

North Carolina Advisory Committee on Cancer Coordination and Control

Breast Cancer Screening Position Statement

Breast cancer is the second leading cause of cancer mortality in women in North Carolina and the United States. Over 9,300 women in North Carolina are diagnosed with breast cancer each year, and over 1,300 die of the disease.

Breast cancer mortality can be reduced through a program of early detection and treatment. Screening mammography in average risk women aged 40 to 74 years has been found to decrease breast cancer deaths. The greatest benefit to mammography screening is seen in women between the ages of 50 and 74. Mammography screening in women between the ages of 40 and 49 also reduces mortality but may present a higher chance of false positive tests and unnecessary breast biopsies. Annual screenings result in 40% more life years saved and averts two (2) more deaths per 1,000 from breast cancer (50-74 years), however, generates 845 more false positive tests compared to biennial screening. The evidence for screening with clinical breast exam (CBE) and breast self-exam (BSE) is less clear. CBE and BSE do not appear to offer benefit beyond that of mammography alone.

In January 2016, the US Preventive Services Task Force (USPSTF) released updated recommendations for breast cancer screening. Similarly, in Fall 2015 the American Cancer Society (ACS) also released updated breast cancer screening recommendations. While the USPSTF recommendations are based on a systematic review of the literature, the ACS guidelines are produced by an expert panel. Key similarities and differences between the USPSTF and ACS recommendations are highlighted in the table, below:

Table: Summary of Screening Recommendations

	USPSTF	ACS
Mammography screening in women 40-44	Individualized decision-making, taking into consideration patient values, benefits and harms	Individualized decision-making, taking into consideration patient values, benefits and harms
Mammography screening in women 45-49	Individualized decision-making, taking into consideration patient values, benefits and harms	Annual screening
Mammography screening in women 50-54	Screen every two (2) years	Annual screening
Mammography screening in women 55-74	Screen every two (2) years	Transition to screening every two (2) years but have opportunity for annual screening
Age to stop mammography screening	Insufficient evidence to assess benefits and harms age 75 and older	Continue screening every two (2) years as long as overall health is good and life expectancy \geq10 years

	USPSTF	ACS
Clinical Breast Exam (CBE)	No comment	Not recommended
Breast Self Exam (BSE)	No comment	Not recommended
Digital breast tomosynthesis (DBT)	Insufficient evidence to assess benefits and harms as primary screening method	No comment
Adjunctive tests for Dense Breasts	Insufficient evidence to assess benefits and harms of ultrasound, MRI, DBT or other tests for women with normal mammogram	No comment

The NC Advisory Committee on Cancer Coordination and Control (NC ACCCC) endorses the following breast cancer screening recommendations:

- Women age 45 to 74 should receive mammography screening every one to two years.
- Women age 40 to 49 should be counseled regarding the risks and benefits of screening, including the mortality benefit and the potential risk of over diagnosis in this age group.
- Women age 75 and older should also share decision-making regarding mammography screening with their health care providers, discussing individual factors affecting risks and benefits.
- Because of conflicting opinion on the utility of clinical breast exam (CBE) and breast self-exam (BSE), the Advisory Committee recommends that women be educated about the potential benefits and harms of breast self-exam.
- Because of conflicting opinion on the utility of digital breast tomosynthesis, the Advisory Committee makes no recommendation regarding its use for primary screening or as an adjunct to mammography.

Because decisions regarding screening need to be individualized, these recommendations should not be used as a justification for insurers making decisions regarding denial of coverage for mammography screening in any age group.

The NC ACCCC recommends that scientific evidence related to breast cancer screening be re-examined in five years (2021). If, however, compelling evidence regarding screening becomes available before the scheduled review, the NC ACCCC recommends immediate review of the current position statement.

Approved by NC ACCCC. Date: May 6, 2016