Updated Breast Cancer Screening Guidelines Add Clarity

By ACSH Staff — October 20, 2015

One of the more difficult health decisions facing women and their healthcare providers today centers on breast cancer screening.

When should a woman start mammograms, and should self-exams, or clinical exams by a health provider, be part of the picture? Should mammograms be continued for her whole life, and if so, how often? Decision making isn't made easier by the fact that two influential organizations, the American Cancer Society (ACS) and the U.S. Preventive Services Task Force (USPSTF) haven't given the same advice.

But now the ACS has posted new guidelines that decrease the difference between the two groups.

For example, the last ACS guidelines (issued in 2003) for women with an average risk of breast cancer those with no family history of the disease, for example recommended that women begin annual mammograms at age 40. The USPSTF did not.

The latest ACS guidelines [1], however, now agree with the USPSTF that for women younger than 45, the risks outweigh the benefits, and that average-risk women can wait until age 45 to begin annual mammograms.

Other changes since the last version of the guidelines were issued include the recommendation that average-risk women over the age of 55 reduce the frequency of mammograms to once every two years. Further, the ACS suggests that women with less than 10 years of life expectancy can forgo mammograms, depending on their overall state of health. And the ACS doesn't recommend clinical breast cancer screening (i.e. physical exams) for average-risk women at any age.

The changes in the ACS guidelines are based on recent studies such as one [2] that evaluated data from Breast Cancer Surveillance Consortium facilities. These researchers found, in part, that menopausal status may be more important that chronological age when comparing the outcomes
of annual vs. biennial mammograms. For premenopausal women, those who had biennial, rather than annual screening, were more likely to have a more advanced tumor. But for postmenopausal women there was no difference in the stage of breast cancer diagnosis whether a woman was screened biennially or annually.

As research continues the advice on breast cancer screening will likely change again, but for now these new ACS guidelines may help average-risk women and their healthcare providers make decisions based on the the most recent research findings.