

USPSTF Final Recommendations Talking Points and Supporting Facts

Position Points:

1. Congress included primary language from the Protecting Access to Lifesaving Screenings Act (PALS Act) in the recently enacted Consolidated Appropriations Act. This delayed implementation of the USPSTF recommendations for two years to give breast cancer experts and lawmakers time to vet the deadly Task Force recommendations and the process by which they were created. Women and Congress need to remain vigilant so that coverage decisions based on these recommendations are not simply put into place without a thorough proper analysis.
2. The U.S. Preventive Services Task Force (USPSTF) scientific review is in agreement with new American Cancer Society guidelines which show that annual screening beginning at age 40 saves more lives than delaying screening until age 50 or less frequent screening (biennial vs yearly). This has long been the position of the ACR/SBI and is a basis for our continued recommendation that women ages 40-and-older choose to have annual mammograms.
3. The USPSTF and new American Cancer Society breast cancer screening guidelines indicate that the benefits of mammography exceed the harms for women in their 40s and that screening saves lives in women ages 40 and over. This has been well known to the American College of Radiology (ACR), Society of Breast Imaging (SBI), and other experts in breast cancer care. We are disappointed that the USPSTF has failed to act appropriately on this knowledge.
4. The USPSTF has still underestimated the lifesaving benefit of regular mammograms by excluding more modern studies, and overestimated screening challenges – particularly “overdiagnosis.” It excluded more reliable estimates of the contribution of this theoretical phenomenon and relied on “outlier” estimates. As a result, its benefits versus harms calculation defies both common sense and the judgment of breast cancer experts and provides an inaccurate and misleading justification for their recommendations.
5. We strongly disagree with the USPSTF recommendations – which, if implemented after the two-year moratorium, may create a financial barrier impairing a woman’s right to choose when to seek mammograms. Women should have the opportunity to make informed

choices regarding screening and to have insurance coverage for those decisions. We hope that even the most vitriolic critic of mammography would still agree that women 40-and-older who want yearly mammograms should have fully covered access to these lifesaving exams.

6. We also continue to object to the deliberate exclusion of experts in clinical breast cancer care as Task Force members. Institute of Medicine protocol for guideline creation – widely regarded as the medical industry standard – require inclusion of such experts to meet their standard for “Trustworthy Guidelines.” Exclusion of subject matter experts does not allow for inclusion of diverse opinion, impairs the transparency of the process, foregoes a multidisciplinary approach vital to modern medicine and is not in the best interest of United States women.

Supporting Facts:

1. If adopted as policy, the USPSTF breast cancer screening recommendation could result in thousands of additional and unnecessary breast cancer deaths each year as insurance coverage of mammograms for millions of women’s could be impaired. Coverage was previously guaranteed under the Affordable Care Act (ACA). Currently, the ACA requires private insurers to cover exams or procedures given a grade of “B” or higher by the USPSTF with no copay. The Task Force gave routine screening of women ages 40-49 a grade of “C” and gave a “B” grade to biennial screening for women 50-74. Therefore, if the Task Force’s recommendations were one day applied women ages 40-49 who want routine screening and those 50-74 who want to be screened annually may not be guaranteed coverage.
2. With the recent inclusion of the Protecting Access to Lifesaving Screenings Act (PALS Act) primary language in the Consolidated Appropriations Act, mandatory mammography insurance coverage for millions of women nationwide will continue for at least two more years. The ACR and SBI strongly supported this inclusion and are grateful for Congress’s foresight to include the language. We encourage women and Congress to remain vigilant and continue to safeguard access to annual mammography screening beginning at age 40.
3. According to National Cancer Institute [data](#), since mammography screening became widespread in the mid-1980s, the U.S. breast cancer death rate has dropped 35 percent. Insurance coverage has allowed

more women to undergo screening and benefit from the reduced mortality rate.

4. An analysis by [Hendrick and Helvie](#) published in the *American Journal of Roentgenology*, using the Task Force's 2009 methodology, showed that if women ages 40-49 are not screened, and those 50-74 are screened biennially, approximately 6,500 additional women each year in the U.S. would die from breast cancer.
5. A recent [study in the British Medical Journal](#) confirms that early detection of breast cancer via mammography is critical for improving breast cancer survival, regardless of therapy advances.
6. A recent [study published in Cancer](#) showed that more than 70 percent of the women who died from breast cancer in their 40s at major Harvard teaching hospitals were among the 20 percent of women who were not being screened.
7. One in six breast cancers occur in women aged 40-49.
8. Forty percent of all the years of life saved by mammography is among women in their 40s.
9. [A 2014 study](#) published in the *JAMA Internal Medicine* found that women experience short term anxiety regarding test results but that it rapidly declines over time and there is no measurable effect to their health.
10. [Past research also published in JAMA found](#) that nearly all women who experienced a false-positive exam support screening.
11. The USPSTF limited its evidence review to studies that underestimate the lifesaving benefit of regular screening and greatly inflate overdiagnosis claims.
12. Because medical science cannot determine which cancers will advance to kill a woman and which will not, all women 40 and older should be screened regularly.
13. The USPSTF does not follow the Institute of Medicine's recommendations for guideline development – widely regarded as the medical gold standard. No breast cancer experts sit on the task force nor were any at meetings where the evidence was reviewed and recommendations discussed.
14. Mammography can detect cancer early when it's most treatable and can be treated less invasively — which not only save lives, but helps preserve quality of life.