



Version 3.0, 2002

## Deciding About Mammography for Women Age 40 to 49

Making decisions about your healthcare is best done as a partnership with your family physician. This detailed brochure will help you learn about the pros and cons of mammography for women age 40 to 49 years. If you're in a hurry, a shorter version of this brochure is also available from your family physician.



This brochure has three parts. The first part answers common questions about mammography in women age 40 to 49, and includes references to the original research studies. The second part will help you work through the process of making a decision if you're still not sure about getting a mammogram. The third part provides guidance about reducing your risk of breast cancer whether or not you choose to have a mammogram. At the end of the brochure is a table that helps you determine your personal risk of breast cancer.

### Part I. Questions and Answers About Mammography

#### 1. Why should we consider screening for breast cancer?

In general, we should screen for a disease when (Frame, 1975):

- The disease is an important source of death or discomfort
- The disease has an early phase when it does not cause any symptoms but can be detected by a test
- The screening and follow-up tests are not too painful, risky, or expensive
- Treatment during the early phase of the disease results in better outcomes for patients than later treatment.
- Treatment is not too painful, risky, or expensive

Let's consider each of these points for mammography in women age 40 to 49 years. Breast cancer is the second most common cause of cancer death among women overall, exceeded only by lung cancer, and is the most common cause of cancer death in the 40 to 49 year old age group. About 15 out of 1000 women will be diagnosed with breast cancer during their 40's, and 3 in 1000 will die of breast cancer during that same period (SEER\*Stat 3.0, 2000).

Breast cancer does have an early phase when it can be detected by mammography but cannot be felt by the woman. About 1 in 4 cancers in women age 40 to 49 are detected by mammography alone, about 1 in 4 by breast examination, and half by both methods (Sener, 1999). Earlier stage

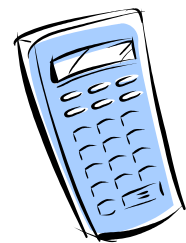


Version 3.0, 2002

cancers are less likely to spread to the lymph nodes, bones, or other places than larger cancers, and respond better to treatment. Mammography is somewhat uncomfortable, but this is not a major barrier for most women. The test costs about \$100, and follow-up tests can cost much more (Saltzmann, 1997). For women without insurance, this can be an important barrier.

It makes sense that mammography in women age 40 to 49 should result in fewer breast cancer deaths. However, six of the eight mammography studies did not find a difference in the risk of death between women who were screened and women who were not (Kerlikowske, 1997). Because breast cancer is uncommon in this age group, a study has to be very large to detect a benefit. These studies may have been too small.

When the results from the 8 individual studies are combined, Combining the results of all eight studies shows that women who had regular mammograms in their 40's had 16% fewer breast cancer deaths than women who didn't. Put another way, regular mammograms beginning at age 40 and continued for 10 years for 2500 women will prevent one breast cancer death (Kerlikowske, 1997).



## 2. How likely am I to get breast cancer?

The chance of a 40-year-old woman being diagnosed with breast cancer over the next 10 years of her life is 15 in 1000. The rates are similar for African American and Caucasian women (SEER\*Stat 3.0, 2000). This number is from national cancer statistics and is based on both screened and unscreened women. Screened women may have a slightly higher rate because mammography may pick up cancers before they can be felt. For instance, in one large study, 20 of every 10,000 women who participated in mammography screening were diagnosed in the first year they participated and 90 of 10,000 women were diagnosed after 5 years of participation. For the group that did not undergo mammography, the number of women diagnosed with breast cancer was 10 of 10,000 in the first year and 80 of 10,000 in 5 years (Bjurstam, 1997). That is, mammography detected 1 more cancer for every 1000 women screened for 5 years.

Your chance of getting breast cancer depends on your age, the number of biopsies that you have had, your family history, the age when you had your first period, and the age of your first pregnancy (if ever). There are also some less common risk factors such as radiation to the chest for diseases like Hodgkins lymphoma. We have made it easy for you to estimate your personal risk of developing breast cancer (see Appendix 1).



### 3. How likely am I to die of breast cancer?

Research studies have looked at the number of breast cancer deaths in healthy women age 40 to 49 who did not have a mammogram. They show that about 1 in 10,000 women died at the end of one year of the study, 5 of 10,000 at 5 years, and 25 of 10,000 at 10 years. (Bjurstam, 1997) Another way to look at survival for women who are not screened is to use national data from the 1970's when very few women in this age group received screening mammograms. For women under age 50 diagnosed with breast cancer in 1975, 65% were alive 10 years later and 55% at 20 years.

