New USPSTF Draft Suggests Mammography Start at 40, Not 50

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The US Preventive Services Task Force (USPSTF) today released a draft recommendation statement and evidence review that provides critical updates to its breast cancer screening recommendations.

The major change: USPSTF proposed reducing the recommended start age for routine screening mammograms from age 50 to age 40. The latest recommendation, which carries a B grade, also calls for screening every other year and sets a cutoff age of 74.

The task force's A and B ratings indicate strong confidence in the evidence for benefit, meaning that clinicians should encourage their patients to get these services as appropriate.

The influential federal advisory panel last updated these recommendations in 2016. At the time, USPSTF recommended routine screening mammograms starting at age 50, and gave a C grade to starting before that.

In the 2016 recommendations, "we felt a woman could start screening in her 40s depending on how she feels about the harms and benefits in an individualized personal decision," USPSTF member John Wong, MD, chief of clinical decision making and a primary care physician at Tufts Medical Center in Boston, told Medscape. "In this draft recommendation, we now recommend that all women get screened starting at age 40."

Two major factors prompted the change, explained Wong. One is that more women are being diagnosed with breast cancer in their 40s. The other is that a growing body of evidence showing that Black women get breast cancer younger, are more likely to die of breast cancer, and would benefit from earlier screening.

"It is now clear that screening every other year starting at age 40 has the potential to save about 20% more lives among all women and there is even greater potential benefit for Black women, who are much more likely to die from breast cancer," Wong said.

The American Cancer Society (ACS) called the draft recommendations a "significant positive change," while noting that the task force recommendations only apply to women at average risk for breast cancer.

However, Diana Zuckerman, PhD, president of the nonprofit National Center for Health Research, questioned the proposed blanket recommendation for all women to get screened for breast cancer every other year starting at age 40.

"I don't see the evidence that would suggest that all women should be starting at the same age," said Zuckerman, who highlighted a recent analysis in *JAMA Network Open* that indicated only Black women would benefit from starting screening before 50. "And of course, there's always been a lot of push back on starting at age 50. Certain medical societies have never accepted it, particularly the radiologists who do the mammograms."

A. Mark Fendrick, MD, director of the Center for Value-Based Insurance Design at the University of Michigan, Ann Arbor, had a different take. While Fendrick described the *JAMA* analysis as the best study he's seen on race adaptive breast cancer screening, he noted that just because one racial group might be at higher risk for breast cancer doesn't mean others won't also benefit from starting screening at age 40. He also told Medscape that it's likely the task force did not have enough data on race to show that certain races did not benefit from initiating screening earlier.

The American College of Radiology (ACR) already recommends yearly mammograms for average risk women starting at age 40. Its latest guidelines on mammography, published last week, call for women at higher-than-average risk for breast cancer to undergo a risk assessment by age 25 to determine if screening before age 40 is needed.

When asked about the differing views, Debra Monticciolo, MD, division chief for breast imaging at Massachusetts General Hospital, said annual screenings that follow ACR recommendations would save more lives than the every-other-year approach backed by the task force. Monticciolo also highlighted that the available scientific evidence supports earlier assessment as well as augmented and earlier-than-age-40 screening of many women — particularly Black women.

"These evidence-based updates should spur more-informed doctor–patient conversations and help providers save more lives," Monticciolo said in a press release.

Insurance Access

Typically, upgrading a USPSTF recommendation from C to B leads to better access and insurance coverage for patients. The Affordable Care Act (ACA) of 2010 requires insurers to cover the cost of services that get A and B recommendations from the USPSTF without charging copays — a mandate intended to promote greater use for highly regarded services.

But Congress created a special workaround that effectively makes the ACA mandate apply to the 2002 task force recommendations on mammography. In those recommendations, the task force gave a B grade to screening mammograms every 1 or 2 years starting at age 40 without an age limit.

Federal lawmakers have sought to provide copay-free access to mammograms for this entire population even when the USPSTF recommendations in 2009 and 2016 gave a C grade to routine screening for women under 50.

Still, "it is important to note that our recommendation is based solely on the science of what works to prevent breast cancer and it is not a recommendation for or against insurance coverage," the task force acknowledged when unveiling the new draft update. "Coverage decisions involve considerations beyond the evidence about clinical benefit, and in the end, these decisions are the responsibility of payors, regulators, and legislators."

Uncertainties Persist

The new draft recommendations also highlight the persistent gaps in knowledge about the uses of mammography, despite years of widespread use of this screening tool.

The updated draft recommendations emphasize the lack of sufficient evidence to address major areas of concern related to screening and treating Black women, older women, women with dense breasts, and those with ductal carcinoma in situ (DCIS).

The task force called for more research addressing the underlying causes of elevated breast cancer mortality rates among Black women.

The USPSTF also issued an 'I' statement for providing women with dense breasts additional screening with breast ultrasound or MRI and for screening women older than 75 for breast cancer. Such statements indicate that the available evidence is lacking, poor quality, or conflicting, and thus the USPSTF can't assess the benefits and harms or make a recommendation for or against providing the preventive service.

"Nearly half of all women have dense breasts, which increases their risk for breast cancer and means that mammograms may not work as well for them. We need to know more about whether and how additional screening might help women with dense breasts stay healthy," the task force explained.

The task force also called for more research on approaches to reduce the risk for overdiagnosis and overtreatment for breast lesions, such as DCIS, which are identified through screening.

One analysis — the COMET study — is currently underway to assess whether women could be spared surgery for DCIS and opt for watchful waiting instead.

"If we can find that monitoring them carefully, either with or without some sort of endocrine therapy, is just as effective in keeping patients free of invasive cancer as surgery, then I think we could help to de-escalate treatment for this very low-risk group of patients," Shelley Hwang, MD, MPH, principal investigator of the COMET study, told Medscape in December.

The task force will accept comments from the public on this draft update through June 5.

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