

SBI Comment on Women's Preventive Services Initiative (WPSI) Draft Recommendations on Breast Cancer

The Society of Breast Imaging (SBI) has read the draft recommendations for breast cancer mammographic screening. We commend the efforts of multiple organizations who participated in the WPSI's meeting that attempted to standardize these guidelines in order to decrease confusion among women. However, these data overemphasized the harms of mammographic screening (recalls, anxiety in women and overdiagnosis) and understated the benefits.

Similar to the composition of the United States Preventive Services Task Force committee, there are no experts on the advisory board or panel who treat breast cancer patients (i.e., breast surgeons, medical oncologists or radiation oncologists). In addition, the opinions of many societies involved in breast cancer treatment are not heard. For example, the American Society of Breast Surgeons (ASBS) and the Radiation Therapy Oncology Group (RTOG) support annual screening mammography at age 40. Many members of the American Society of Clinical Oncologists (ASCO) also recommend annual screening starting at age 40 as well as the American College of Radiology (ACR), the National Comprehensive Cancer Network (NCCN) and the Society of Breast Imaging.

In addition to informed discussion between patients and their health care providers, SBI recommends annual screening starting at age 40 and continuing beyond age 75 for as long as a woman and her provider believe that her overall health is good enough to warrant the examinations. Regarding the recommendation statement itself, we would like WPSI to change the following paragraph to the revised one below.

Current:

Screening mammography for average risk women should be covered as a preventive service for women, beginning as early as age 40 and occurring as frequently as annually for some women. Ages to begin and end screening and intervals of screening (annual versus biennial) are based on individual considerations, although all women should be screened annually or biennially between ages 50 and 75 years. The resulting sequence of follow-up imaging tests and interventions, including biopsies, necessary to complete the evaluation of mammographic findings detected on screening should be covered as an integral part of breast cancer screening.

Proposed Revision:

Screening mammography for average risk women should be covered by healthcare providers as a preventive service, without additional cost sharing or co-payments, beginning as early as age 40, occurring as frequently as annually for those women who desire it and extending to an age when the patient's comorbidities and life expectancy mitigate the benefits of early stage cancer detection. The scientific data demonstrate maximum benefits when screening is started at age 40 and performed annually. However, each individual woman should be able to make her own informed decision as to when to begin and how often to be screened. The resulting sequence of follow-up imaging tests and interventions, including biopsies, necessary to complete the evaluation of mammographic findings detected on screening should be covered as an integral part of breast cancer screening.

Condensed version (1,000 characters):

The Society of Breast Imaging requests changes to the fifth paragraph, "Screening mammography for average risk women..."

Proposed:

Screening mammography for average risk women should be covered by healthcare providers as a preventive service, without additional cost sharing or co-payments, beginning as early as age 40, occurring as frequently as annually for those women who desire it and extending to an age when the patient's comorbidities and life expectancy mitigate the benefits of early stage cancer detection. The scientific data demonstrate maximum benefits when screening is started at age 40 and performed annually. However, each individual woman should be able to make her own informed decision as to when to begin and how often to be screened. The resulting sequence of follow-up imaging tests and interventions, including biopsies, necessary to complete the evaluation of mammographic findings detected on screening should be covered as an integral part of breast cancer screening.