Mammography in Women Aged 65 and Older

Biennial Mammogram Rate by Public Health Region, 2008-2009

- Medicare beneficiaries in Public Health Regions 3, 4, 5 & 7 were most likely to have received a mammogram in a 2 year period.
- Beneficiaries living in counties along the Mexican border tend to have the lowest rates of breast cancer screening.

Biennial Mammogram Rate by County, 2008-2009

Overall, breast cancer screening among beneficiaries had modestly increased during 2000-2007 and remain level in 2008 and 2009. However, there are differences among racial/ethnic groups:

- Screening at least every other year has increased the most among black women from 32% in 2000 to 41% in 2009.
- Screening rates among Hispanic women continue to be the lowest and have even decreased since 2005.
- Although screening among those 75 and older is not routinely recommended, as of 2009, at least 44% are still being screened.

Questions to answer include:
- Why do disparate rates exist among race/ethnic groups?
- Why do older women continue to be screened when it is not recommended?
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Things to Remember About Breast Cancer Screening

• Mammography is effective at detecting breast cancer, but up to 20% of breast cancers present at screening are missed (From the National Cancer Institute website).

• Screening recommendations are based on several factors: age, family history, genetic predisposition and scientific evidence of benefit.

Benefits and Risks of Mammography

• Benefit: Detection of potentially lethal cancers at an early stage when treatment will be beneficial.

• Risks include:
  ➢ A false positive test can lead to unnecessary surgical procedures.
  ➢ Detection of cancer that is not fatal can lead to treatment that may be unnecessary.

Screening guidelines from two authorities

<table>
<thead>
<tr>
<th>Age</th>
<th>U.S. Preventive Service Task Force</th>
<th>American Cancer Society</th>
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<tbody>
<tr>
<td></td>
<td>Recommendation</td>
<td>Recommendation</td>
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<tr>
<td>&lt;50</td>
<td>Individualize if higher risk (family history, positive genetic test)</td>
<td>20-39 Clinical breast exam every 3 years*</td>
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<tr>
<td>50-74</td>
<td>Screen with mammogram every other year (biennially)</td>
<td>40+ Screen with mammogram and Clinical breast exam annually if in good health</td>
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<td>&gt;75</td>
<td>Insufficient evidence of benefit or effectiveness</td>
<td>Women should be informed about Breast Self Exam (BSE) beginning at age 20</td>
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For women identified as high risk (family history or genetic susceptibility), additional Magnetic Resonance Imaging (MRI) is recommended if lifetime risk of breast cancer is greater than 20%. For moderate lifetime risk of 15-20% consult with doctor about adding MRI. MRI is not recommended if lifetime risk is less than 15%.

More Information on Breast Cancer & Screening

• Texas Cancer Registry
• American Cancer Society
• Texas Cancer Information
• U.S. Preventive Services Task Force
• Texas Department of State Health Services – Health Promotion and Chronic Disease Prevention
• National Cancer Institute