

# Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for breast cancer. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from May 9, 2023, to June 5, 2023. The Task Force welcomes your comments.

## Screening for Breast Cancer

The Task Force issued a **draft recommendation statement** on *Screening for Breast Cancer*.

The Task Force recommends all women should get screened for breast cancer every other year, starting at age 40.

More research is needed to make a recommendation for or against additional screening with breast ultrasounds or MRI for women with dense breasts and on screening women older than 75.

This draft recommendation applies to women at average risk of breast cancer. This includes people with a family history of breast cancer and people who have other risk factors such as having dense breasts. It does not apply to people who have a personal history of breast cancer, who have had a high-risk lesion on previous biopsies, or who are at very high risk of breast cancer due to inheriting certain breast cancer genes or a history of high-dose radiation therapy to their chest at a young age.

### Facts About Breast Cancer

Breast cancer is the second most-common cancer and the second most-common cause of cancer death for women in the U.S. In 2022, it is estimated that more than 280,000 women were newly diagnosed with breast cancer, and over 43,000 women were estimated to die from it.

Black women are 40 percent more likely to die from breast cancer and too often get deadly cancers at younger ages. The Task Force recognizes this inequity and is calling for more research to understand the underlying causes and what can be done to eliminate this health disparity.

An important risk factor for breast cancer is breast density, which is measured during a mammogram. Nearly half of all women have dense breasts, which increases their risk for breast cancer and means that mammograms may not work as well for them. This is because dense breast tissue and tumors or other breast changes appear similar on a mammogram, so it is difficult to distinguish what is a potential cancer. This can lead to a missed cancer or to unnecessary followup testing for an area that is not cancer. However, there is limited evidence on whether and how additional screening for women with dense breasts might be helpful, including through ultrasound, breast MRIs, or something else.

### Screening for Breast Cancer

Screening for breast cancer is commonly done using digital mammography (also known as DM) or digital breast tomosynthesis, also known as DBT screening or 3D mammography. Both use X-rays to produce an image of the breast. DM images the breast with X-rays from 2 angles, and DBT images the breast with X-rays from multiple angles. Both are effective ways to screen for breast cancer.



#### What is breast cancer?

Breast cancer is a type of cancer that occurs in the cells of the breast.

# Screening for Breast Cancer

## Potential Benefits and Harms of Screening

Screening for breast cancer saves lives. Screening can help prevent women from dying from breast cancer, reduce diagnoses at an advanced stage, and improve quality of life.

The potential harms of screening include being told you have cancer when you don't—or being told you don't have cancer when you do, as well as receiving potentially harmful treatment that was not needed.

Based on the evidence, women get the best balance of benefits and harms from screening when they begin at age 40 and get screened every other year.

There are key areas where more research is urgently needed that will allow the Task Force to build on its existing recommendations and help all women live longer and healthier lives:

- We need to know how best to address the health disparities across screening and treatment experienced by Black, Hispanic, Latina, Asian, Pacific Islander, Native American, and Alaska Native women.
- We also need studies showing how additional screening with breast ultrasound or MRI might help women with dense breasts to stay healthy.
- Additionally, we need more evidence on the benefits and harms of breast cancer screening in women 75 and older.

In the absence of evidence, these women should decide together with their healthcare professionals what is best for their individual health needs, based on their preferences, values, and health history.

## The Draft Recommendation on Screening for Breast Cancer: What Does It Mean?

Here is the Task Force's draft recommendation on screening for breast cancer. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is also based on weighing the potential benefits versus the potential harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force issues a **B Grade**, it recommends screening because it has more potential benefits than potential harms. When the Task Force issues an **I Statement**, it means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the [draft recommendation statement](#).

The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

# Screening for Breast Cancer

- 1** The USPSTF recommends **biennial screening mammography** for women aged 40 to 74 years. **(B Grade)**
- 2** The USPSTF concludes that the **current evidence is insufficient** to assess the balance of benefits and harms of screening mammography in women aged 75 years or older. **(I Statement)**
- 3** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of **supplemental screening** for breast cancer using breast **ultrasonography** or **magnetic resonance imaging** in women identified to have dense breasts on an otherwise **negative screening mammogram**. **(I Statement)**

## Notes

- 1 biennial**  
Every two years.  
**screening mammography**  
Mammogram, an x-ray of the breast.
- 2 current evidence is insufficient**  
The Task Force did not find enough information to make a recommendation for or against.
- 3 supplemental screening**  
Additional screening methods such as ultrasound or MRI.  
**ultrasonography**  
A test that uses high-frequency sound waves to create an image of structures inside the body.  
**magnetic resonance imaging**  
MRI, a test that uses magnetic field and pulses of radio wave energy to create pictures of structures inside the body.  
**negative screening mammogram**  
A mammogram that shows no cancer is present.

# Screening for Breast Cancer

## What is the U.S. Preventive Services Task Force?

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force website](#).

USPSTF Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More About Breast Cancer and Breast Cancer Screening](#)

-  **Breast Cancer**  
(Centers for Disease Control and Prevention)
-  **Breast Cancer—Patient Version**  
(National Cancer Institute)
-  **What Is Breast Cancer Screening?**  
(Centers for Disease Control and Prevention)
-  **Breast cancer screening**  
(MedlinePlus)
-  **Vital Signs – Breast Cancer and Black Women**  
(Centers for Disease Control and Prevention)

## [Click Here to Comment on the Draft Recommendation](#)



The Task Force welcomes comments on this draft recommendation.



Comments must be received between May 9, 2023, and June 5, 2023.



All comments will be considered for use in writing final recommendations.