

## U.S. Preventive Services Task Force Issues Statement on 2016 ACOG Consensus Conference

WASHINGTON, D.C. – January 27, 2016 – The U.S. Preventive Services Task Force is planning to send representatives to the American College of Obstetricians and Gynecologists' Consensus Conference on January 28 to 29 to present the evidence that informed our 2016 final recommendations on screening for breast cancer. Our conference presentation will also be posted on our Web site following the meeting, so patients and health care professionals can learn more about the science we reviewed and our statements during the meeting. We are looking forward to this meeting and to having a constructive conversation that is focused on areas of agreement in order to best help women as they make decisions about their health care.

The Task Force is congressionally mandated to develop evidence-based recommendations that focus on preventive services provided in the primary care setting. While we value the important discussions that will take place in this conference, particularly those that will communicate to patients and clinicians the areas of agreement among our organizations, the Task Force's processes require that our guidelines be based on the scientific evidence and do not permit us to sign on to consensus guidelines. We are encouraged by the strong convergence among the Task Force, the American Cancer Society, and other conference participants around the following points and hope that they are communicated effectively. In our view, important areas of convergence include:

- Mammography is an important tool to reduce breast cancer mortality.
- The benefits of mammography increase with age, with the greatest benefit for women between the ages of 50 and 74.
- Women in their 40s have the potential to benefit from mammography screening. While there is variation in the specifics across guidelines, many endorse that women should make their own decision about whether to start mammography in their 40s in consultation with their doctors. Women should consider both the potential benefits and the potential harms of screening and, together with clinicians, make the decision about when to start screening based on her health history, preferences, and how she values the different potential benefits and harms of screening.
- There is not a "one size fits all" approach regarding the age at which to end mammography screening. For women age 75 and older, there is not enough evidence about the overall benefit of mammography screening, and these women should talk with their doctor to determine what is best for their individual health needs, values, and preferences.

As primary care clinicians and researchers, we hope that this conference will facilitate greater dialogue between women and their doctors so they can make informed health care decisions. We also hope it will lead to additional research addressing important evidence gaps in the science of breast cancer screening.

Contact: USPSTF Media Coordinator at [Newsroom@USPSTF.net](mailto:Newsroom@USPSTF.net) / (202) 572-2044

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