## **USPSTF Recommendation Confirms the Value of Screening Mammography**

## American Cancer Society Responds to Final USPSTF Recommendation for Breast Cancer Screening

January 11, 2016—The updated USPSTF recommendation has once again confirmed the value of screening mammography, concluding that the benefit of mammography outweighs the harms of screening in all age groups from age 40 through ages 74. It emphasizes that women and clinicians providing primary care to women both need to understand the benefits and harms of screening.

Compared to the initial draft recommendation, the USPSTF now places greater emphasis on the importance of making a personal, informed decision about when to start screening. The new language adds greater clarity regarding the higher risk of developing breast cancer in the late 40's compared to the early 40's and endorses a woman starting to screen any time in that decade if she believes screening is right for her.

The ACS guideline and the USPSTF recommendation statement include similar recommendations, but there are a few areas of important differences, including the age by which all women should have started screening, the frequency of screening mammography, and at what age screening should stop.

While differences exist between recommendations from the USPSTF, the ACS and other organizations, each confirms the importance and value of regular screening mammography. Our nation has a vital opportunity to further reduce mortality from breast cancer by reducing barriers to screening for all women, and in particular to improve access to high quality mammography to the more than one-third of women who are not being regularly screened.

The Affordable Care Act tied health insurance coverage policies to USPSTF guidelines. However, recent action in Congress placed a two-year moratorium on this breast cancer screening guideline. While insurance coverage for women who choose to have mammography in their 40s should not be interrupted in the next two years, concern remains about the implications of this updated guideline on insurance coverage decisions in the future.