USPSTF DRAFT BREAST SCREENING RECOMMENDATIONS

Frequently Asked Questions

About USPSTF

What is the USPSTF?

The U.S. Preventive Services Task Force (USPSTF or Task Force) is an independent panel of experts in primary care and prevention that systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services.

Who serves on the USPSTF?

The Task Force is made up of 16 volunteer members who are appointed by the Agency for Health Research & Quality, a government agency within the Department of Health & Human Services. Members come from fields of preventive medicine and primary care, including family medicine, pediatrics, behavioral health, obstetrics/gynecology, and nursing and serve four-year terms and are led by a chair and two vice chairs. A list of current Task Force members, including a link to biographical information, can be found on the members page of the USPSTF Web site.

How does the USPSTF make its recommendations?

The Task Force makes recommendations based on a review of existing peer-reviewed evidence. It does not conduct the research studies; it reviews and assesses the research. The Task Force assigns each recommendation a letter grade (an A, B, C, or D grade or an I statement) based on the strength of the evidence and the balance of benefits and harms of a preventive service. The recommendations apply only to people who have no signs or symptoms of the specific disease or condition under evaluation, and the recommendations address only services offered in the primary care setting or services referred by a primary care clinician.

What are the USPSTF letter grades and how are they defined?

The table below summarizes the letter grade framework that the Task Force currently assigns to each recommendation.

USPSTF Grade	USPSTF Definition	USPSTF Suggestions for Clinical Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer to provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service.	Discourage the use of this

	There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	service.
I	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of the USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

Do USPSTF recommendations constitute U.S. federal government policy?
No. Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

About the 2015 Draft Recommendations for Breast Cancer Screening

Where can I find the USPSTF 2015 draft recommendations on breast cancer screening?
The draft recommendations are posted on the USPSTF website and can be accessed via this link:
http://screeningforbreastcancer.org/

What do these recommendations mean for clinical practice?
These recently released DRAFT recommendations should not guide clinical practice.
Any finalized recommendations would be intended to provide medical professionals and women with evidence-based recommendations on the benefits and harms of mammography so they can make to inform choices about the care women receive.

What is the USPSTF recommending for its 2015 update?
Based on its review of the evidence, the Task Force's draft recommendations are as follows:

- Women ages 50 to 74 should get a mammogram every two years (Grade B).
- Women ages 40 to 49 should make their own decision whether to get a mammogram, in consultation with their doctors. This decision should be based on their health history, preferences, and how they value the different potential benefits and harms of screening (Grade C).
- The Task Force also concluded that there is insufficient evidence (Grade I) to recommend *for or against* the following, and is calling for additional research in these three areas:
    1) mammograms for women aged 75 and older,
    2) tomosynthesis (3D mammography),
    3) adjunctive screening for breast screening using ultrasound, MRI, tomosynthesis or other modalities in women identified to have dense breasts on an otherwise negative screening mammogram exam.

Why did the Task Force issue an "I" grade for breast tomosynthesis?
The Task Force acknowledged that breast tomosynthesis is a "promising technology for the detection of breast cancers", but concluded that there is not enough evidence to determine whether it will result in

better overall health outcomes for women. As a result, the Task Force concluded it could not make a recommendation for or against 3D mammography, has issued an "I" statement, and is calling for additional research in this area.

Are these recommendations final?
No. The recommendations that the USPSTF posted on Monday, April 20, 2015 are draft recommendations that are not yet final.

How will I know when the USPSTF recommendations on Breast Cancer Screening are final?
USPSTF will post the final recommendation statement and final evidence review on its web site. The final recommendation statement and final evidence review also are published in the Annals of Internal Medicine and accompanied by a press and media release from the USPSTF.

Draft Recommendations Impact on Coverage and Cost Sharing

Will the Task Force draft recommendations affect commercial or Medicare coverage or cost sharing for mammograms?
The draft recommendations on breast cancer screening, like all draft recommendations from the Task Force, do not affect commercial or Medicare coverage or cost sharing. Today, mammograms are a preventive service that is generally covered by private health plans and Medicare without co-pays or other cost sharing for patients.

Will the Task Force draft recommendations impact payers that are currently covering and paying for breast tomosynthesis?
No payer that currently covers and pays for breast tomosynthesis needs to change its policy because of the USPSTF draft recommendations.

Finalized Recommendations Impact on Coverage and Cost Sharing

What are the coverage and cost sharing ramifications of finalized USPSTF recommendations?
The impacts of finalized recommendations on coverage and cost sharing will depend upon the ratings contained in the Task Force recommendations and may vary for commercial payers and Medicare.

USPSTF Breast Cancer Screening Recommendation History

What did the USPSTF recommend in 2002 and in 2009?
Below is a table summarizing what the Task Force recommended for breast cancer screening in 2002 and in 2009.

USPSTF 2002 Recommendations	USPSTF 2009 Recommendations
Grade B: USPSTF recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women	**Grade B:** Recommends biennial screening mammography for women aged 50 to 74 years **Grade C:** Decision to start regular, biennial

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aged 40 and older Digital mammography was not addressed in 2002	screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms **Grade I:** Current evidence is insufficient to assess the additional benefits and harms of either digital mammography or magnetic resonance imaging (MRI) instead of film mammography as screening modalities for breast cancer

What transpired after the unfavorable breast cancer screening recommendations back in 2009? Why were the 2009 recommendations not used for coverage and cost sharing decisions?

The reaction to the USPSTF 2009 recommendations was loud and immediate. Kathleen Sebelius, then Secretary of the U.S. Department of Health and Human Services, withheld support for the recommendations, saying that the recommendations caused a great deal of confusion and worry among women and their families. Congress reacted strongly to the 2009 recommendations as evidenced by final language in the Affordable Care Act assuring that the 2002 recommendation of annual mammograms beginning at 40 would stay in place until at least the next five-year review. Despite the widespread condemnation of the 2009 recommendations, many women were confused about what was best for their health, and the confusion from these recommendations still lingers.

Has USPSTF changed other recommendations between the drafts and the final versions?

The USPSTF has changed recommendations from draft to final, although this practice is rare. In March 2012, the Task Force changed its recommendation and letter grade for the use of HPV testing in women, alone or in combination with cytology (Pap testing), from an "I" to an "A".