

USPSTF Draft Recommendations Talking Points and Supporting Facts

ACR/SBI Position Points:

1. The USPSTF now admits what has been clear for years -- that the benefits of mammography exceed the harms for women in their 40s and that screening saves lives for women ages 40 and over. This has long been the position of the ACR/SBI, and well-known to those expert in breast cancer care. We are disappointed that the USPSTF has failed to act appropriately on this knowledge and have issued recommendations which could result in the denial of choice for women to maximize their screening benefit, if they so desire. The USPSTF has still underestimated the lifesaving benefit of regular mammograms by excluding more modern studies.
2. The USPSTF also 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.
3. The USPSTF scientific review now shows annual screening beginning at age 40 provides the most lives saved. This has long been the position of the ACR/SBI and has been part of the basis for our recommendation for regular mammography in this group of women.
4. We strongly disagree with the USPSTF recommendations – which could create a financial barrier impairing a woman’s right to choose when to seek mammograms. We believe women should have the opportunity to make informed choices regarding screening and to have insurance coverage for those decisions. We would hope that even the most vitriolic critic of mammography would still agree that women 40-49 and 75-and older who want regular mammograms should be covered for, and have access to, these lifesaving exams.
5. 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. Adoption of the draft United States Preventive Services Task Force breast cancer screening recommendation could result in thousands of additional and unnecessary breast cancer deaths each year.
2. If this recommendation is adopted, insurance coverage of mammograms for millions of women’s could be impaired. This 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, women ages 40-49 who choose routine screening and those 50-74 who want to be screened annually may not be guaranteed coverage under the ACA.
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. 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 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.
6. One in six breast cancers occur in women aged 40-49.
7. Forty percent of all the years of life saved by mammography is among women in their 40s.
8. [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.
9. [Past research also published in JAMA found](#) that nearly all women who experienced a false-positive exam support screening.
10. The USPSTF limited its evidence review to studies that underestimate the lifesaving benefit of regular screening and greatly inflate overdiagnosis claims.
11. 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.
12. 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.
13. There is a clear lack of transparency with the Task Force's process. Because of this, ACR and SBI support the USPSTF Transparency and Accountability Act of 2015 ([H.R. 1151](#)), recently introduced in the House of Representatives by Reps. Marsha Blackburn (R-TN) and Bobby L. Rush (D-IL). The bill seeks greater USPSTF transparency regarding the public comment process, adherence to the Administrative Procedure Act, engaging stakeholder experts and patients in a meaningful way and public access to deliberations and supporting materials.
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.