



Impact of Changes to Breast Cancer Screening Guidelines on Healthcare Providers and Patients

Erin Hartnett, DNP, APRN-BC, CPNP

In October 2015, the American Cancer Society (ACS) updated its evidence-based breast cancer screening guidelines for women at average risk for breast cancer. These guidelines introduced significant changes to the age to begin breast cancer screening, as well as the frequency between screenings and duration of screening. Not long afterward, in January 2016, the U.S. Preventive Services Task Force released its updated breast cancer screening guidelines, which differ from those of the ACS. The varying guidelines present challenges for healthcare providers and patients, particularly women aged 40–49 years.

At a Glance

- With the American Cancer Society's update of its breast cancer screening guidelines for average-risk women, a major change has occurred regarding the initiation and frequency of screening.
- Many breast cancer screening guidelines, with varying recommendations, exist.
- Nurses must continue to educate themselves on new breast cancer screening guidelines and be able to help women make informed decisions based on the available evidence, as well as each patient's risk factors and personal values.

Erin Hartnett, DNP, APRN-BC, CPNP, is the program director of Oral Health Nursing Education and Practice and Teaching Oral Systemic Health in the College of Nursing at New York University in New York. The author takes full responsibility for the content of the article. The author did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the author or editorial staff. Hartnett can be reached at hartne01@nyu.edu, with copy to editor at CJONEditor@ons.org.

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Breast cancer is the most common cancer in women (Siegel, Miller, & Jemal, 2015). In 2016, an estimated 246,660 women will be diagnosed with breast cancer, and an estimated 40,450 women will die of the disease in the same year (American Cancer Society [ACS], 2016). In October 2015, the ACS updated its evidence-based breast cancer screening guidelines for women at average risk for breast cancer (i.e., those with no personal history of breast cancer, no genetic breast cancer mutation, and no history of radiation to the chest at an early age) (ACS, 2015a). These new guidelines are not intended for women who have a higher

risk for breast cancer, such as those with a family history of the disease (ACS, 2016; Oeffinger et al., 2015; Thompson, 2015).

Guideline Development

The ACS Guideline Development Group (GDG)—consisting of clinicians, biostatisticians, epidemiologists, and an economist, as well as patient representatives from the target patient population—used a rigorous critical appraisal process when developing the new guidelines. The GDG synthesized evidence from randomized, controlled trials, along with observational and modeling studies. Us-

ing the Grades of Recommendation, Assessment, Development, and Evaluation system, the GDG graded the evidence and its strength. Additional review was conducted by outside organizations and experts, including the Duke University Evidence Synthesis Group.

The new guidelines, which are meant to provide guidance for healthcare providers and women at average risk for breast cancer, have introduced significant changes regarding the age to begin breast cancer screening, as well as the frequency between screenings and duration of screening (ACS, 2015a, 2016). According to the guidelines, women aged 40–44 years may begin annual breast cancer screening with mammograms if they desire, women aged 45–54 years should undergo annual screening mammography, and women aged 55 years or older should switch to undergoing screening mammography every two years or may continue annual screening; screening should continue as long as a woman is in good health and has a life expectancy of 10 years or greater (ACS, 2015a). Clinical breast examinations are no longer recommended as screening measures for average-risk women of any age (ACS, 2015a). However, women should report any changes in their breasts to their healthcare providers. All women should also be familiar with the potential benefits, limitations, and harms associated with breast cancer screening (ACS, 2015a, 2015b, 2016).

Comparison of Guidelines

In January 2016, the U.S. Preventive Services Task Force (USPSTF) released its updated breast cancer screening recommendations, which note that biennial