For Black Women, Early Mammograms Could Be Lifesaving

Screening Black women for breast cancer starting at age 40 would decrease deaths by 57%.

October 27, 2021 By Jeanette L. Pinnace

Black women tend to be diagnosed with breast cancer at younger ages and at more advanced stages compared with white women. During the past 20 years, breast cancer screening recommendations for Black women have largely ignored the role racism plays in treatment, survival time and deaths in this population group. Now, recent study findings published in the Annals of Medicine suggest that beginning biennial screenings at age 40 (versus starting at age 50) would lower breast cancer mortality rates by 57% in Black women, according to a press release from Georgetown University Medical Center.

For women at average risk for breast cancer, various screening guidelines advise starting mammograms between ages 40 and 50. The American Cancer Society, for example, recommends that women start annual mammograms at age 45, although women may choose to start them at age 40, and may wish to switch to biennial (every other year) at age 55. The United States Preventive Services Task Force recommends women start biennial screenings at age 50, although the agency says women may choose to begin biennial screening between ages 40 and 49.

For the study, researchers from the University of Michigan Medical School, Albert Einstein College of Medicine, Carbone Cancer Center at the University of Wisconsin at Madison and Georgetown University Medical Center used computer modeling to determine which screening strategies would help achieve equity in breast cancer screening outcomes and a reduction in death disparities.

Researchers used a model from the Cancer Intervention and Surveillance Modeling Network (CISNET) to compare the potential benefits and harms of biennial mammography screening starting at different ages for a group of Black and white women born in 1980. (The women were screened every other year from ages 50 to 74.)

The CISNET model factored in individuals' age, breast density, breast cancer subtype distribution, stage and treatment effects as well as non–breast cancer mortality. The model also accounted for differences in treatment that could be attributed to racism by including access to medication, treatment delays, dose reductions and discontinuation of treatment as well as self-reported race.

"For Black women, three biennial screening strategies (beginning at age 40, 45 or 50) yielded

benefit-to-harm ratios that were greater than or equal to those seen in white women who started screening at age 50," explained Christina Hunter Chapman, MD, MS, an assistant professor in the department of radiation oncology at the University of Michigan and the lead study author. "Among those three strategies, initiating mammograms at age 40 [compared to age 50] yielded the greatest mortality reduction and reduced Black-white mortality disparities by 57%."

Chapman observed that although there is an increased focus on abolishing race-based medicine, the elimination of racial disparities might be more effectively accomplished with carefully selected solutions for health inequity that are tailored to specific racial groups.

"In the future, the harms of racism in medicine may be better rectified by developing interventions that use more direct measures of racism instead of race," Chapman added.

To learn more about breast cancer, read "Black Women Are Six Times More Likely to Experience Breast Cancer Metastasis."

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