

U.S. Preventive Services Task Force Issues Final Recommendations on Screening for Breast Cancer

Task Force confirms mammography is an important tool for women ages 40 to 74; recommends women ages 50 to 74 be screened regularly and women in their 40s make an individual decision in partnership with their doctors

WASHINGTON, D.C. – January 12, 2016 – The U.S. Preventive Services Task Force today published a final recommendation statement on screening for breast cancer following an in-depth review of the science on the benefits and harms of screening mammography, and a detailed review of input received from the public and health care professionals on its 2015 draft recommendation. The Task Force – an independent, volunteer panel of experts in evidence-based medicine – examined the evidence on women who were not known to be at increased risk of breast cancer.

The recommendation statement is made up of several recommendations, addressing different age groups and screening methods.

The Task Force confirmed that screening mammography is effective in reducing deaths due to breast cancer among women ages 40 to 74 years.

The greatest benefit of screening mammography occurs in women ages 50 to 74 years, and these women get the best balance of benefits to harms when screening is done every two years. This is a **B recommendation**.

“The Task Force, the American Cancer Society, and many others have all affirmed that mammography is an important tool to reduce the risk of dying from breast cancer, and that the benefits of mammography increase with age,” says Task Force chair Albert Siu, M.D., M.S.P.H. “We hope this growing convergence among distinct organizations gives women and their health care providers confidence in the science that supports mammography screening.”

For women in their 40s, the Task Force found that mammography screening every two years can also be effective and recommends that the decision to start screening should be an individual one, taking into account a woman’s health history, preferences, and how she values the potential benefits and

Final Recommendations by Age:

40-49: Recommends informed, individualized decisionmaking based on a woman’s values, preferences, and health history. (C recommendation)

50-74: Recommends mammography every two years. (B recommendation)

75 and older: More research needed. Current science inadequate to recommend for or against. (I statement)

(See final recommendation statement for additional I statements)

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harms. Women in their 40s who have a mother, sister, or daughter with breast cancer may benefit more than average-risk women by beginning screening before age 50. This is a **C recommendation**.

While the Task Force noted that screening mammography is effective in reducing deaths from breast cancer for women in their 40s, the likelihood of benefit is less than for older women and the potential harms proportionally greater. The most serious potential harm of mammography screening is unneeded treatment for a type of cancer that would not have become a threat to a woman's health during her lifetime; the most common is a false-positive test result, which often leads to additional tests and procedures and may lead to anxiety and stress.

“Our findings support a range of choices available to women—from beginning regular mammograms in their 40s, to waiting until age 50 to begin screening, when the likelihood of benefit is greater,” says the Task Force's vice chair Kirsten Bibbins-Domingo, Ph.D., M.D. “Women deserve to understand what the science says about mammography screening, so that they can make the best decision for themselves, in partnership with their doctor.”

For women age 75 and older, the Task Force found that there is very limited evidence. None of the studies of breast cancer screening included women in this age group. Due to this lack of evidence, the Task Force is unable to make a recommendation for or against screening these women and encourages additional research in this area. This is an **I statement**.

Finally, the Task Force identified a number of areas where additional research is needed to better understand how screening might reduce breast cancer deaths. Specifically, the Task Force concluded that evidence is insufficient to determine the balance of benefits and harms in two additional areas: screening women with dense breasts; and the effectiveness of 3D mammography for the detection of breast cancer. These are **I statements**. The Task Force strongly encourages additional research in these areas and notes that women should speak to their doctors to determine what is best for their individual needs.

It's important to note that the Task Force does not make recommendations for or against insurance coverage; coverage decisions are the responsibility of payers, regulators, and legislators. Legislators have recently extended a guarantee that most women with private insurance, beginning at age 40, will not have a copay for a screening mammogram. The role and mission of the Task Force is to provide all people with the best available information about the current science of prevention to empower them to make informed decisions about their health and health care.

A draft recommendation was available for public comment from April 21 to May 18, 2015. The Task Force carefully reviewed all of the public and stakeholder comments it received.

The Task Force's final recommendation and an accompanying editorial are available online in *Annals of Internal Medicine*. To help educate health care professionals, stakeholders, and the general public about its final recommendation statement and how its findings converge with guidelines from other organizations, the Task Force published additional materials that are available through its breast cancer screening [Web site](#).

Dr. Siu is the Ellen and Howard C. Katz Mount Sinai Health System chair and professor of the Brookdale Department of Geriatrics and Palliative Medicine at the Icahn School of Medicine at Mount Sinai. He is also director of the Geriatric Research, Education, and Clinical Center at the James J. Peters Veterans Affairs Medical Center, and has served as deputy commissioner of the New York State Department of Health.

Dr. Bibbins-Domingo is the Lee Goldman, MD endowed chair in medicine and professor of medicine and of epidemiology and biostatistics at the University of California, San Francisco (UCSF). She is a general internist and attending physician at Zuckerberg San Francisco General Hospital and the director of the UCSF Center for Vulnerable Populations at Zuckerberg San Francisco General Hospital.

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