



**AAHD ISSUE BRIEF**

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**Inconsistencies in Mammogram Recommendations by Health Organizations**

**Issue:** Four premier organizations -- the American Cancer Society, the U.S. Preventive Task Force, the American College of Physicians, and the American College of Obstetricians and Gynecologists -- have different mammogram recommendations for women including women with disabilities.

**Table 1. Summarized Mammogram Recommendations from Four Professional Organizations**

<b>Organization</b>	<b>Women Aged 40-49 Years</b>	<b>Women Aged 50 to 74 Years</b>	<b>Women Aged 75 years and older</b>
<b>American Cancer Society</b> 2021	Women between age 40 and 44 should have the option to start to receive a mammogram every year.	Women between age 45 and 54 should receive a mammogram every year.  Women 55 and older can switch to mammogram every other year, or they can choose to continue yearly mammograms.  Mammograms should continue if the woman is in good health and is expected to live at least 10 more years.	No recommendations.
<b>U.S. Preventative Task Force</b> 2016	Women aged 40 to 49 should make an individual choice on receiving mammograms. Mammograms every two years for women between the ages of 40 and 49 years may occur for women who value potential benefits more than potential harms.	Women aged 50 to 74 should receive a mammogram every two years.	Women aged 75 and older should not receive a mammogram recommendation.

Organization	Women Aged 40-49 Years	Women Aged 50 to 74 Years	Women Aged 75 years and older
<b>American College of Physicians</b> 2019	Average risk women aged 40 to 49 clinicians should discuss whether to receive a mammogram. The discussion should include the potential benefits, harms, and patient's preferences.	Average risk women aged 50 to 74 should receive a mammogram every two years.	Average risk women aged 75 years or older or a woman with a life expectancy of 10 years or less should not receive mammograms.
<b>American College of Obstetricians and Gynecologists</b> 2021	Average risk women aged 40-49 should engage in a shared- decision making process with their provider on whether to receive a mammogram (every year or every 2 years). Providers should offer mammograms starting at age 40. Providers should discuss patient's values, potential benefits, and risks for receiving a mammogram.	Average risk women aged 50 to 74 should engage in a shared- decision making process with their provider on whether to receive a mammogram (every year or every 2 years). Providers should discuss patient's values, potential benefits, and risks for receiving a mammogram.	Beyond the age 75 years, the decision to stop mammograms should be based on a shared decision-making process that includes a discussion of the woman's health status and longevity. Age alone should not be the basis to continue or discontinue screening.

### Importance:

Inconsistency in mammogram guidelines is confusing for:

- *Providers* in determining the appropriate mammogram screening schedule, which may lead to less breast cancer detection among women with disabilities who already have lower rates of mammogram screening compared to non-disabled women (Steele et al., 2017).
- *Women with disabilities* in understanding how often they should receive a mammogram.
- *Women with disabilities* as they attempt to navigate insurance coverage for mammogram screenings.

### Next Steps:

- *Professional membership organizations* should collaborate to ensure consistency in mammogram recommendations.
- *Providers* should communicate and explain to patients which mammogram guidelines they are following and why.
- *Insurance companies* should clearly communicate to providers and patients' coverage for mammogram screenings.

### References

- American Cancer Society. (2021, April 22). *American Cancer Society Breast Cancer Early Detection Recommendations*. American Cancer Society. <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>
- Qaseem, A., S. Lin, J. A. Mustafa, R., A. Horwitch, C., & J. Wilt, T. (2019). Screening for Breast Cancer in Average-Risk Women: A Guidance Statement From the American College of Physicians. *Annals of Internal Medicine*. <https://www.acpjournals.org/doi/abs/10.7326/M18-2147>

Steele, C. B. (2017). Prevalence of Cancer Screening Among Adults With Disabilities, United States, 2013. *Preventing Chronic Disease*, 14. <https://doi.org/10.5888/pcd14.160312>

The American College of Obstetricians and Gynecologists. (2021). *Breast Cancer Risk Assessment and Screening in Average-Risk Women*. <https://www.acog.org/en/clinical/clinical-guidance/practice-bulletin/articles/2017/07/breast-cancer-risk-assessment-and-screening-in-average-risk-women>

United States Preventive Services Taskforce. (2016). *Recommendation: Breast Cancer: Screening*. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>

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