Trends in mammography screening rates after publication of the 2009 US Preventive Services Task Force recommendations

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METHODS Cross-sectional assessments of mammography screening in 2005, 2008, and 2011 using data from the National Health Interview Survey, a nationally representative, in-person, household survey of the civilian, noninstitutionalized US population. In total, 27,829 women ages ≥40 years responded to the 2005, 2008, or 2011 surveys and reported about their mammography use. The primary outcome assessed was self-reported mammography screening in the past year.

RESULTS When adjusted for race, income, education level, insurance, and immigration status, mammography rates increased slightly from 2008 to 2011 (from 51.9% to 53.6%; P = .07) and did not decline within any age group. Among women ages 40 to 49 years, screening rates were 46.1% in 2008 and 47.5% in 2011 (P = 0.38). For women ages 50 to 74, screening rates were 57.2 in 2008 and 59.1 in 2011 (P = 0.09).

CONCLUSIONS Mammography rates did not decrease among women aged >40 years after publication of the USPSTF recommendations in 2009, suggesting that the vigorous policy debates and coverage in the media and medical literature have had an impact on the adoption of these recommendations.

ACR, SBI Statement on Cancer Article Documenting that Mammography Screening Rates Have Not Gone Down Since USPSTF Recommendations

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We at the American College of Radiology and Society of Breast Imaging are encouraged by the findings in Cancer (Pace et al) that mammography screening rates have not decreased in the wake of the United States Preventative Services Task Force (USPSTF) recommendations on breast cancer screening. This shows that screening rates overall may have rebounded from a slight dip in mammography use among Medicare patients in the year immediately following the USPSTF announcement.

People have seen that the USPSTF science is wrong. The largest and longest running breast cancer screening studies in history re-confirmed that regular mammography screening cut breast cancer deaths by roughly a third in all women ages 40 and over (including women ages 40-49). These data directly refute the USPSTF claim that mammography reduced deaths by 15 percent and show that the USPSTF calculations were understated by half. Doing so resulted in a doubling of the USPSTF estimate of the number of women needed to be invited to screen in order to save one life.

Also – and as important - the USPSTF and their supporters do not speak for the overwhelming majority of women regarding their views on mammography screening. Women are taking charge of their healthcare. Past research indicates that nearly all those women who experienced a need for additional evaluation that turned out to be negative still
support screening mammography. Anxiety over medical testing is real and important. As physicians, we should make every effort to minimize patient anxiety. However, claims of overdiagnosis of cancer due to mammography, based on poor research, have been greatly exaggerated. The vast majority of "false positive" screening studies are resolved by a few extra mammography images or an ultrasound exam.

The public has learned that the USPSTF recommendations would cause thousands of unnecessary deaths each year. A peer-reviewed analysis, published in the American Journal of Roentgenology, showed that if USPSTF breast cancer screening guidelines were followed, approximately 6,500 additional women each year in the U.S. would die from breast cancer. It is also likely that thousands more would endure more extensive and expensive treatments than if their cancers were found early by a yearly screening mammogram.

Every major medical organization in the United States with expertise in breast cancer care, including the American Congress of Obstetricians and Gynecologists (ACOG), American Cancer Society, American College of Radiology and Society of Breast Imaging recommend that women start getting annual mammograms at age 40.