



**AAHD ISSUE BRIEF
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Mammogram Recommendations for Older Women**

Issue: Two premier organizations (United States Preventive Services Taskforce, and American College of Physicians) recommend that mammogram screening in women -- including women with disabilities -- should stop after age 75 (U.S. Preventive Task Force, 2016) or when clinicians identify their patient has a life expectancy of ten years or less (American Cancer Society, 2021; American College of Physicians, 2019).

Table 1. Summarized Mammogram Screening Recommendations for Older Women

Organization	Women Aged 75 years and older
American Cancer Society 2021	No recommendations.
U.S. Preventative Task Force 2016	Women aged 75 and older are not provided with a mammogram recommendation.
American College of Physicians 2019	Average risk women aged 75 years or older or a woman with a life expectance of 10 years of less, clinicians should discontinue mammograms.
American College of Obstetricians and Gynecologists 2021	Beyond the age 75 years, the decision to stop screening 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:

When women aged 75 and older are not recommended mammogram screenings it presents an issue of health inequity particularly for women with disabilities given that:

- Women with disabilities already do not receive mammogram screening at the same rates as women without disabilities (Steele et al., 2017).
- Health Care Providers often perceive the quality of life of persons with disabilities as lower than persons without disabilities (Iezzoni et al., 2021).
- Quality of life assessments often ignore a person’s quality of contribution, i.e., an individual’s positive impact on family such as children or grandchildren, friends, and society, (Drum, personal communication, 2021).

Next Steps:

- *Health Care Providers* must discuss with older women with disabilities the risks (e.g., false positive mammogram screenings), benefits (increased longevity), and personal preferences associated with participating in mammogram screening after the age of 75.
- *Health Care Providers* should both acknowledge that an older woman with a disability may want to continue living (despite perceptions related to their quality of life) and consider their patient's quality of contribution.
- *Health Care Providers* ought to engage with patients in shared decision making on continuing mammogram screening.
- *Professional organizations* and stakeholders should be convened to resolve guideline inconsistencies.
- At a minimum, *professional organizations* should adopt shared decision-making processes in mammogram screening guidelines for older women (cf. American College of Obstetricians and Gynecologists, 2021).
- *Additional research* on the efficacy of mammogram screening in older women in relation to mortality and risk should drive regular mammogram screening guideline updates (Freedman et al., 2021).
 - Research should focus on women with disabilities and the efficacy of participating in mammogram screening past the age of 75 years.

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