.

**FACT:** *There is considerable agreement about mammography screening among groups who have recently issued evidence-based guidelines, including the Task Force and the American Cancer Society.*

The Task Force, the American Cancer Society, and many others have affirmed that mammography is an important tool to reduce breast cancer mortality and that the benefits of mammography increase with age. Most guidelines suggest that there is value in mammography screening for women in their 40s. Support of a personal, informed choice for women in their early 40s is widely shared, not just by the Task Force and the American Cancer Society, but also by the American College of Physicians, the American Academy of Family Physicians, and the Canadian Task Force on Preventive Health Care.

**FACT:** *The Task Force recommends that a woman's decision to start regular mammography screening in her 40s be an individual one, made in consultation with a doctor.*

Evidence shows that mammography screening can be effective for women in their 40s. The Task Force recommends that women in their 40s have a discussion with their doctors about the potential benefits and harms of screening to make an informed choice.

**FACT:** *The Task Force's final recommendations will have no immediate impact on private insurance coverage for mammography screening for most women in their 40s.*

The Task Force does not make recommendations for or against insurance coverage and the final recommendations will have no impact on insurance coverage for breast cancer screening at this time. Through a unique provision of federal law, legislators guaranteed that women in their 40s who have private insurance will not have a copay for their screening mammogram.

**FACT:** *The Task Force reviewed all of the public comments on its 2015 draft recommendation statement.*

The Task Force carefully reviewed each and every comment received, and made updates to the recommendation statement based on the comments. Within the recommendation, there is a section that provides an overview of the themes of the public comment received and the Task Force's responses to them.

**FACT:** *There are harms associated with screening for breast cancer.*

One serious potential harm of screening is overdiagnosis and overtreatment, or unneeded detection and treatment of cancer that would not have become a threat to a woman's health during her lifetime.

**FACT:** *The Task Force sought feedback and commentary from outside experts in developing its recommendation statement.*

The Task Force sought input from breast disease specialists and the public when developing its recommendations, including radiologists, surgeons, and oncologists. The Task Force also opened its draft research plans, evidence reviews, and recommendation statement for comment.

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**FACT: *The Task Force is not recommending for or against 3D mammography screening. More research is needed in this area.***

**FACT: *The Task Force is not recommending for or against additional screening in women who have dense breasts. More research is needed in this area.***

The Task Force is unable to make a recommendation for or against 3D mammography screening because there is not enough evidence to determine whether it will result in improved health or quality of life or fewer deaths among women. More research is encouraged.

The Task Force is unable to make a recommendation for or against additional screening in women who have dense breasts because the evidence is unclear whether it will help these women. More research is encouraged.

