

We Support the Advice to Begin Breast Cancer Screening at a Younger Age

While applauding an updated guide to start mammograms at age 40, the American Cancer Society also weighs whether to continue screening after 75.

May 10, 2023 By American Cancer Society

The [American Cancer Society](#) (ACS) views the May 9 new draft recommendations for breast cancer screening from the United States Preventive Services Task Force (USPSTF) as a significant positive change as it now includes a direct recommendation for screening women in their 40s. The main change in the USPSTF recommendation, which only applies to average-risk women, is lowering the age to begin biennial screening from age 50 to age 40. Breast cancer is the second most common cancer and the second most common cause of cancer death for women in the United States. Mammography continues to be the best primary tool to detect breast cancer early and save lives.

“We applaud the return in USPSTF recommendations to begin screening in their 40s,” said [Dr. William Dahut](#), chief scientific officer for the American Cancer Society. “However, further consideration may be required as to the frequency of screening for women under age 55. Current evidence indicates that biennial screening in this population is associated with a diagnosis of more advanced disease,” said Dahut. [ACS breast cancer guidelines](#), which are evidence-based and independent from USPSTF recommendations, call for women to have an opportunity to decide about beginning screening at age 40, but by age 45 to begin screening and undergo annual screening.

Variances also exist in guidance for women over the age of 74. Whereas the USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older, ACS guidelines recommend that women should continue screening as long as they are in good health and are expected to live at least 10 more years. “At the age of 75, the median life expectancy is greater than ten years, and many women 75 and older will be active and in good health for many more years. Because approximately one in four breast cancer deaths each year is attributable to a diagnosis after age 75, there is no reason to believe that the benefits that are evident in older women before age 74 would not carry forward with increasing age, not only preventing breast cancer deaths but avoiding suffering in the last years of life from aggressive therapy for advanced breast cancer. The ACS believes health and life expectancy, not simply age, must be considered in screening decisions, as spelled out in our current guideline,” said Dahut.

“Cancer screening and early detection are critical components of ending cancer as we know it, for everyone. However, equitable access to high-quality cancer care (downstream of a diagnosis) is essential to eradicate cancer disparities. Our advocacy affiliate, the [American Cancer Society Cancer Action Network](#) (ACS CAN), will continue to support and advocate for everyone for whom it is recommended to have access to coverage of breast cancer screening services — including supplemental screening and follow-up testing – with no cost-sharing which will help improve both access and outcomes,” said [Dr. Karen Knudsen](#), CEO for the American Cancer Society and ACS CAN.

“Even with these changes, it’s critical to note these recommendations do not apply to people with a personal history of breast cancer or at very high risk of the disease. ACS will continue to fund research to better understand needed screening and early detection for those at high risk.”

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