

Andrea Rader  
Susan G. Komen for the Cure®  
972-701-2168  
[arader@komen.org](mailto:arader@komen.org)

John Hammarley  
Susan G. Komen for the Cure®  
972-855-1604  
[jhammarley@komen.org](mailto:jhammarley@komen.org)

**SUSAN G. KOMEN FOR THE CURE® RECOMMENDS NO IMPEDIMENTS  
TO BREAST CANCER SCREENING**

***Until Science Improves, Current Screening Recommendations Should Remain, World's  
Leading Breast Cancer Organization Reports***

**DALLAS – Nov. 16, 2009** – Susan G. Komen for the Cure®, the world's leading breast cancer advocacy organization, has carefully reviewed the data and new recommendations from the U.S. Preventive Services Task Force (USPSTF) concerning mammography screening. Komen for the Cure issued the following statement today from Eric P. Winer, M.D., chief scientific advisor and chair of Komen's Scientific Advisory Board.

"Susan G. Komen for the Cure wants to eliminate any impediments to regular mammography screening for women age 40 and older. While there is no question that mammograms save lives for women over 50 and women 40-49, there is enough uncertainty about the age at which mammography should begin and the frequency of screening that we would not want to see a change in policy for screening mammography at this time. Komen's current screening guidelines can be found at [www.komen.org](http://www.komen.org) and would not be changed without serious consideration.

Our real focus, however, should be on the fact that one-third of the women who qualify for screening under today's guidelines are not being screened due to lack of access, education or awareness. That issue needs focus and attention: if we can make progress with screening in vulnerable populations, we could make more progress in the fight against breast cancer.

Mammography is not perfect, but is still our best tool for early detection and successful treatment of this disease. New screening approaches and more individualized recommendations for breast cancer screening are urgently needed. Susan G. Komen for the Cure is currently funding research initiatives designed to improve screening, and we believe that it is imperative that this research move forward rapidly. Komen also provides funding for more than 1,900 education, awareness and screening programs.

We encourage women to be aware of their breast health, understand their risks, and continue to follow existing recommendations for routine screenings including mammography beginning at age 40."

A more detailed explanation of Komen's position follows:

- more -

***From the Susan G. Komen for the Cure Scientific Advisory Board Regarding U.S. Preventive Services Task Force (USPSTF) Recommendations on Breast Screening  
Nov. 16, 2009***

There has been a longstanding debate over the most appropriate age to begin mammography screening and the frequency of screening examinations. As with all screening tests, the decision to perform a mammogram must include an evaluation of the benefits and the risks of the screening tool, as well as a consideration of patient preference.

The recent controversy about mammography should not suggest that there is debate about the most important issues. Most breast cancer experts agree far more than they disagree. For example, there is no debate that mammography reduces the risk of dying from breast cancer. As stated in the new USPSTF recommendations, extensive scientific evidence demonstrates that mammography reduces breast cancer mortality both among women aged 50 and older, as well as among women aged 40 to 49.

Because breast cancer false positive results are more common in women under 50, some argue for a different screening approach in women 40-49 than in those over 50. The USPSTF suggests that women 40-49 consider their individual risk of developing breast cancer before making a decision about screening mammography. They further suggest that those women at increased risk should strongly consider regular mammography screening. Women at lower risk, who wish to initiate screening in their 40s should recognize that the benefits of screening are less than in older women.

As to the timing of mammography, the USPSTF also suggests that screening every other year is likely to be as effective as annual screening, and that this approach would decrease false positives. Biennial screening is already practiced in many countries. Different organizations, based on a review of the same data, may recommend either yearly or every other year screening for women at average risk of breast cancer between the ages of 40-75. We believe that the timing of assessment is best left to a woman and her health care provider. We call upon third party payers to fund annual mammography if a woman and her health care provider opt for this approach. There are no studies that directly address the role of mammography in women over the age of 75. We recommend that older women, particularly those in excellent health, discuss the role of ongoing screening with their health care provider.

One-third of all American women do not undergo regular screening. The failure of age appropriate women to undergo mammography costs lives and reflects problems with access to care and breast cancer education. We need to work as rapidly as possible to correct these deficiencies, and Susan G. Komen for the Cure continues to fund research and education designed to eliminate health care disparities.

We want to eliminate any impediments to regular mammography screening for women age 40 and older. It is our view, however, that the exact timing of assessments is less important than guaranteeing access to screening. New screening approaches and more individualized recommendations for breast cancer screening are urgently needed. Susan G. Komen for the Cure supports research initiatives designed to improve screening, and we believe that it is imperative that this research move forward rapidly.

As a breast cancer community, we must all recognize that both breast cancer screening and breast cancer treatment are moving targets. As treatment continues to evolve in the years ahead, these changes may have an impact on the optimal approaches to screening as well.

In the meantime, honest differences in opinion can and do exist, and such differences represent attempts on the part of individuals and/or organizations to provide the best

possible care to women of all ages and to minimize mortality and suffering from breast cancer. We encourage women with unresolved questions about breast cancer screening to engage in discussion with their health care providers.

**About Susan G. Komen for the Cure®**

Nancy G. Brinker promised her dying sister, Susan G. Komen, she would do everything in her power to end breast cancer forever. In 1982, that promise became Susan G. Komen for the Cure and launched the global breast cancer movement. Today, Komen for the Cure is the world's largest grassroots network of breast cancer survivors and activists fighting to save lives, empower people, ensure quality care for all and energize science to find the cures. Thanks to events like the Komen Race for the Cure®, we have invested nearly \$1.5 billion to fulfill our promise, becoming the largest source of nonprofit funds dedicated to the fight against breast cancer in the world. For more information about Susan G. Komen for the Cure, breast health or breast cancer, visit [www.komen.org](http://www.komen.org) or call 1-877 GO KOMEN.

###