

## Reminder: Mammography Guidelines

Although breast cancer is the second leading cause of cancer death in women, causing over 40,000 deaths in the U.S. per year, mammography is underutilized in women who are insured through Medi-Cal. CDC data from 2012 reveal that less than 50% of Medi-Cal insured women aged 52-72 had received a mammogram within the last two years, while California women with commercial insurance had a 76% mammography rate. Although women ages 50-74 are at highest risk for breast cancer and all guidelines support at least every two year mammography in this age group, recent monitoring of provider performance has revealed suboptimal (less than every two years) screening in the 50-75 year old age group among Alliance members.

The USPSTF (US Preventive Services Task Force) has recommended offering average risk women between 40 and 50 the option of mammography, rather than screening routinely, after considering and discussing the risks of false positive results and screening at least every two years for women 50-75. The American Cancer Society (ACS) recommends annual screening for average risk women over 45 and offering mammogram starting at age 40. The American College of Radiology (ACR) and the American College of Obstetrics and Gynecology (ACOG) recommend annual screening after age 40.

While there is little doubt that earlier mammogram screening will save more lives, the risk of screening in younger (lower risk) age groups is that there will be more false positive results. The ACR has recommended better adherence to guidelines for follow up testing for positive mammogram results so that the rate of unnecessary biopsies can be reduced.

Higher risk groups, including women with a family history of breast or ovarian cancer, women from ethnicities known to be at higher risk for breast cancer genes, and women with a personal history of cancer or chest wall radiation will require more comprehensive screening. The ACS recommends beginning mammography after age 30, use of supplemental screening such as MRI or ultrasound, and genetic testing so that preventive surgery may be considered for those with high risk genetic mutations.

The Alliance supports comprehensive and routine screening for breast cancer for our members. We encourage risk assessments for all women, mammograms for all women over 50, and women over 40 who chose mammography after shared decision making with their providers. We also support genetic screening for women at higher risk of mutations, and enhanced and early diagnostic imaging for high risk women. Medi-Cal patients are at higher risk for reduced screening and poorer outcomes from breast cancer. We depend on our providers to join in our efforts to improve and optimize breast cancer care for Alliance members.