Table

Comparison of different mammogram screening strategies[15]

	Average Screenings Per 1000 Women	**Potential Benefits/Harms[†] (vs No Screening)**		
		Cancer Deaths Averted Per 1000 Women	Life-Years Gained Per 1000 Women	Unnecessary Biopsies Per 1000 Women
Different starting ages				
Biennial screening				
40-69 years	13,865	6.1	120[§]	85
50-69 years	8944	5.4	99	55
Annual screening				
40-69 years	27,583	8.3	164[§]	158
50-69 years	17,759	7.3	132[§]	95
Different stopping ages				
Biennial screening				
50-74 years	11,109	7.5	121	66
50-84 years	13,836	9.6	138	79
Annual screening				
50-74 years	21,357	9.5	156[§]	110
50-84 years	26,913	12.2	178	132

Note: Results are from model S (Stanford University). Model S was chosen as an exemplar model to summarize the balance of benefits and harms associated with screening 1000 women under a particular screening strategy.

[†] Over-diagnosis is another significant harm associated with screening. However, given the uncertainty in the knowledge base about ductal carcinoma and small invasive tumors, absolute estimates were not felt to be reliable. In general, over-diagnosis increases with age across all age groups but increases more sharply for women who are screened in their 70s and 80s.

[§] Strategy is dominated by other strategies; the strategy that dominates may not be in this table.