



New ACS Breast Cancer Screening Guidelines Add to Confusion, May Hinder Access and Early Detection

This week the American Cancer Society (ACS) released its new breast cancer screening guidelines, raising the recommended age for beginning annual screening from 40 to 45, and endorsing biennial screenings beginning at age 55. In addition, the new guidelines suggest physicians should forgo clinical breast exams for women of any age.

It is important to note that these new guidelines are intended for women at average risk of breast cancer. ACS still says that women with a family history of breast cancer or those who carry a genetic mutation that predisposes them to breast cancer may need to start screening earlier and continue to have screenings more frequently. Unfortunately, the vast majority of young women diagnosed with breast cancer have no known family history, and many are unaware that they may carry a genetic mutation associated with increased risk of cancer. Others simply have sporadic cancer for unexplained reasons. As such, these guidelines may have a negative impact on the general population and high-risk breast cancer communities alike.

Breast cancer frequency increases substantially around age 40—one in six breast cancers occur in women aged 40-49. The incidence rate for ages 40-44 is twice that for ages 35-39, and rates continue climbing until age 80. Many women learn they are at high risk only after they are diagnosed with breast cancer that is most often first detected by breast self-exam or mammogram. For this segment of the community, screening mammography is critical. While saving lives is of primary concern, we should not underestimate the value of early detection, which may help women avoid poorer prognoses and more invasive treatments such as chemotherapy or mastectomy.

For these reasons, FORCE continues to support annual breast cancer screening beginning at age 40 for women of average risk, and strives to ensure that all women have access to cancer risk-assessment expertise and tools, allowing them to understand their personal risks and make informed decisions about their care.

Other reputable organizations, including the American Congress of Obstetricians and Gynecologists, the National Comprehensive Cancer Network and the American Medical Association, take these statistics into account and recommend that annual screening begin



at age 40, while the U.S. Preventive Services Task Force (USPSTF) has proposed raising the age to 50. The lack of consistency from these differing guidelines leads to confusion, making it increasingly difficult for women and their physicians to adequately weigh the benefits and risks of breast cancer screening.

FORCE is concerned that the disparate recommendations and confusion surrounding them may lead to reduced accessibility to and coverage for breast screening by insurers. This is why FORCE is supporting the [Protecting Access to Lifesaving Screenings \(PALS\) Act](#), which will place a two-year moratorium on changing breast cancer screening recommendations and access to care under the Affordable Care Act. This two-year hiatus would provide the necessary time for a comprehensive review of the research and a thoughtful public discussion about how screening guidelines and recommendations are made, and whether the U.S. system needs to be revamped.

In the meantime, FORCE will continue to educate women about breast cancer risk assessment and screening. We continue to support breast cancer screening beginning at age 40 for women with no known family history of cancer, and we encourage young women to be strong self-advocates for their health. Every woman should have access to credible and balanced information, and with guidance from their physician, be allowed to choose a screening plan that is right for them.

About FORCE

No one should have to face hereditary breast and ovarian cancer (HBOC) alone. FORCE is the voice of the HBOC community, providing support, education and awareness to help those facing hereditary breast and ovarian cancer know their healthcare options and make informed decisions. The organization is the de facto leader in guiding critical research and policy issues that impact the HBOC community. For more information about FORCE and hereditary breast and ovarian cancer, please visit www.facingourrisk.org.

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