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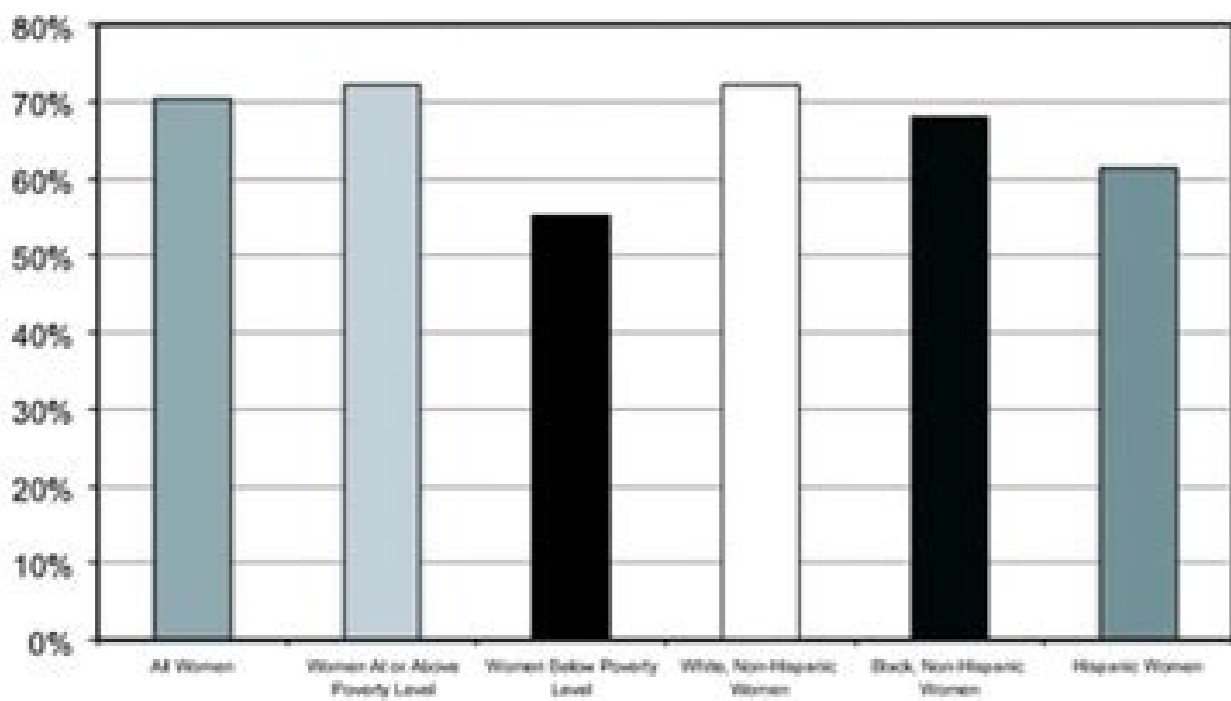


FIGURE 3-3 Poverty is a greater barrier to mammography than race or ethnicity. SOURCE: National Center for Health Statistics, 2003.

frustrate screening attempts and create barriers for women seeking preventive screenings.<sup>45,50</sup> African American women may also face cultural barriers to obtaining a mammogram, including false beliefs about cancer, traditions that discourage seeking medical care, and difficulties in communicating with their physicians.<sup>8,58,61,72,82,83</sup>

A number of programs have been initiated since 1990 to reduce the financial barriers to mammography rates in all groups. In 1991, Medicare began to cover part of the cost of screening mammograms, but screening rates failed to increase. In 1998, the co-payment and deductibles for the Medicare screening services were eliminated. All women aged 65 and older are eligible for Medicare and 94 percent of them choose the option. Yet, as noted earlier, these are the African-American women who suffer the greatest racial disparity in breast cancer mortality, suggesting that the lack of health insurance is not the predominant cause.

The Centers for Disease Control and Prevention's (CDC's) National Breast and Cervical Cancer Detection Program was launched in 1990 to provide screening services for uninsured women who were not eligible for Medicaid. Since then it has provided nearly 4 million screenings to 1.6 million women. In principle, this program should reduce the disparities in mortality that arise from lack of health insurance, although it has never been funded well enough to cover all, or even most, eligible women. For example, in 2002 approximately 400,000 women received at least one Pap test, mammogram, or clinical breast exam through the CDC program.<sup>26</sup> By

The Basics - Screening



- Cervical Cancer Screening
  - Start age 21, regardless of sexual activity
  - Age 22-29 – every 3 years
    - No HPV testing
  - Age 30-64 – every 3-5 years
    - HR-HPV testing
    - No paps after hysterectomy if low-risk
  - Stop age 65 – if normal for 10 years
  - If history of abnormal paps – need to be normal for at least 20 years
- Breast Cancer Screening
  - Self-breast awareness or exams monthly
  - Clinical breast exam annually
  - Mammograms annually starting at age 40
    - Or 10 years before relative with breast cancer
    - 7 Dense breasts - 7Ultrasound/MRI

