

STATEMENT FROM THE AMERICAN COLLEGE OF RADIOLOGY AND THE SOCIETY OF BREAST IMAGING:

USPSTF Mammography Recommendations Will Result in Unnecessary Breast Cancer Deaths Each Year

Reston, Va. — If cost-cutting U.S. Preventive Services Task Force (USPSTF) mammography recommendations are adopted as policy, two decades of decline in breast cancer mortality could be reversed and countless American women may die needlessly from breast cancer each year. The recommendations — created by a federal government-funded committee with no medical imaging representation — would advise against regular mammography screening for women 40-49 years of age, provide mammograms only every other year for women between 50 and 74, and stop all breast cancer screening in women over 74.

“These unfounded USPSTF recommendations ignore the valid scientific data and place a great many women at risk of dying unnecessarily from a disease that we have made significant headway against over the past 20 years. Mammography is not a perfect test, but it has unquestionably been shown to save lives — even in women aged 40-49. These new recommendations seem to reflect a conscious decision to ration care. If Medicare and private insurers adopt these incredibly flawed USPSTF recommendations as a rationale for refusing women coverage of these life-saving exams, it could have deadly effects for American women,” said Carol H. Lee, M.D., chair of the American College of Radiology 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. 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. In truth, there are no data to support this premise.

“The USPSTF claims that the “harms” of mammography, including discomfort of the exam, anxiety over positive results, and possibility of overtreatment because medical science cannot distinguish which cancers will become deadly most quickly — outweigh the greatly decreased number of deaths each year resulting from breast cancer screening. Without doubt, the possibility of having one’s life saved through early detection far outweighs any of these concerns. Their premise is tragically incorrect and will result in many needless deaths if their recommendations are adopted by the American public.” said Lee.

“The USPSTF recommendations are a step backward and represent a significant harm to women’s health. To tell women they should not get regular mammograms starting at 40 when this approach has overwhelmingly been shown to save lives is shocking. At least 40 percent of years of life saved by mammographic screening are of women aged 40-49. These recommendations are inconsistent with current science and apparently have been developed in an attempt to reduce costs. Unfortunately, many women may pay for this unsound approach with their lives,” said W. Phil Evans, M.D., FACR, president of the Society of Breast Imaging (SBI).

The USPSTF is an independent panel of primary care physicians 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 HHS the authority to consider USPSTF recommendations in Medicare coverage determinations for additional preventive services. Recently, Congress has expressed their desire to broaden this authority and enhance the role

of the USPSTF in terms of its impact on coverage for existing services. Additionally, private insurers may incorporate the AHRQ-funded USPSTF recommendations as a cost-savings measure.

“I am deeply concerned about the actions of the USPSTF in severely limiting screening for breast cancer. These recommendations, in combination with recent CMS imaging cuts, jeopardize access to both long proven and cutting-edge diagnostic imaging technologies. Government policy makers need to consider the consequences of such decisions. I can’t help but think that we are moving toward a new health care rationing policy that will turn back the clock on medicine for decades and needlessly reverse advances in cancer detection that have saved countless lives,” said James H. Thrall, M.D., FACR, chair of the American College of Radiology Board of Chancellors.