

Why Do Prevention Experts Want to Lower the Recommended Age for Mammograms?

The USPSTF notes an increase in breast cancer diagnoses in younger women — particularly in Black women. Here's more insight.

June 15, 2023 By University of Colorado Cancer Center and Greg Glasgow

Driven in part by an increase in breast cancer diagnoses in younger women — particularly in Black women — the United States Preventive Services Task Force (USPSTF) — has [proposed lowering the recommended age for beginning regular mammograms from 50 to 40](#). The USPSTF recommends that women at average risk for [breast cancer](#) get screening mammograms every other year.

“Breast cancer is the second most common cancer and the second most common cause of cancer death for women in the United States,” the USPSTF said in a press release. “While the Task Force has consistently recognized the lifesaving value of mammography, we previously recommended that women in their 40s make an individual decision about when to start screening based on their health history and preferences. In this new recommendation, the Task Force now recommends that all women get screened starting at age 40. This change could result in 19% more lives being saved.”

“New and more inclusive science about breast cancer in people younger than 50 has enabled us to expand our prior recommendation and encourage all women to get screened every other year starting at age 40,” says Task Force immediate past chair Carol Mangione, MD, MSPH. “This new recommendation will help save lives and prevent more women from dying due to breast cancer.”

The USPSTF also noted that Black women are 40% more likely to die of breast cancer than white women and 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.”

The recommendation, which is not final, was available on the [USPSTF website](#) for public comment through June 5.

We spoke with [University of Colorado Cancer Center](#) member [Dulcy Wolverton](#), MD, associate professor of [radiology](#) in the [CU School of Medicine](#), for her insights on the proposed change and

the reasoning behind it.

Why is the proposed change to the breast cancer screening age from the USPSTF so important?

Screening mammography guidelines have been very controversial for years. It has been unclear whether screening mammography should be done in women under the age of 50, since the incidence of breast cancer is lower in women under the age of 50. There is also the thought that women who are younger will have more dense breast tissue, and mammography may not be as effective. Having dense breasts, or having a lot of glandular tissue in the breasts, can hide small cancers.

[→ Learn more about recent FDA regulations to improve screening in women with dense breasts.](#)

There can also be false positives, where women are getting called back for things that turn out to be nothing important. That can cause anxiety. But even just in the past couple of years, we've seen an alarming increase in young women coming in with breast cancer, many of them very advanced. We see women in their 20s and 30s, and even some in their late teens. There's something going on here, which is probably in part related to the fact that there's also an increasing incidence of colorectal cancers in young people.

What sort of difference will this new age recommendation make in the lives of young women with breast cancer?

Young women tend to have young children, they have careers, they have many years of life to live. Finding breast cancer in that population has a significant positive effect if we can intervene and find breast cancer early, so that it can be cured. There are a number of screening trials that have been done that show pretty definitively that screening mammography does find breast cancers in young women in their 40s. And it does impact mortality.

Is there anything about the new recommendation that you disagree with?

The USPSTF is still recommending screening every other year, while we in the Society of Breast Imaging, the American College of Radiology, and a number of other groups recommend annual screening beginning at age 40. The problem with not doing it every year is that you can go from having a normal mammogram to having a breast cancer you can feel within two years. And by the time you can feel a breast cancer, it's usually going to be about a two-centimeter mass, and that may have already metastasized. The one-year interval allows us to find a breast cancer that is detectable — usually one centimeter or less — but much less likely to have spread. If you want to have an impact on mortality, then you have to screen at an interval that pays attention to natural history of breast cancer.

The new draft recommendation is for women at average risk for breast cancer. What about those at higher risk?

If women have a strong family history of breast cancer — say their mother was diagnosed at age

40 — we recommend beginning screening earlier. There's an increased likelihood that this may be a genetic predisposition, and that tends to be a more aggressive kind of breast cancer that can crop up early. In those cases, we recommend beginning screening seven to 10 years before the age the first-degree relative was when they were diagnosed. We may also add MRI screening, which is our most sensitive test for breast cancer.

In its draft recommendation, the USPSTF mentions that African American women are 40% more likely to die from breast cancer. How could this change help with that disparity?

It's multifactorial, because many Black women and women of color may not have good health insurance and/or may not necessarily receive health care at the same level as white women. Black women also have a higher risk for developing breast cancer in general, as well as a higher risk for developing breast cancers early, younger than age 40. This change would help with that by encouraging them to get regular screening at an earlier age.

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