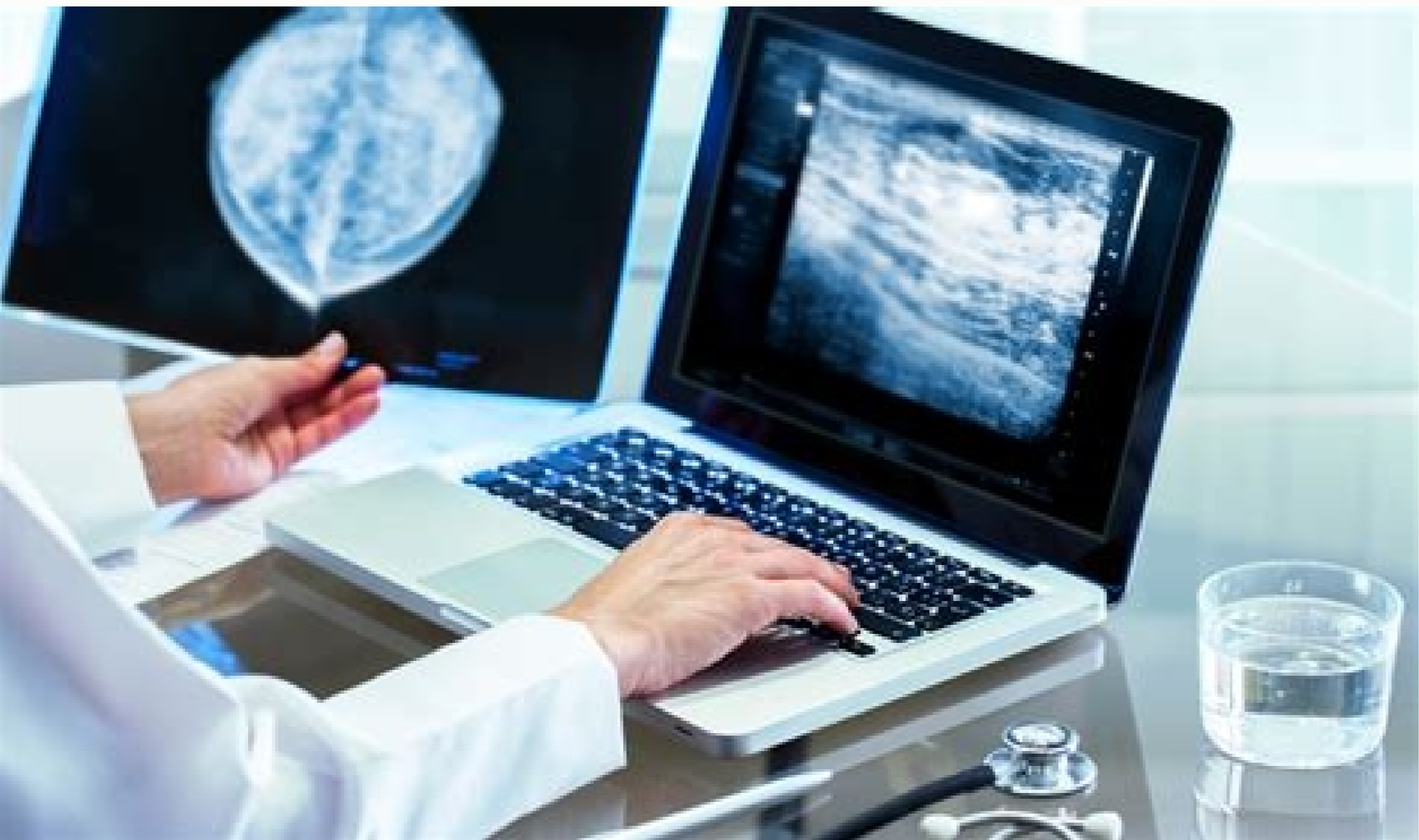


ACOG-Practice Bulletin, Committee Opinions and Guidelines for Women's Healthcare – This document is copyrighted by the American College of Obstetricians and Gynecologists, Inc. 2012. No 554, February 2013, No 522, August 2011, No 482, March 2011, No 471, November 2010, No 454, February 2010, No 422, August 2009, No 402, March 2009, No 385, November 2008, No 368, August 2008, No 351, May 2008, No 334, February 2008, No 317, November 2007, No 300, August 2007, No 283, May 2007, No 266, February 2007, No 249, November 2006, No 232, August 2006, No 215, May 2006, No 198, February 2006, No 181, November 2005, No 164, August 2005, No 147, May 2005, No 130, February 2005, No 113, November 2004, No 96, August 2004, No 79, May 2004, No 62, February 2004, No 45, November 2003, No 28, August 2003, No 11, May 2003.

**Seeking Consensus on Mammograms**  
Some doctors are quick to recommend mammograms for all women. Others are more cautious. Here's how to find out what your doctor recommends for when and how often women should start getting mammograms and how often.

Age	USPSTF <sup>1</sup> recommendation	ACOG <sup>2</sup> recommendation	American Cancer Society <sup>3</sup> recommendation
40-49	No specific recommendation	Every year	40 every year
50-74	Every two years	Every year	50 every year
75+	No specific recommendation	No clear age limit for screening	Every other year starting at 55

1. U.S. Preventive Services Task Force. 2. American College of Obstetricians and Gynecologists. 3. American Cancer Society.



Uspstf breast cancer screening guidelines. Breast screening uspstf. Uspstf screening breast cancer.

The Task Force keeps recommendations as current as possible by routinely updating existing recommendations and developing new recommendations. A multistep process is followed for each recommendation. The Task Force uses gold standard methods to review the evidence and is transparent at each step of the recommendation development process. Supporting Evidence Related Resources & Tools The Task Force follows a multistep process when developing each of its recommendations. Use the graphic below to see where this recommendation is in the development process. Learn about our full development process. 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. This topic is being updated. Please use the link(s) below to see the latest documents available. Population Women aged 40 to 49 y Women aged 50 to 74 y Women aged ≥75 y Recommendation The decision to start screening should be an individual one. Grade: C Screen every 2 years. Grade: B No recommendation. Grade: I (insufficient evidence) Risk Assessment These recommendations apply to asymptomatic women aged ≥40 y who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age. Increasing age is the most important risk factor for most women. Screening Tests Conventional digital mammography has essentially replaced film mammography as the primary method for breast cancer screening in the United States. Conventional digital screening mammography has about the same diagnostic accuracy as film overall, although digital screening seems to have comparatively higher sensitivity but the same or lower specificity in women age



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