

## Screening for Breast Cancer Final Research Plan BACKGROUND

### The U.S. Preventive Services Task Force and Our Mission

The U.S. Preventive Services Task Force (Task Force) is an independent group of national experts in prevention and evidence-based medicine. We work to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. We are committed to providing recommendations based on the best available evidence to primary care professionals and to women, men, and their families so that together they can make informed decisions about the benefits and risks of preventive services.

### Updating Our Recommendation Statement on Screening for Breast Cancer

The Task Force is updating our recommendation statement on screening for breast cancer. To update our recommendation statement, we will consider the available science on the topic. The first step in our process is the development of a research plan, now completed, which guides the scope, conduct, and content of a systematic evidence review. To learn about the steps in the recommendation process, [click here](#).

### The Research Plan on Screening for Breast Cancer

The research plan sets the scope and focus for the systematic evidence review that will be conducted for the Task Force. The research plan calls for the examination of evidence regarding the benefits and harms of screening for breast cancer in women, including:

- The benefits of breast cancer screening via mammography, magnetic resonance imaging (MRI), ultrasound, and newer technologies, such as 3-D mammography, on important outcomes, including preventing death from breast cancer, reducing rates of advanced breast cancer, and improving quality of life.
- The potential harms of breast cancer screening, such as overdiagnosis and resulting overtreatment, false-positive and false-negative test results, and adverse effects related to breast cancer treatment.
- How screening benefits and harms may vary by age, a woman's individual risk factors, and time between examinations.
- Issues surrounding the medical care of women who have a mammogram that shows they have dense breast tissue, but otherwise negative mammography results.

The review will include both randomized, controlled trials and observational studies.

### What Happens Next?

The public comment period on the draft research plan has closed, the Task Force has carefully reviewed and considered all of the feedback received, and the research plan has been finalized.

The next step is to execute the research plan: an Evidence-based Practice Center, a group of experts in gathering research who work with the Task Force, will conduct a thorough review of the scientific literature and develop a draft evidence review. After considering all of the data from the evidence review, the Task Force will develop a draft recommendation statement.

The draft evidence review and draft recommendation statement will be posted together for public comment when completed. The Task Force will again invite everyone to help in our recommendation development process by submitting comments at this time. By gaining public input throughout the recommendation process, we ensure that our final recommendations are accurate, reliable, and useful.

We move each topic through the recommendation development process efficiently, while allowing the time necessary to come to a thoughtful, well-informed recommendation. Some recommendations may take longer than others to develop and finalize for several reasons, such as the scope and complexity of the issue, the time needed for additional consideration of public and partner feedback, or other external factors, such as the publication schedules of journals.

### **What Is the Current Task Force Recommendation Statement on Screening for Breast Cancer?**

In 2009, the Task Force recommended the use of screening mammography for breast cancer every 2 years in women ages 50 to 74 years.

For women younger than age 50 years, the Task Force stated that the decision to have screening mammography for breast cancer should be an individual one and should take into account a woman's own situation and her values regarding specific benefits and harms.

The Task Force concluded that there was not enough evidence available to draw reliable conclusions about the additional benefits and harms of screening mammography for breast cancer in women age 75 years or older.

There were several additional recommendations. The Task Force recommended that primary care clinicians not teach breast self-examination to women. This recommendation applied specifically to health care professionals providing formal instruction in breast self-examination to patients and did not mean that women should not be generally aware of their bodies.

The Task Force concluded that there was not enough evidence available to draw reliable conclusions about any additional benefits and harms of clinical breast examination beyond screening mammography in women age 40 years or older.

The Task Force also concluded that there was not enough evidence available to draw reliable conclusions about any additional benefits and harms of using either digital mammography or MRI instead of film mammography as screening tests for breast cancer.

To learn more about the Task Force's 2009 recommendation statement on screening for breast cancer and to review the supporting evidence, please visit <http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm>.

### **How Can I Get Additional Information and Updates?**

For more information on this topic and the Task Force, visit <http://www.uspreventiveservicestaskforce.org/breastcancer>. In addition, anyone who wishes to stay current on the Task Force's latest work can sign up for our [email list](#) to receive updates and announcements, including when draft research plans, draft evidence reviews, and draft recommendation statements are posted for public comment. The listserv also includes updates when final research plans, evidence summaries, and final recommendation statements are available.