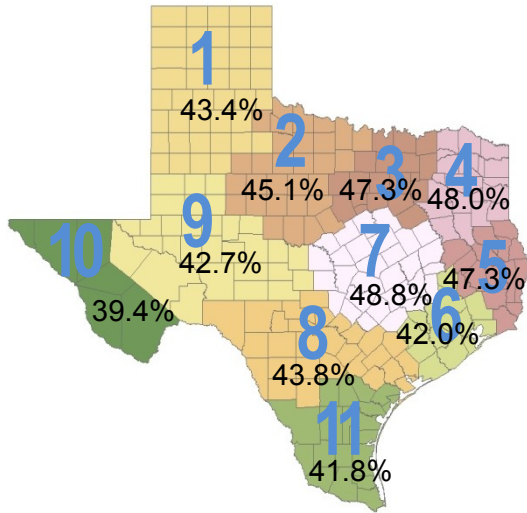
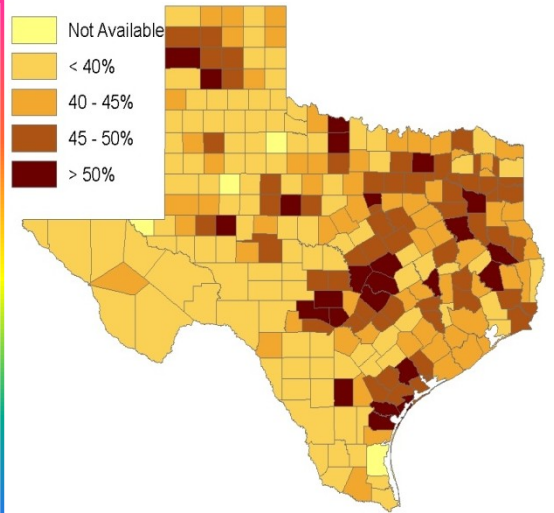


Biennial Mammogram Rate by Public Health Region, 2008-2009

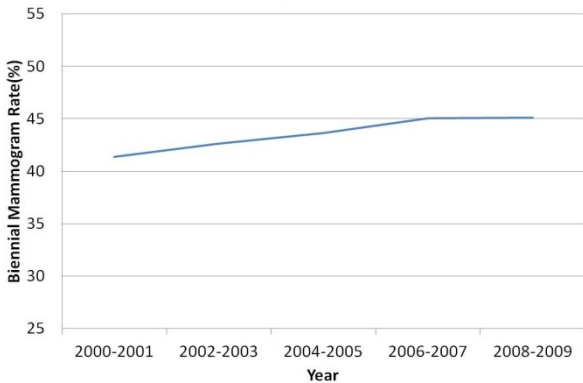


- Medicare beneficiaries in Public Health Regions 3, 4, 5 & 7 were most likely to have received a mammogram in a 2 year period.
- Beneficiaries living in counties along the Mexican border tend to have the lowest rates of breast cancer screening.

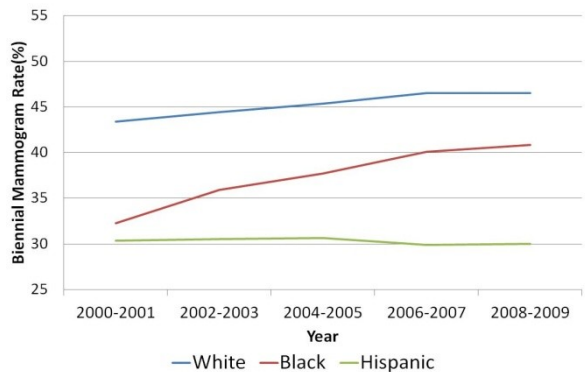
Biennial Mammogram Rate by County, 2008-2009



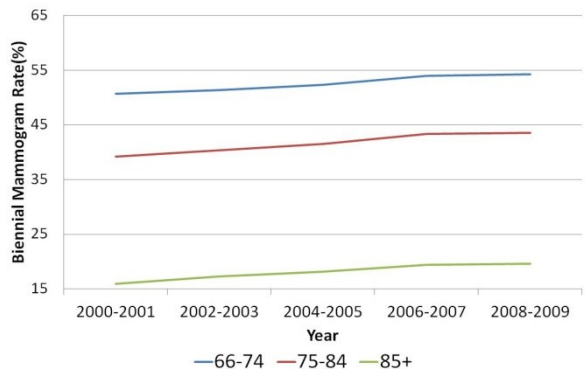
Biennial Mammogram Rate, 2000-2009



Mammogram Rates in Different Ethnic Groups



Mammogram Rates in Different Age Groups



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?

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

U.S. Preventive Service Task Force	
Age	Recommendation
<50	Individualize if higher risk (family history, positive genetic test)
50-74	Screen with mammogram every other year (biennially)
>75	Insufficient evidence of benefit or effectiveness
Advise against breast self exam. Insufficient evidence to assess recommending additional screening	

American Cancer Society	
Age	Recommendation
20-39	Clinical breast exam every 3 years*
40 +	Screen with mammogram and Clinical breast exam annually if in good health
Women should be informed about Breast Self Exam (BSE) beginning at age 20	
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](#)