

## **The Japanese Guidelines for Breast Cancer Screening 2014**

### **1) Stand-alone mammography for women aged 40-74 years**

Sufficient evidence to reduce mortality from breast cancer was identified on the base of the result of meta-analysis for 5 RCTs. There are possibility of following harms; false positive, overdiagnosis, and radiation exposure. We recommended stand-alone mammography for women aged 40-74 years for population-based screening and opportunistic screening (**Recommendation Grade B**).

### **2) Mammography with clinical breast examination for women aged 40-64 years**

Sufficient evidence to reduce mortality from breast cancer was identified on the base of the result of meta-analysis for 3 RCTs. There are possibility of following harms; false positive, overdiagnosis, and radiation exposure. We recommended mammography with clinical breast examination for women aged 40-64 years for population-based screening and opportunistic screening (**Recommendation Grade B**). However, appropriate quality assurance is required for its implementation.

### **3) Mammography with and without clinical examination for women younger than 40 years**

- The incidence of women younger than 40 year is lower than women aged 40 years and older. There are few studies to evaluate mortality reduction including women younger than 40 years. We cannot make a judgmental decision related to the efficacy of mammography with and without clinical examination for women younger than 40 years because of insufficient evidence. Therefore, it was not recommended for population-based screening (**Recommendation Grade I**). If there is individual request, appropriate information and decision support should be given.

### **4) Clinical breast examination**

Although two case-control studies were found, the result suggested mortality reduction from breast cancer but it was not significant. We cannot make a judgmental decision related to the efficacy of mammography with and without clinical examination for women younger than 40 years because of insufficient evidence. Therefore, it was not recommended for population-based screening (**Recommendation Grade I**). If there is individual request, appropriate information and decision support should be given.

## **5) Ultrasonography with and without mammography**

Although the studies related to sensitivity and specificity were found, there is no study evaluating mortality reduction from breast cancer. We cannot make a judgmental decision related to the efficacy of mammography with and without clinical examination for women younger than 40 years because of insufficient evidence. Therefore, it was not recommended for population-based screening (**Recommendation Grade I**). If there is individual request, appropriate information and decision support should be given.

### **Revised points for new recommendation**

- 1) Mammography with and without clinical breast examination was recommended.
- 2) Appropriate target age group for mammographic screening was defined.
- 3) The recommendation of clinical breast examination changed from Grade D to Grade I.