



November 30, 2015

The Honorable Karen Murphy
Secretary
Pennsylvania Department of Health
Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Dear Secretary Murphy:

As I am sure you are aware, the Commonwealth of Pennsylvania refers to cancer preventive screening guidelines issued by the American Cancer Society in determining appropriate standards of care and coverage for cancer prevention within the state. Accordingly, I want to provide you with information about recent updates to the Society's breast cancer screening guideline.

On October 20, 2015, the Society released a new guideline on breast cancer screening for average-risk women. The guideline reflects the most up-to-date evidence, and was developed through a transparent and rigorous process in accordance with standards adopted by the Institute of Medicine. In updating our recommendations, which had been in place since 2003, we placed more emphasis on the benefits and potential harms of screening, and allowed for individual values and preferences to balance those benefits and harms in the decisions women make about screening.

Because the ultimate decision as to when to begin mammography appropriately rests with the woman and her doctor, we continue to believe strongly that women of any age beginning at 40 should have access to annual mammograms without cost-sharing.

In short, the new American Cancer Society guideline on breast cancer screening for women of average risk is as follows:

- Beginning at age 40, women should discuss with their doctor when to start breast cancer screening with mammography. The Guideline predicts that the majority of women will opt to initiate screening between the ages of 40 and 44.
- By age 45, all women should begin annual breast cancer screening with mammography if they have not started at an earlier age.
- At age 55, women can transition to screening with mammography every other year, or continue with annual screening in consultation with their doctor.

Recognizing that the evidence does not support a 'one size fits all' recommendation, the new guideline offers a more tailored recommendation based on a woman's age, health, risk factors, and personal values and preferences. The guideline is aimed at maximizing mammography's ability to save lives from breast cancer while minimizing the harms from false positives, additional testing, and potential over diagnosis. In consultation with her doctor, a woman should have the information and access to care to make the most informed decision about her health care options.

Again, we strongly believe all screening strategies discussed in this letter should be covered by the insurer without cost-sharing, with the choice of strategy determined by the covered individual in consultation with a health care provider.

Breast cancer is the second leading cause of cancer deaths among women. This year more than 9,900 women in Pennsylvania are expected to be diagnosed with breast cancer, and 1,950 women in Pennsylvania are expected to die from the disease. Adhering to the new American Cancer Society guideline on breast cancer screening will help to ensure that women will be screened at appropriate intervals. Screening mammography reduces breast cancer mortality rates and saves thousands of lives each year.

Please feel free to contact Diane Phillips at 717.533.6144 or at diane.phillips@cancer.org if you have any questions. I have attached a set of the published guidelines, which can also be found online in the Journal of the American Medical Association at: <http://jama.jamanetwork.com/article.aspx?articleid=2463262>.

Respectfully,

A handwritten signature in black ink that reads "Richard C. Wender". The signature is written in a cursive, flowing style.

Richard C. Wender MD
Chief Cancer Control Officer

cc: Teresa Miller, Insurance Commissioner
Pat Halpin-Murphy, Pennsylvania Breast Cancer Coalition



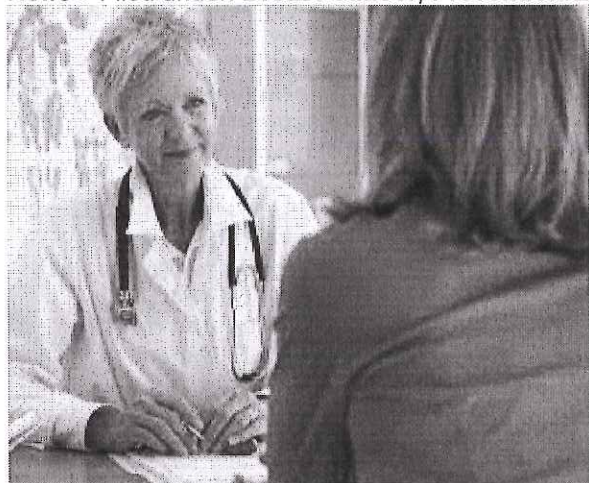
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News » Filed under: Breast Cancer, Prevention/Early Detection



American Cancer Society Releases New Breast Cancer Guideline

Article date: October 20, 2015

By Stacy Simon

The American Cancer Society has released **new guidelines for breast cancer screening**. Among the changes, the new recommendations say all women should begin having yearly mammograms at age 45, and can change to having mammograms every other year beginning at age 55.

The guidelines were published October 20, 2015 in the *Journal of the American Medical Association*.

According to the Society's Chief Cancer Control Officer, Dr. Richard C. Wender, MD, new research has helped doctors understand the best ways to use mammograms for screening.

"Since we last wrote a breast cancer screening guideline, there have been the publication of quite a number of new studies that inform us about the benefits and drawbacks of screening with mammography, so the American Cancer Society commissioned a detailed evidence review by an external expert group to review all of this new data which was then presented to our American Cancer Society guideline committee," said Dr. Wender. "That committee then considered all of this evidence over a period of months, did the very difficult job of balancing the benefits and harms, and that's what led to the change in the guidelines that we're publishing now."

The new recommendations

- Women with an average risk of breast cancer – most women – should begin yearly mammograms at age 45.
- Women should be able to start the screening as early as age 40, if they want to. It's a good idea to start talking to your health care provider at age 40 about when you should begin screening.
- At age 55, women should have mammograms every other year – though women who want to keep having yearly mammograms should be able to do so.
- Regular mammograms should continue for as long as a woman is in good health.
- Breast exams, either from a medical provider or self-exams, are no longer recommended.

The guidelines are for women at average risk for breast cancer. Women at high risk – because of family history, a breast condition, or another reason – need to begin screening earlier and/or more often. Talk to your medical provider to be sure.

Behind the guideline

The goal of screening mammograms is to find breast cancer early, when treatment is more likely to be successful. But mammograms aren't perfect, and they do have risks. Sometimes mammograms find something suspicious that turns out to be harmless, but must be checked out through more tests that also carry risks including pain, anxiety, and other side effects. Experts weigh these benefits and risks when making recommendations about who should be screened.

"We know that debates will continue about the age to start mammography," said Dr. Wender. "This guideline makes it so clear that all women by age 45 should begin screening – that's when the benefits substantially outweigh the harms."

But once a woman turns 55, said Elizabeth T.H. Fontham, MPH, DrPH, member of the Guideline Development Group, screening every other year preserves most of the benefit of screening every year – with fewer risks.

Breast exams are no longer a part of the screening recommendations because research does not show they provide a clear benefit. Still, the American Cancer Society says all women should be familiar with how their breasts normally look and feel and report any changes to their health care provider right away.

Talk to your doctor

The best way to know when to begin screening for mammograms and how often to get screenings is to talk to your medical provider.

- Begin talking to your medical provider about breast cancer screening by age 40.
- Share your family history and personal medical history to determine whether you are at average risk or higher risk for breast cancer.
- Understand the benefits, risks, and limitations of breast cancer screening. Mammograms will find most, but not all breast cancers.

Learn more about breast cancer screening by calling the American Cancer Society anytime day or night at 1-800-227-2345 or visiting us at cancer.org/breastcancer.

Citation: Breast Cancer Screening for Women at Average Risk 2015 Guideline Update From the American Cancer Society. Published October 20, 2015 in *Journal of the American Medical Association*. First author Kevin C. Oeffinger, MD, Memorial Sloan Kettering Cancer Center, New York.

Reviewed by: Members of the ACS Medical Content Staff

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