

Facts About Screening

Talking Points

- Annual screening mammography starting at age 40 results in the greatest mortality reduction, the most lives saved and the most life years gained (LYG). This is why the ACR/SBI recommends regular mammography in women 40-and-older (including 40-49).
- Using the same available treatments, women with screen-detected cancers had a 60% lower mortality at 10 years of follow-up and 47% lower mortality at 20 years of follow-up compared to unscreened women (Tabar et al: <https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.31840>)
- For Black, Hispanic, and Asian women, 1/3 of all breast cancers are diagnosed under age 50. In White women, about ¼ of breast cancers are diagnosed under age 50. (<https://jamanetwork.com/journals/jamasurgery/fullarticle/2673936>) There is also a higher incidence of aggressive hormone receptor negative and triple-negative breast cancers in Black women compared to White women. (https://seer.cancer.gov/statistics-network/explorer/application.html?site=55&data_type=1&graph_type=2&compareBy=sex&chk_sex_3=3&chk_sex_2=2&rate_type=2&race=1&age_range=1&stage=101&advopt_precision=1&advopt_show_ci=on&hdn_view=0&advopt_show_apc=on&advopt_display=2#resultsRegion0) Thus, starting screening at a later age would especially delay breast cancer diagnoses among non-white women.
- Breast cancer incidence increases substantially around age 40. The incidence rate for ages 40-44 is twice that for ages 35-39 (122.5 vs 59.5 per 100,000 women). For ages 45-49 it is 188.6 per 100,000 women; it continues to increase until age 80.
- In addition to improving survival from breast cancer, screening mammogram also reduce the need for aggressive surgeries (mastectomies and axillary dissections) as well as the need for chemotherapy. <https://link.springer.com/article/10.1245/s10434-018-6646-8>
- One in six breast cancers occur in women aged 40-49.
- Forty percent of all the years of life saved by mammography are among women in their 40s.
- The years of life lost to breast cancer are highest for women in their 40's.
- The largest (Hellquist et al) and longest running (Tabar et al) breast cancer screening trials in history have reconfirmed that regular mammography screening cuts breast cancer deaths by roughly a third in all women ages 40 and over (including women ages 40-49).

- The Pan-Canadian Mammography Study (Coldman et al) involved over 2.7 million women screened in Canada and showed an average mortality reduction of 40%, which was the same for women 40-49 as for older age groups.
- The U.S. Preventive Services Task Force (USPSTF) acknowledges an increase in total number of lives saved and life-years gained in women who start mammography screening in their 40's.
- A 10-year review of breast cancer outcomes showed that disease-free survival and overall survival was significantly higher in women aged 40-49 with screen-detected breast cancers compared to nonmammographically-detected breast cancers."
(<https://link.springer.com/article/10.1245/s10434-011-2009-4>)
- Annual screening results in more lives saved from breast cancer than biennial screening.
(<https://acsjournals.onlinelibrary.wiley.com/doi/10.1002/cncr.30842>)

What to know about the Find it Early Act

- This bill will help address insurance barriers to breast cancer screening.
- The result will be earlier detection of breast cancer in women with dense breasts or at increased risk.
- It would require insurers to cover additional breast imaging after a mammogram, with no out-of-pocket costs for women with dense breasts or at higher risk. (for example, BRCA or other disease-causing mutation carriers, those with family/personal history of cancer, or other reason)
- All women should have a risk assessment by age 25, as called for in new ACR/SBI guidelines for high-risk women and discuss with their doctor whether earlier screening with mammography and/or MRI is needed.

Screening over age 75:

- Screening performance improves in this age group, with a higher cancer detection rate, higher sensitivity, higher specificity, and lower false positive rate compared to screening in women under age 75. <https://jamanetwork.com/journals/jamaoncology/fullarticle/2619710>
- Women over age 75 with screen-detected cancers had significantly less aggressive surgeries, less chemotherapy, and better 5-year disease-specific survival compared to women with clinically-detected breast cancers in this age group. <https://pubs.rsna.org/doi/10.1148/radiol.14140209>

- 98% of women over age 75 with screen-detected breast cancer wished to pursue surgical intervention for their cancer, indicating a preference for treatment in this age group when the cancer was detected early. <https://academic.oup.com/jbi/article-abstract/1/3/182/5553858>

Screening for transgender patients:

- Annual screening starting at age 40 for transfeminine patients (male to female) with 5 years or more of hormone use
- If high risk due to family history or genetic predisposition, for transfeminine patients, consider screening at age 25-30 and even if less than 5 years of hormone use.
- Annual screening starting at age 40 for transmasculine patients (female to male) who have not had bilateral mastectomies.
- If high risk, for transmasculine patients, consider screening at age 25-30 and supplemental screening breast MRI (same as cisgender women).