

Washington Health Mammography Recommendations



The Breast Health Committee at Washington Health is a multidisciplinary committee including surgeons, medical and radiation oncologists, radiologists, pathologists, nurse navigators, nurses, cancer registrar and administrators.

In collaboration with the Medical Imaging Department, we annually review and adopt nationally recognized mammography screening recommendations.

The recommendations from the American College of Radiology (ACR), American College of Obstetricians and Gynecologists (ACOG), American College of Surgeons (ACoS), American Society of Breast Surgeons (ASBrS), Society of Breast Imaging (SBI), American Cancer Society (ACS), National Comprehensive Cancer Network (NCCN), and U.S. Preventive Services Task Force 2024 (USPSTF) were reviewed.

The ACR, ACOG, SBI, and NCCN recommend annual mammographic screening beginning at age 40. This recommendation is strongly supported by evidence from a variety of sources and seeks to maximize the benefits afforded by regular screening.

Take-home points:

Annual mammography screening beginning at age 40 is recommended. This allows women to obtain the maximum life-extending benefits.

The age to stop screening should be based on each woman's health status and life expectancy, rather than an age-based determination.

A woman should have a balanced discussion with her physician regarding the benefits and risks of screening mammograms every year or every other year.

Studies show a decrease in breast cancer mortality from screening starting at age 40, but below the age of 45, there is a higher false-positive rate. The incidence of breast cancer doubles for women ages 40 to 44, compared with women ages 35 to 39. Among all nine age quintiles for ages 40 to 84, the life years lost because of breast cancer diagnosed at ages 40 to 44 is third highest. The ACR considers unacceptable the years of life that would be lost by waiting to start screening until age 45 or 50.

The risks of screening should be conveyed to women as they consider their options. The most common risk is recall for additional imaging, usually for additional mammography or ultrasound. In the U.S., biopsy is recommended in fewer than 2% of screening examinations, almost all with minimally invasive technique.

Women should be able to decide for themselves if these risks are worth the opportunity to reduce their chance of dying from breast cancer and to find those cancers as early as possible. Mammography is not perfect, as some cancers are not detected at screening. Image-based screening is, however, the only way to find tumors before they are detectable clinically.

**For more information or to book
a mammogram, please call
510.818.7410.**

