

ACR/SBI Talking Points: ACS Mammography Guidelines

PRIMARY:

The ACS report and USPSTF support data agree that mammography significantly reduces breast cancer deaths and that the most lives are saved when women begin annual mammography screening at age 40. Our approach is to save the most lives possible. That is why we continue to recommend women have yearly mammograms starting at age 40.

- ACS says the incidence of breast cancer begins to “noticeably increase around the age of 40 years” – and that women should have the opportunity to begin annual screening at age 40-44. The ACR and SBI support screening starting at age 40, knowing that benefit/risk ratio will increase as women age.
- As ACS noted, early breast cancer detection reduces deaths, extends life expectancy (years of life gained), and improves life quality (quality-adjusted life-years gained). Early breast cancer detection also enables less extensive surgery, fewer mastectomies, and less frequent or aggressive chemotherapy.
- The ACS guidelines recognize that mammography reduces breast cancer deaths as much as 48 percent in women who are actually screened (rather than simply invited to screening). Pooled mortality reduction is 28-36 percent in trend studies; 25 percent for invited and 38 percent for screened women in cohort studies; and 31 percent invited / 48 percent actually screened for case-control studies.
- While the ACS states that transitioning to biennial screening is an option for older women, they note that either one or two years intervals would be appropriate as a woman ages. The ACR and SBI strongly encourage women to obtain the maximum life saving benefits from mammography by continuing with an annual screening schedule.

The ACR, SBI and ACS agree that overdiagnosis claims are vastly inflated due to key methodological flaws in many studies.

- ACS assesses “the quality of the evidence regarding the magnitude of overdiagnosis to be low.”
- The overdiagnosis range is likely 1-10 percent and is principally due to ductal carcinoma in situ (DCIS)
- Very few invasive cancers are over-diagnosed
- *NO* evidence shows that an invasive cancer has ever gone away or shrank without treatment.

The ACS study confirms that the vast majority of mammography false positive results require nothing more than additional imaging to resolve. Short-term test result anxiety, a small percentage of women recalled for more imaging (only 2 percent of women recalled have a needle biopsy) and greatly inflated overdiagnosis claims, don’t outweigh thousands of lives saved each year by mammography screening.

- [Published research](#) shows that nearly all women who experience a false-positive exam still endorse regular screening and want to know their status.
- We support these women in their right to choose for themselves.
- And, their insurers should cover them for annual mammography if/when they choose to be screened.

ACS and USPSTF Processes

The ACR and SBI commend the ACS for their attention to the IOM modern guideline development process – which is more trustworthy than the antiquated USPSTF methods.

- The ACS performed an extensive review of the evidence, including randomized control trials (RCTs), population based observational studies, case-control studies and cohort studies. This goes beyond the USPSTF limited review of only selected studies – many decades old using outdated equipment.
- ACS included individuals on its panel who have experience in breast cancer, sought input from breast cancer experts, and at least listened to that input.
- The USPSTF methodology lacks transparency, has limited input from cancer experts and does not engage all stakeholders, which are needed to form guidelines that are meaningful and trustworthy.