

## Evidence-Based Cancer Control Programs (EBCCP) Bulletin

We are pleased to share this month's updates from the [Evidence-Based Cancer Control Programs \(EBCCP\)](#) website, a resource developed by the National Cancer Institute to support the dissemination and implementation of research-tested interventions in cancer prevention and control.

### November 2025 Bulletin



This November, the EBCCP team is spotlighting the work of Mara Schonberg, M.D., M.P.H., whose distinctive patient decision aid is supporting shared decision-making around mammography screening for women aged 75 and older. Developed for older adults, this tool helps patients and clinicians navigate complex decisions by weighing the benefits and harms of continued screening.

#### About the Program

The decision aid was created to address a critical gap in cancer screening guidance. The U.S. Preventive Services Task Force recommends that women between the ages of 40 and 74 get a mammogram every two years to screen for breast cancer. But for women aged 75 and older, there is no recommendation for or against screening mammography given the insufficient evidence to assess the balance of benefits and harms for this age group. As women age, their overall health and life expectancy must be considered in decision-making. Mammography at older ages can lead to overdiagnosis—finding cancers that may never cause harm—or overtreatment.

This decision aid tool empowers older women to make informed choices that reflect their personal values, health status, and preferences.

The decision aid includes:

- clear, accessible information on life expectancy, competing mortality risks, and breast cancer treatment
- a values clarification exercise to help women reflect on what matters most to them

- design elements tailored to low health literacy and older adult decision-making processes

A cluster randomized control trial involving 546 women across Boston and North Carolina confirmed these findings: Women who received the decision aid had a greater understanding of its risks and benefits and were less likely to undergo screening.

Patients appreciated receiving the aid before their primary care visits, allowing for more meaningful conversations with their clinicians. Based on this feedback, researchers recommend integrating the decision aid into electronic health records (EHRs) and patient portals—ideally linked to annual wellness visits for women aged 75–89 without a history of breast cancer.

### **Sustainability Insights**

To ensure long-term impact, the program team emphasizes automation. Embedding the decision aid into EHR systems and patient portals streamlines delivery and supports consistent use. Cross-departmental support—from internal medicine to breast imaging—can further enhance adoption.

### **Community Engagement**

The development process was deeply collaborative. Input was gathered from older women, internists, gynecologists, geriatricians, family practitioners, nurse practitioners, breast imagers, shared decision-making experts, implementation scientists, and health literacy specialists. Iterative revisions based on user and expert feedback ensured that the tool was both relevant and user-friendly.

### **Final Reflections**

Simulation models suggest modest reductions in breast cancer mortality for healthy older women, but no improvement in overall survival. Meanwhile, potential harms—such as false positives and overdiagnosis—can lead to unnecessary and burdensome treatments.

This decision aid offers older women the opportunity to make informed, preference-sensitive choices about screening, in partnership with their clinicians. It's a powerful step toward more personalized, evidence-informed care.

**Have you designed a program that's driving impact in cancer prevention or control?** We invite you to share your evidence-based intervention with the EBCCP community. [Submit your effective program](#) for consideration to be included on the EBCCP website.

Evidence-Based Cancer Control Programs (EBCCP)

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