

In 2009 the U.S. Preventive Services Task Force (USPSTF) came out with new recommendations for mammography (MMG) screenings. The USPSTF is an independent panel of non-Federal experts in prevention and evidence-based medicine and is composed of primary care providers (such as internists, pediatricians, family physicians, gynecologists/obstetricians, nurses, and health behavior specialists). The USPSTF conducts scientific evidence reviews of a broad range of clinical preventive health care services (such as screening, counseling, and preventive medications) and develops recommendations for primary care clinicians and health systems. These recommendations are published in the form of "Recommendation Statements."

For women **without** a close family history (mother, sister, grandmother) of breast cancer, or any physical finding causing concern, the USPSTF recommend beginning screening MMGs at age 50 and then continuing every 2 years until age 75, after which they found no improvement in mortality associated with routine MMG screenings. Prior to age 50 they found increased interventions without improvement in mortality rates. See the separate USPSTF recommendations on this site for more details.

The professional organizations in the US—the American College of OB/GYNs, the American Academy of Radiologists and the American Cancer Society did not change their recommendations which all say: begin screening at age 40 then every year as long as the woman is healthy.

Interesting differences. In the end each woman must decide for herself what seems the right path for her.

The USPSTF recommendations came out in the fall of 2009 in the middle of the healthcare reform debate and was held out as an example of the government encroaching on personal medical decisions. An interesting concern in the realm of women's healthcare. Aside from the obvious contradiction of government involvement in the area of women's reproductive healthcare, let us remember it was the government that finally (through NIH (National Institutes of Health) funded research) provided the evidence of harm related to hormone replacement, in direct contradiction to the Pharmaceutical industry's claims. Aside from hormone replacement therapy the list of debacles in women's health is long: DES, the initial dangerously high dosing of birth control pills, the Dalkon Shield IUD to name a few. Vying interest abound in Women's Healthcare. The USPSTF is an independent group of primary care providers tasked with finding the middle ground on screening recommendations. They are not at risk for lawsuits generated due to not sending a woman for routine screening, nor do they have any economic potential gain from their recommendations. But in the end, I find that if a woman is concerned, and the thought of not having an annual MMG worries her, then by all means she can have one. Conversely if a woman is concerned about all those MMGs, there is solid evidence supporting less frequent screening.