

USPSTF Moves Forward with Controversial Breast Cancer Screening Recommendations

Bright Pink is disappointed to hear that the United States Preventive Services Task Force (USPSTF) has chosen to proceed with finalizing their draft guidelines on breast cancer screening, despite legislation passed in Congress at the end of 2015 prohibiting the implementation of these guidelines for two years. The purpose behind the legislative moratorium is to allow for more inclusive discussion about the clinical impact these guidelines would have on American women, a process that is scheduled to begin in less than two weeks.

It's still unclear why the USPSTF is moving forward with finalizing their guidelines, in clear contradiction with the law, and what the full implications of this decision will be, beyond generating even more confusion for women who simply want clarity on the question of when to get a mammogram. Thankfully, **the President signed a bill in December that requires insurers to continue covering annual screening mammograms, as required under the Affordable Care Act**, for women aged 40 and over through 2017.

The USPSTF guidelines recommend that women wait to start getting mammograms until age 50, and that they get them only every two years until age 74. This is true despite the fact that, according to the American Cancer Society, 25% of women who die from breast cancer are diagnosed in their 40s, and despite

the fact that finding breast cancer at an earlier stage means that it's more easily treated.

The recommendation to wait until age 50 is grounded the idea that mammograms cause women more harm than good in two key ways.

First, there's concern that mammograms increase anxiety and cause women to undergo unnecessary biopsy procedures in response to suspicious mammogram findings. While no woman wants the stress of waiting for a follow up test and results, or of enduring a painful procedure, we believe the vast majority of women would prefer the former to a later-stage breast cancer diagnosis and all that comes with it. The USPSTF is concerned with women being able to balance the benefits and harms of mammography. But the harm of experiencing follow-up procedures is not equal to the benefit of not dying from breast cancer. **In our opinion, the USPSTF is giving greater weight to avoiding those minimal harms than they are to very significant benefit of not dying from breast cancer.**

Second, there's concern that mammograms result in "over treatment" of non-invasive (or stage 0) breast cancer called DCIS. This cancer is contained to the milk duct, and may or may not ever spread and become life-threatening. Our belief is that the problem here is not with the screening modality, or with the fact that something abnormal was found through that screening, but with the treatment protocol. With greater understanding of how DCIS differs from invasive cancer, and on the risk factors associated with it, physicians can collaborate with their patients to develop more appropriate and personalized treatment plans that can reduce the chance for unnecessary treatment.

Bright Pink remains steadfast in our position that average-risk women should start getting mammograms at age 40, and that they should get them annually. We will watch with interest to see how the USPSTF's latest actions play out in the context of the newly passed legislation, and will continue to advocate for young women around the country who deserve access to life-saving screenings.