

HHS Affirms Value of mammography for Detecting Breast Cancer

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"The federal government makes a clear recommendation to women on mammography: If you are 40 or older, get screened for breast cancer with mammography every one to two years," Secretary Thompson said. "While developing technology certainly holds the promise for new detection and treatment methods, mammography remains a strong and important tool in the early detection of breast cancer. The early detection of breast cancer can save lives."

The USPSTF published two earlier breast cancer screening recommendations, in 1989 and 1996, that both endorsed mammography for women over age 50. The USPSTF is now extending that recommendation to all women over age 40, but found that the strongest evidence of benefit and reduced mortality from breast cancer is among women ages 50-69. The recommendation acknowledges that there are some risks associated with mammography (false-positive results that lead to unnecessary biopsies or surgery), but that these risks lessen as women get older.

The National Cancer Institute (NCI) has also reaffirmed its support for mammography. "Early detection of cancer saves lives and we continue to recommend mammography for women in their 40s and older," said Andrew von Eschenbach, M.D., director of the NCI. "While we seek improved methods of diagnosis and treatment of breast cancer, today mammography remains an important part of our effort to save lives through early detection."

Breast cancer is the most common cancer among women in the United States. In 2001, an estimated 192,200 women were diagnosed with breast cancer, and 40,600 women died from the disease.

In addition to age, other factors may increase a woman's risk of breast cancer. The strongest risk factors are a family history of breast cancer in a mother or sister, having already been diagnosed with breast cancer, or having had a previous breast biopsy showing atypical hyperplasia (an irregular pattern of cell growth).

"Mammography is an important tool for detecting breast cancer," said Janet Allan, Ph.D., R.N., vice chair of the USPSTF. "Clinicians and women should discuss individual risk factors to determine when to have a first mammogram and how often to have them after that."

Today's USPSTF recommendation results largely from the review of eight randomized controlled trials of mammography (four of mammography alone and four of mammography plus clinical breast examination) that have reported results with 11 to 20 years of follow up. These studies have all been published since the task force last addressed this issue in 1996.

The USPSTF also noted that there remains insufficient evidence to recommend for or against routine clinical breast examination alone as a screening tool for breast cancer and insufficient evidence to recommend for or against routinely teaching or performing routine breast self-examination. While these techniques detect some additional cancers, there were not enough data to determine whether they reduced deaths from breast cancer. The USPSTF, the leading independent panel of private-sector experts in prevention and primary care, is sponsored by HHS' Agency for Healthcare Research and Quality (AHRQ) and conducts rigorous, impartial assessments of scientific evidence for a broad range of preventive services.

The breast cancer screening recommendation and materials for clinicians and patients are available on the Web at <http://www.ahrq.gov/clinic/3rduspstf/breastcancer/> or by calling AHRQ's toll-free information clearinghouse at 1-800-358-9295.
