Recommendations and findings regarding three interventions to increase breast cancer screening rates through mammography are provided in this fact sheet. They come from the *Guide to Community Preventive Services (Community Guide)* developed by the Task Force on Community Preventive Services (Task Force). With oversight from the Task Force, a team of experts led or supported by *Community Guide* scientists conducted a systematic review to evaluate scientific evidence and provide recommendations to policy makers on these interventions.

**BACKGROUND INFORMATION**

- Breast cancer is the second most common cancer diagnosis, after melanoma and the second leading cause of cancer death of women.\(^1\)

- Screening procedures such as mammography are effective at detecting breast cancer at early stages and, when combined with appropriate treatment, can reduce mortality.

- The 2003 National Cancer Policy Board of the Institute of Medicine estimated that 4,475 deaths from breast cancer were preventable with proper screening.\(^2\)

- Data from the 2005 National Health Interview Survey show that 67% of women 40 years and older reported having a mammogram within the past two years.

- Individuals without a regular source of health care, those lacking health insurance, and recent immigrants have the lowest rates of breast cancer screening in the United States.

**SUMMARY OF TASK FORCE RECOMMENDATIONS AND FINDINGS**

*Recommended Interventions Based on Strong Evidence*\(^*\)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of Studies that Qualified for Review</th>
<th>Selected Results</th>
<th>Community Guide Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider reminders and recall</td>
<td>25</td>
<td>Median increase of 12 percentage points in proportion of study participants completing mammography (12 studies)</td>
<td><a href="http://thecommunityguide.org/cancer/screening/provider-oriented/reminders.html">http://thecommunityguide.org/cancer/screening/provider-oriented/reminders.html</a></td>
</tr>
</tbody>
</table>
### Recommended Interventions Based on Sufficient Evidence*

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of Studies that Qualified for Review</th>
<th>Selected Results</th>
<th>Community Guide Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider assessment and feedback</td>
<td>8</td>
<td>Median increase of 14 percentage points in proportion of participants completing mammography (4 studies)</td>
<td><a href="http://thecommunityguide.org/cancer/screening/provider-oriented/assessment.html">http://thecommunityguide.org/cancer/screening/provider-oriented/assessment.html</a></td>
</tr>
</tbody>
</table>

*The categories of “strong” and “sufficient” evidence reflect the Task Force’s degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as: study design, number of studies, and consistency of the effect across studies.

### Interventions with Insufficient Evidence to Determine Effectiveness**

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Number of Studies that Qualified for Review</th>
<th>Selected Results</th>
<th>Community Guide Resources</th>
</tr>
</thead>
</table>

**This finding does not mean that the intervention does not work. It means that when the review was conducted, there was not enough research available to determine whether or not the intervention works.

### Online Resources

- The Guide to Community Preventive Services: [www.thecommunityguide.org](http://www.thecommunityguide.org)
- CDC, Cancer Prevention and Control: [www.cdc.gov/cancer](http://www.cdc.gov/cancer)
- CDC, National Center for Health Statistics: [www.cdc.gov/nchs](http://www.cdc.gov/nchs)
- National Cancer Institute: [www.cancer.gov](http://www.cancer.gov)

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The Guide to Community Preventive Services: Provider-Oriented Interventions to Promote Breast Cancer Screening


2 American Journal of Preventive Medicine, Volume 35, Issue 1, Pages S14-S20
R. Breslow, B. Rimer, R. Baron, R. Coates, J. Kerner, K. Wilson, N. Lee, P. Mullen, S. Coughlin, P. Briss