



U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Breast Cancer; Seeks Comments from the Public

Evidence shows that mammography screening is most beneficial for women ages 50 to 74; Women ages 40 to 49 should make an individual decision in partnership with their doctors

WASHINGTON, D.C. – April 21, 2015 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence documents on screening for breast cancer. The Task Force, an independent, volunteer panel of experts in preventive care and evidence-based medicine, reviewed the scientific data about the benefits and harms associated with breast cancer screening, and has posted a draft recommendation statement based on that evidence. The draft recommendation statement is made up of several recommendations, addressing different age groups and screening methods.

Based on the evidence, the Task Force found that the benefit of mammography screening increases with age, with women ages 50 to 74 benefiting most. Women get the best balance of benefits to harms when screening is done every two years. This is a **B recommendation**.

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, recognizing the potential benefits as well as the potential harms. This is a **C recommendation**. The science shows that some women in their 40s will benefit from mammography, most will not, while others will be harmed. Of the potential harms, the most serious is unneeded diagnosis and treatment for a type of breast cancer that would not have become a threat to a woman's health during her lifetime. The most common harm is a false-positive test result, which often leads to additional tests and procedures. While some women do not mind the anxiety that accompanies a false-positive mammogram, other women consider this a harm. Among women in their 40s, women who have a mother, sister, or daughter with breast cancer may benefit more than average-risk women by beginning screening before age 50. The Task Force rated this recommendation as a C, noting that mammography for women in their 40s is effective in reducing deaths from breast cancer, but that the benefits are less than for older women and the harms potentially greater.

"Women deserve to be empowered with the scientific data about the benefits and harms of mammography so they can make informed choices about their health," says Task Force Vice-Chair

Draft Recommendations by Age:

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

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

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

(See draft recommendation statement for additional I statements)

[Learn more here](#)

Kirsten Bibbins-Domingo, Ph.D., M.D. “Supported by the science, every woman should use her own values, preferences, and health history to make the decision that is right for her.”

The Task Force has developed several additional recommendations as part of this draft recommendation statement.

- For women age 75 and older, the Task Force determined that the current evidence is insufficient to make a recommendation for or against mammography screening. This is an **I statement**, and the Task Force encourages more research on screening in this age group.
- While 3-D mammography is a promising new technology for the detection of breast cancer, the Task Force did not find enough evidence to determine whether it will result in better overall health outcomes for women. Therefore, the Task Force cannot make a recommendation for or against 3-D mammography, and is issuing an **I statement**, encouraging additional research in this area.
- Certain factors increase a woman’s risk for developing breast cancer. Women who have dense breasts are at an increased risk, and high breast density also reduces the ability of mammography to find and accurately identify breast cancer. However, the evidence on how additional screening beyond mammography may or may not help women with dense breasts is unclear. The Task Force cannot make a recommendation for or against such additional screening, and is also encouraging additional research in this area. This is an **I statement**.

“Mammography is an important tool in reducing the number of breast cancer deaths. Based on the evidence, the Task Force found that screening is most beneficial for women ages 50 to 74,” says the Task Force’s immediate past chair, Michael L. LeFevre, M.D., M.S.P.H. “The evidence shows that screening women age 40 to 49 is beneficial as well, but fewer women will avoid a breast cancer death by screening at this age. The number of women who experience a false positive result and unnecessary testing is actually higher. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening between the ages of 40 and 49.”

To help educate health care professionals, stakeholders, and the general public about these important draft recommendations, the Task Force has developed additional materials, including a topic fact sheet, a video, answers to frequently-asked questions, and a fact sheet for consumers.

The Task Force hopes these draft recommendations will inform and empower women with the best scientific data about the benefits and harms associated with breast cancer screening, so they can make informed decisions with their doctor. The Task Force welcomes the public’s feedback on this draft recommendation. Please visit www.screeningforbreastcancer.org to learn about this recommendation and submit comment. Comments can be submitted beginning today, through May 18.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

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