

ACR, SBI Statement on *Annals of Internal Medicine* Poll Regarding Flawed USPSTF Mammography Recommendations

A poll of readers conducted by the *Annals of Internal Medicine* regarding United States Preventive Services Task Force (USPSTF) mammography recommendations suggests the dangerous effects that these recommendations hold for American women. Of the doctors who responded, 67 percent said they would stop routinely advising women in their 40s to get annual mammograms and 62 percent would advise women 50 to 74 to get a mammogram every other year rather than annually. In addition, 41 percent will stop advising women to do monthly self-examinations and 19 percent will stop doing clinical breast examinations

The poll was conducted following recommendations by the federally funded and staffed USPSTF that, despite analyses that annual screening beginning at age 40 saves the most lives and most years of life, advised against routine mammography screening for women 40-49 years of age, against annual mammograms for women between 50 and 74 in favor of every other year, and said there was insufficient evidence to recommend screening in women over 74.

The USPSTF includes representatives from major health insurers, but *not* a single radiologist, oncologist, breast surgeon, or other clinician with demonstrated expertise in breast cancer diagnosis or treatment. These recommendations, since disavowed by the U.S. Secretary of Health and Human Services and in congressional health care reform legislation, are out of touch with the long-proven policies of the American Cancer Society, ACR and other experts in the field that continue to advise annual mammograms for women beginning at age 40.

“The *Annals* poll reflects the confusion caused by the USPSTF recommendations. Not only are many clinicians advising against screening for women in their 40s, some are recommending against breast self-examination and others are no longer performing clinical breast examination. This raises the question of how early breast cancer will be detected and sets the stage for thousands of American women to be at increased risk of dying unnecessarily from breast cancer,” **said Carol H. Lee, MD, chair of the American College of Radiology Breast Imaging Commission.** “We stand by our recommendation that yearly screening mammography should be performed for average risk women beginning at age 40”.

An accompanying editorial suggests that those who disagree with the USPSTF recommendations are relying on emotion rather than science. This ignores the fact that different conclusions can be reached based on the same data. The USPSTF admits that its members were not unanimous in endorsing these recommendations.

Since the onset of regular mammography screening in 1990, the mortality rate from breast cancer, which had been unchanged for the preceding 50 years, has decreased by 30 percent. Ignoring direct scientific evidence from large clinical trials, the USPSTF based their recommendations to reduce breast cancer screening on conflicting computer models and the unsupported and discredited idea that the parameters of mammography screening change abruptly at age 50. There are no data to support this premise.

“It is becoming apparent that the USPSTF recommendations could influence enough providers, who often see very few breast cancer patients, to make decisions that could place women at greater risk of dying from breast cancer than they otherwise would have been. The Task Force should work with the experts in breast cancer diagnosis and care to repair the damage and alleviate the confusion caused by these mistaken recommendations. Women should not have to pay with their lives for mistakes, already clearly identified by experts, that can and must be corrected,” **said W. Phil Evans, MD, FACR, president of the Society of Breast Imaging (SBI).**

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