

WHAT'S NEW

From the U.S. Preventive Services Task Force

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Screening for Breast Cancer

What Does the Current U.S. Preventive Services Task Force (USPSTF) Recommend?

- Recommends screening mammography every 1-2 years, with or without clinical breast examination, among women aged 40 and older.
- Women should be informed of potential benefits, limitations, and possible harms of mammography in making decisions about when to begin screening.
- Concludes that there is insufficient evidence to recommend for or against routine clinical breast examination alone to screen for breast cancer.

- Concludes that there is insufficient evidence to recommend for or against teaching or performing routine breast self-examination.

Why Did the USPSTF Revisit This Topic?

In 1996, the USPSTF recommended routine screening for breast cancer every 1-2 years, with mammography alone or mammography plus annual clinical breast examination, for women aged 50-69. At that time, the USPSTF found insufficient evidence to recommend for or against routine mammography or clinical breast exam for women younger than age 50 or older than 70. The USPSTF also concluded at that time that there was insufficient evidence to recommend for or against the use of clinical breast

exam or breast self-examination alone. Since then, new studies and extended follow-up from earlier trials have provided important new information on the benefits and harms of breast cancer screening for both younger and older women.

In 2001, approximately 40,600 women died of breast cancer.

Prevalence and Risk

Breast cancer is the most common cancer among women in the United States and, after lung cancer, is the second leading cause of cancer-related death. In 2001, an estimated 192,200 American women were diagnosed with breast cancer for the first time, and 40,600 women died from the disease.

What's New from the U.S. Preventive Services Task Force is a series of fact sheets based on work of the U.S. Preventive Services Task Force (USPSTF). The USPSTF systematically reviews the evidence of effectiveness of a wide range of clinical preventive services—including screening, counseling, and chemoprevention (the use of medication to prevent disease)—to develop recommendations for preventive care in the primary care setting. **This fact sheet presents highlights of USPSTF recommendations on this topic and should not be used to make treatment or policy decisions.**

More detailed information on this subject is available in the USPSTF Recommendations and Rationale. The complete evidence considered by the USPSTF will be summarized in a Systematic Evidence Review and Summary of the Evidence, which are currently undergoing final revisions, and will soon be accessible on the Agency for Healthcare Research and Quality's (AHRQ) Web site (<http://www.ahrq.gov/clinic/uspstfix.htm>), through the National Guideline Clearinghouse (<http://www.guideline.gov>), and in print through the AHRQ Clearinghouse (1-800-358-9295).

www.ahrq.gov

The risk of developing breast cancer increases with age beginning at age 40 but is even greater at age 50 and older. Among the individual risk factors, other than age, that increase the risk of developing breast cancer, the strongest are a family or personal history of breast cancer and biopsy-confirmed atypical hyperplasia of the breast.

Potential Benefits and Harms of Screening for Breast Cancer

Screening for breast cancer poses both potential benefits and potential harms. Although all the studies of mammography have limitations, the USPSTF concluded there was fair evidence that mammography screening every 1-2 years could reduce breast cancer mortality by approximately 20% to 25% over 10 years. The evidence is strongest for women between the ages of 50 and 69, but the USPSTF concluded benefits were likely to extend to women 40-49 as well.

The balance of potential benefits and harms varies with age. Because of a lower risk of breast cancer, the benefits

of regular mammography are smaller for women younger than 50, and the balance of benefits and harms is closer. In older women, however, the benefits are larger, the risk of false-positive results is smaller, and the balance of benefits and harms is more favorable.

The USPSTF found fair evidence that mammography screening every 1-2 years significantly reduces mortality from breast cancer for women ages 40 and older.

For more information on breast cancer and breast cancer screening, please visit the healthfinder™ Web site at: <http://www.healthfinder.gov>

Note: When discussing breast cancer screening with patients, clinicians should refer patients to mammography screening centers with proper accreditation and quality assurance standards to ensure accurate imaging and radiographic interpretation. A listing of accredited facilities is available at:

<http://www.fda.gov/cdrh/mammography/certified.html>



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U.S. Preventive Services
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The USPSTF is an independent panel of experts who represent the fields of family medicine, obstetrics-gynecology, pediatrics, nursing, prevention research, and psychology. Members of the current USPSTF are:

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