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SOCIETY OF  
BREAST IMAGING  
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## American College of Radiology and Society of Breast Imaging Statement:

# New ACP Breast Cancer Screening Guidelines Are a Step Backward that May Cost Lives

New American College of Physicians [breast cancer screening guidelines](#) rely on outdated and hyperbolic information, will cause continued confusion among women and may contribute to thousands of additional breast cancer deaths each year. Thousands more women would endure extensive surgery, mastectomies and chemotherapy for advanced cancers than if their cancers were found early by an annual mammogram.

[The American College of Radiology® \(ACR®\) and Society of Breast Imaging \(SBI\) urge women to start annual screening at age 40\[i\]](#). The ACR also recommends that women [have a breast cancer risk assessment\[ii\]](#) by age 25. Those at higher risk for breast cancer should talk to their doctor about starting screening prior to age 40 and additional screening methods -- [particularly African American women, certain Jewish women](#) and those with genetic mutations or strong family history of breast cancer.

Most experts [do not support\[iii\]](#) the delayed or less frequent breast cancer screening. The United States Preventive Services Task Force (USPSTF), American Cancer Society, ACR and SBI agree that the [most lives and years of life are saved by starting annual screening at age 40\[iv\]](#). ACP recommendations conflict with guidelines from nearly every other national society – especially those with cancer expertise, such as the [National Comprehensive Cancer Network \(NCCN\)](#), [ACR](#), [SBI](#), the American Society of Surgical Oncology, and the [American Society of Breast Surgeons](#). ACR and SBI respect ACP efforts to advocate for our shared patients across many medical conditions and indications but ask ACP to defer to breast cancer diagnosis and treatment experts regarding this matter.

Breast cancer is [one of the leading causes of death in 40–49-year-old women](#) in the United States and screening is specifically performed to prevent death from breast cancer. Screening only women ages 50-74 every other year – as called for by ACP – may result in [up to 10,000 additional, and unnecessary, breast cancer deaths\[v\]](#) in the United States each year. ACP failure to recommend exams beyond digital breast tomosynthesis (DBT) for screening women with dense breasts is also out of step with current research, [which shows the need to go beyond DBT](#) to help find cancer in these women.

[National Cancer Institute Surveillance, Epidemiology, and End Results\[vi\]](#) data show that, since screening became widespread in the 1980s, the US breast cancer death rate in women has dropped 40%. Women screened regularly [have a 47% lower risk of breast cancer death\[vii\]](#) within 20 years of diagnosis than those not regularly screened. Regular mammography use cuts the risk of breast cancer death nearly in half[\[viii\],\[ix\]](#).

NCI/Cancer Intervention and Surveillance Modeling Network models [show a major decline\[x\]](#) in deaths in women screened annually vs. biennially. Swedish data [shows\[xi\]](#) chemotherapy [is much more effective in screened women\[xii\]](#) vs. unscreened women.

Among Asian, Black, and Hispanic women, [one-third of all breast cancers](#) are diagnosed under age 50. Starting screening at age 50 may increase breast cancer death rates in these women. For women over age 74, screening mammography significantly reduces breast cancer deaths, and [the need for aggressive surgeries and chemotherapy](#). Women over age 74 often [choose to have treatment](#) when diagnosed with breast cancer.

Screening risks – which are non-lethal -- [are overstated\[xiii\]](#) due to faulty assumptions, methodology and hyperbole in articles on which these claims are based. High overdiagnosis claims [are not well-founded\[xvii\]](#). Such claims based on modeling studies [are inflated\[xiv\]](#). Well-designed studies provide an overall breast cancer overdiagnosis estimate of 10% or less[xv],[xvi],[xvii]. Screening-detected breast cancers [do not disappear or regress if left untreated\[xviii\]](#).

So-called false positive exams (recalls from screening) are usually resolved by the woman coming back to get additional mammographic views, ultrasound or MRI. Anxiety from an inconclusive mammogram result or false positive is [brief with no lasting health effects\[xix\]](#). Nearly all women who have had a false-positive exam [still endorse regular screening\[xx\]](#).

## References

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