

Napo Pharmaceuticals: Pivot to Animal Health (B)

TheCaseSolutions.com



Napo Pharmaceuticals: Pivot to Animal Health (B)

TheCaseSolutions.com



USPSTF's Mission

To “review scientific evidence for clinical preventive services and to develop rigorous evidence-based recommendations for primary care clinicians, as well as the broader health care community.”

TheCaseSolutions.com

2002 Guidelines

- USPSTF recommends screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older.
- USPSTF concludes that the evidence is insufficient to recommend for or against routine CBE alone to screen for breast cancer.
- USPSTF concludes that the evidence is insufficient to recommend for or against teaching or performing routine breast self-examination (BSE).

TheCaseSolutions.com

In 2008, the USPSTF undertook a review of the 2002 breast cancer guidelines because several important breast cancer studies have been published since then.

USPSTF Recommendations Released in 2009

- USPSTF recommends biennial screening mammography for women aged 50 to 74 years.
- Decision to start regular biennial screening mammography before the age of 50 years should be an individual one.
- Current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.

TheCaseSolutions.com

Recommendations Cont.

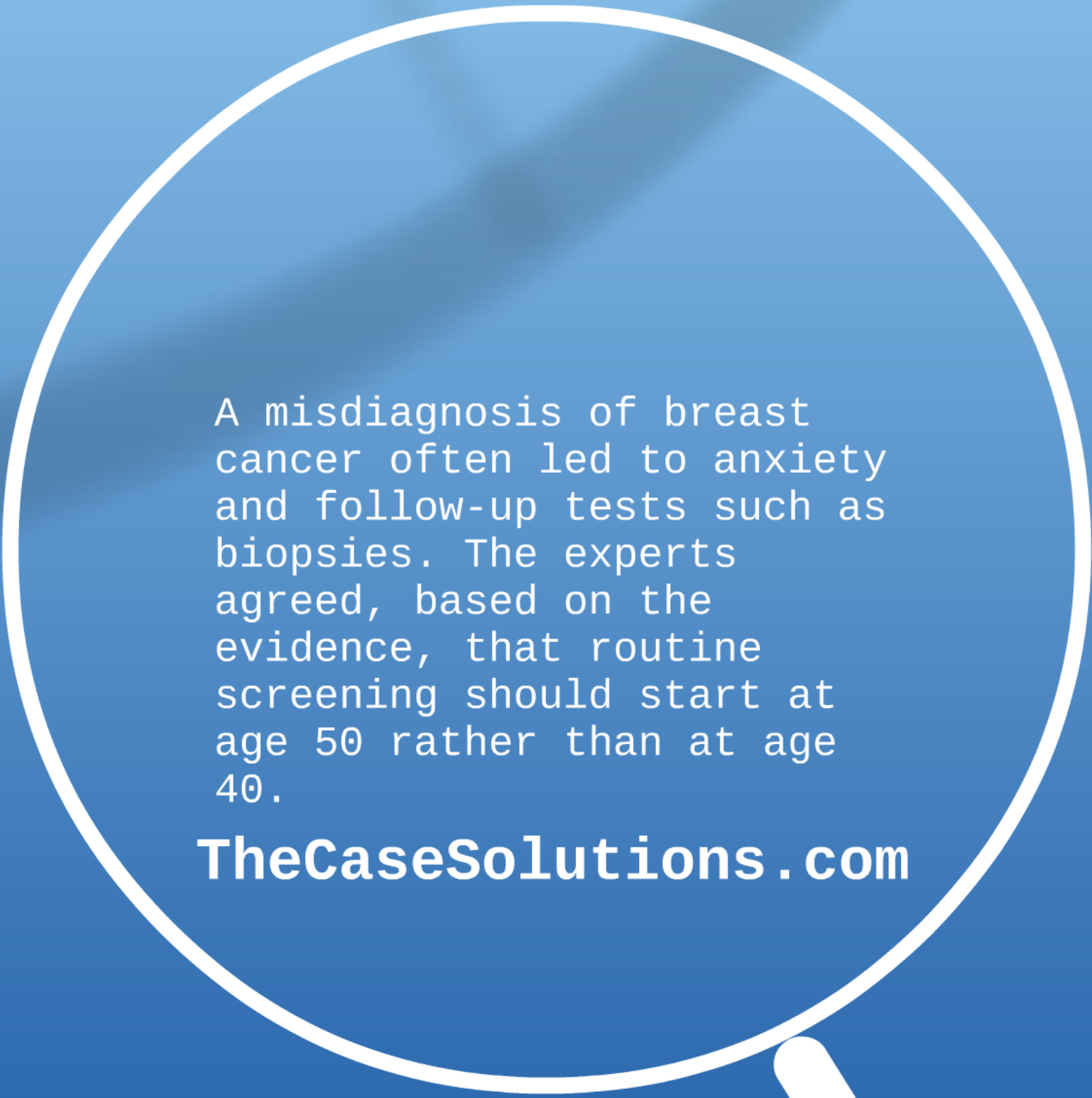
- USPSTF recommends against teaching breast self-examination .
- Current evidence is insufficient to assess the additional benefits and harms of clinical breast examination beyond screening mammography in women 40 years or older.
- Current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging instead of film mammography as screening modalities for breast cancer.

TheCaseSolutions.com

Harms v. Benefits

Potential for “harm” = the possibility of “false positive” mammograms and over-diagnosis.

TheCaseSolutions.com



A misdiagnosis of breast cancer often led to anxiety and follow-up tests such as biopsies. The experts agreed, based on the evidence, that routine screening should start at age 50 rather than at age 40.

TheCaseSolutions.com

Works Cited

U.S. PREVENTIVE SERVICES
TASK FORCE: RELEASING NEW
GUIDELINES FOR BREAST
CANCER SCREENING (A)
Gregory S. Zaric; Michael
Sider; Ken Mark

TheCaseSolutions.com