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ACR, SBI: Avon Survey Reveals Potentially Deadly Effects of USPSTF Mammography Recommendations

Reston, VA - Feb. 22, 2010 — A recent Avon Foundation for Women survey confirms what the American College of Radiology and other experts warned would happen: states are using deeply flawed and widely discredited U.S. Preventative Services Task Force mammography recommendations to deny women coverage for mammograms, and many women are foregoing long proven, life-saving mammography care based on the mistaken USPSTF recommendations.

According to the Avon national survey of cancer health educators and providers, respondents from more than a dozen states reported changes in their states' breast and cervical cancer early detection programs following the USPSTF recommendations including the elimination of early screening programs for women under age 50. Avon reports that California, New York, Florida, Illinois and Michigan are among those states that have changed their breast cancer screening programs since the USPSTF released its guidelines. Respondents to the Avon survey also reported a decline in the number of women under 50 seeking mammograms and that many women already reluctant to have a mammogram are using the guidelines as their rationale to put off screening.

"Allowing a small number of people with no demonstrated expertise in breast cancer care to make recommendations regarding diagnosis of the nation's second leading cancer killer makes no scientific sense, and has set off a chain of political and clinical events that many women may ultimately pay for with their lives," said James H. Thrall, MD, chair of the American College of Radiology Board of Chancellors. "Lawmakers at all levels need to act now to ensure that these recommendations do no further damage, and that women have full and ready access to mammography."

The federally funded and staffed USPSTF includes representatives from major health insurers, but *not* a single radiologist, oncologist, breast surgeon, or any other clinician with demonstrated expertise in breast cancer diagnosis or treatment. Despite their own analyses that screening annually beginning at age 40 saves the most lives and most years of life, the Task Force recommended against routine mammography screening for women 40-49 years of age, against annual mammograms for women between 50 and 74 (in favor of only every other year), and said there was insufficient evidence for breast cancer screening in women over 74. These recommendations run counter to the Task Force's own data and are out of touch with the long-proven policies of the [American Cancer Society](#), [American College of Radiology](#) and [other experts in the field](#).

"Breast cancer experts have explained [why the USPSTF recommendations are scientifically mistaken](#) and the recommendations have been disavowed by the Secretary of the Department of Health and Human Services and in Congressional legislation. Any action to curtail mammography coverage or discourage women 40 and over from seeking routine mammography based on the USPSTF recommendations is unjustifiable and will result in unnecessary breast cancer deaths, said Carol H. Lee, MD, chair of the ACR Breast Imaging Commission.

Since the onset of regular mammography screening in 1990, the mortality rate from breast cancer, which had been unchanged for the preceding 50 years, has decreased by 30 percent nationwide. Ignoring direct scientific evidence from large clinical trials, the USPSTF based their recommendations to reduce breast cancer screening on conflicting computer models and the unsupported and discredited idea that the parameters of mammography screening change abruptly at age 50. There are no data to support this premise.

“Women need to speak up now before their access to mammograms, which have undisputedly saved tens of thousands of lives and continue to help drive down the breast cancer death rate every year, is taken from them. Doctors, payers, and patients should disregard the USPSTF recommendations and continue to adhere to American Cancer Society, American College of Radiology, and Society of Breast Imaging screening recommendations,” said W. Phil Evans, M.D., president of the Society of Breast Imaging (SBI).

Federal and state legislators need to act to officially exclude USPSTF mammography recommendations from coverage decisions by federal and state insurance programs. Also, state and federal legislators need to act to ensure that public and private insurance companies cannot deny mammography coverage to women based on the deeply flawed USPSTF recommendations.

Further, the USPSTF process needs to be fundamentally changed. Lawmakers need to require that the USPSTF include experts from the field on which they are making recommendations, and that its recommendations be submitted for comment and review to outside stakeholders in similar fashion to rules enacted by the Centers for Medicare and Medicaid Services.

“Two decades of advances against a disease which kills 40,000 women each year may be on the cusp of being reversed because of recommendations made by those with no demonstrated breast cancer expertise, via a process with little or no transparency, with no input from those with the expertise and experience that even the Task Force admits continue to save thousands of lives each year. These USPSTF recommendations highlight that the USPSTF process must be changed for it to provide its intended benefit and avoid adverse domino effects, like that reflected in the Avon survey, which could mistakenly cost countless lives,” said Thrall.

The USPSTF is a panel funded and staffed by the HHS Agency for Healthcare Research and Quality (AHRQ). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) gave the U.S. Department of Health and Human Services the authority to consider USPSTF recommendations in Medicare coverage determinations. Private insurers and state governments may also incorporate the USPSTF recommendations as a cost-savings measure.

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