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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.”

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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).

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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.

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Recommendations Cont.

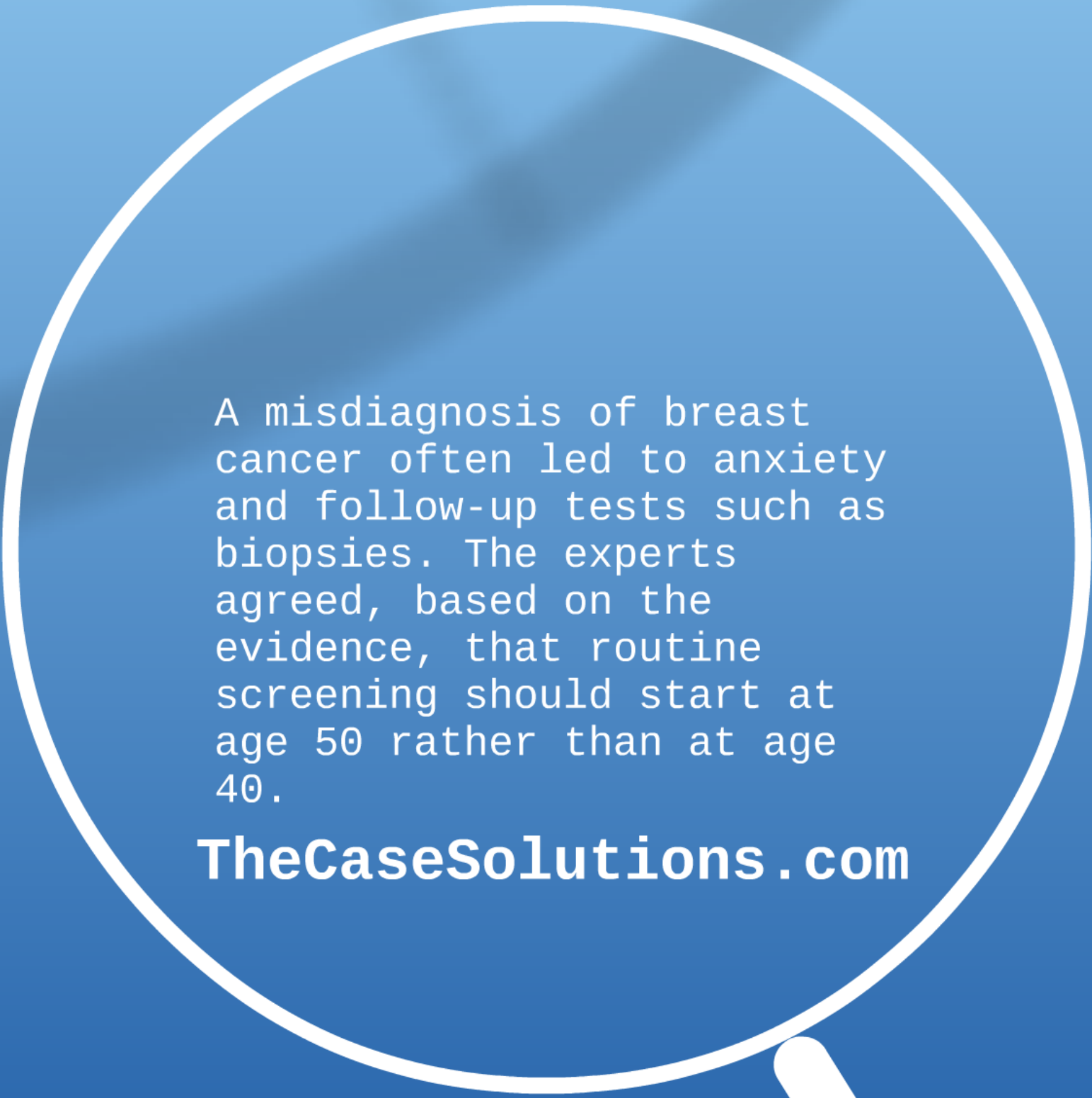
- USPSTF recommends against teaching breast self-examination .
- Current evidence is insufficient to assess the additional benefits and harms of clinical breast examination beyond screening mammography in women 40 years or older.
- Current evidence is insufficient to assess the additional benefits and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

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Harms v. Benefits

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

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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.

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Works Cited

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

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