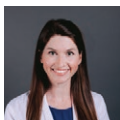


# BREAST CANCER SCREENING GUIDANCE

## STARTING ANNUAL SCREENING AT AGE 40: EARLY DETECTION SAVES MORE LIVES



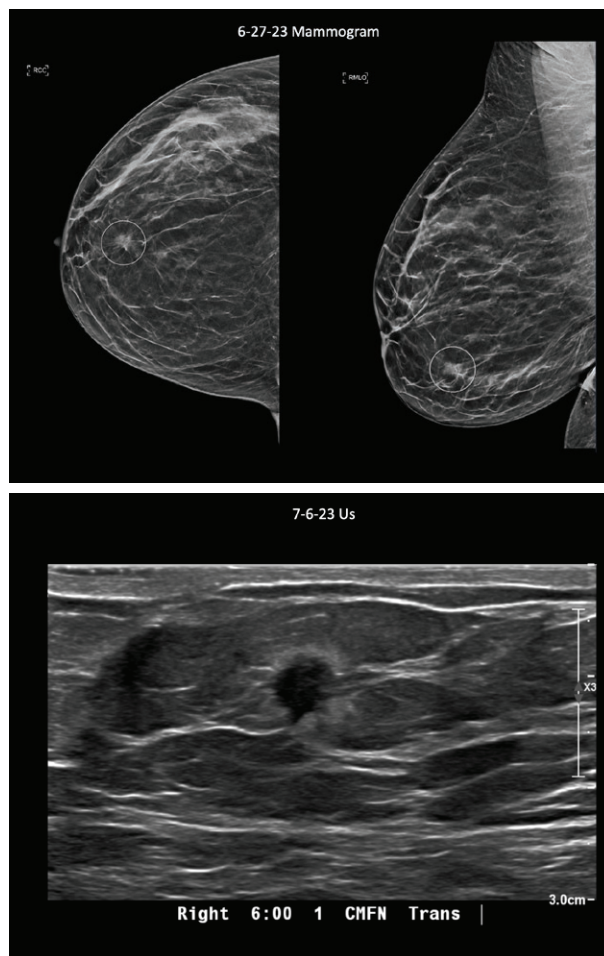
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**Breast cancer is the second most commonly diagnosed cancer, and the second leading cause of cancer death, for women in the United States. Last year, it was estimated that more than 280,000 women were newly diagnosed with breast cancer and over 43,000 women died from the disease (1). Annual screening mammography for women aged 40 to 84 years has been proven to reduce the mortality of breast cancer by 40% compared to women who do not have screening mammograms (3). However, despite the known reduction in mortality and morbidity associated with screening mammography, deciding on the ideal breast cancer screening schedule can be controversial in the United States. Recommendations regarding the age of onset and frequency of screening mammography can vary depending on the professional or governmental organization, as these organizations place different relative weights on the risks and benefits of screening mammography. These inconsistencies can result in confusion for both patients and providers regarding which specific guidelines they should follow.**

Recently, the U.S. Preventive Services Task Force (USPSTF) announced new draft guidance for breast cancer screening. The USPSTF intends to recommend screening mammography beginning at age 40 and continuing biennially until 74 years old for average risk women. This represents a change from their current guidance (issued in 2016) which recommends biennial screening mammography for women aged 50 to 74 years(2).

According to the USPSTF, “new and more inclusive science about breast cancer in people younger than 50 has enabled us to expand our prior recommendation and encourage all women to get screened in their 40s”. This change is more in keeping with the recommendations of other major medical groups, including the American College of Obstetricians & Gynecologists (ACOG), American College of Radiology (ACR), Society of Breast Imaging (SBI), American Medical Association (AMA), and National Comprehensive Cancer Network (NCCN) by encouraging women to begin screening mammography at age 40. This is an important change as 1 out of every 6 breast cancers are diagnosed in women in their 40s. The associated mortality reduction from annual screening mammograms in women aged 40 to 49 years is between 12% and 29%. (3) Therefore, these medical expert

44 year old woman with invasive ductal carcinoma in the right breast found on her annual screening mammogram.







groups recommend that screening mammography is performed every year, not biennially as recommended by the USPSTF in their initial draft.

Ideally, for any screening examination, the screening interval should be shorter than the lead time for cancer detection. This is of particular importance for women in their 40s, as breast cancers in younger women tend to be more aggressive. Consequently, younger women who have biennial versus annual screening are more likely to have later-stage disease (3). Annual screening can detect breast cancer up to 3 years before a palpable lump can be felt, which reduces the morbidity and mortality of breast cancer. In fact, breast cancer detected at stage 0 or stage I has nearly 100% 5-year survival rate and 86% 5-year survival for regional disease (axillary lymph nodes) (3). Staging also impacts treatment options and associated morbidities as more aggressive surgery and radiation therapy may be required for more extensive disease.

After the USPSTF draft recommendation announcement in May, they allowed for review and public comment for a one-month period. Experts in the field, including the Charlotte Radiology breast imaging specialists, participated in the public commentary. We strongly support beginning mammography at age 40 and annually thereafter for average

risk women, based on multiple clinical research studies and practice-based evidence. We anticipate the updated recommendation by the USPSTF later this year and hope that the final guidance will better align with current clinical evidence. As your partners in healthcare, we want to continue to provide evidence-based guidance and recommendations to better serve our patients and community.

1. Giaquinto, A.N., Sung, H., Miller, K.D., Kramer, J.L., Newman, L.A., Minihan, A., Jemal, A. and Siegel, R.L. (2022), Breast Cancer Statistics, 2022. *CA A Cancer J Clin*, 72: 524-541. <https://doi.org/10.3322/caac.21754>
2. Draft Recommendation Statement. Breast Cancer: Screening. May 09, 2023. [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).
3. Grimm LJ, Avery CS, Hendrick E, Backer, JA. *J Prim Care Community Health*. 2022 Jan-Dec; 13: 21501327211058322. Published online 2022 Jan 22.

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