### 4. How much will screening reduce the risk of these bad outcomes?

After 5 years of screening, there is no difference in the number of breast cancer deaths for women age 40 to 49 years who have regular mammograms when compared to unscreened women. It is not until about 10 years into the screening studies that a difference in breast cancer deaths is seen.

There is about a 16% reduction in death due to breast cancer that occurs about 10 to 12 years after the initiation of screening with mammography. Therefore, regular screening of 10,000 women age 40 to 49 would result in a longer life for approximately 4 women. Put another way, about 2000 forty-year-old women would have to get a mammogram every 1-2 years for 10 years (around 12,500 total mammograms), and undergo about 600 biopsies (Elmore, 1998), to prevent one breast cancer death.



All the numbers above are based on average risk women. Women who are at higher risk of developing breast cancer may benefit more from regular screening mammograms. Those at lower risk probably benefit less. The benefits of screening increase gradually as women get older.

There is a chance that mammography may miss a cancer. That chance is higher among women in age 40 to 49. As many as 20 out of every 100 invasive breast cancers are not detected by mammography in 40 to 49 year olds, compared with 10 out of every 100 in 50 to 69 year olds (Consensus statement, 1997; Mushlin, 1998). There are several reasons for this. The first is that tumors may grow faster and spread more quickly in younger women than in older women (Peer, 1996; Kerlikowske, 1996). These faster growing cancers are more likely to develop between mammograms. Some experts think that the normally increased breast density in younger women may make it harder to detect cancers with mammography (Mushlin, 1998;



Mandelson, 2000). Others have found that breast density has little effect on mammogram results (Kerlikowske, 1996; Rosenberg, 1998).

## 5. Which screening tests are available?

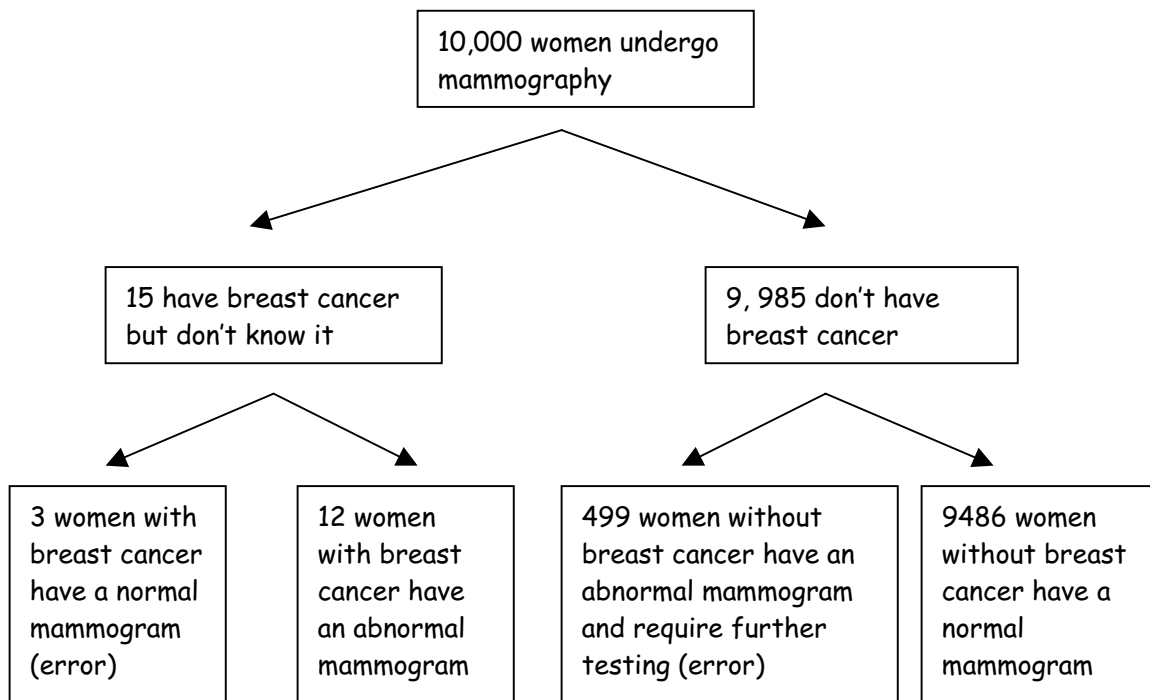
Mammography is the most widely used screening test. Other tests include breast examination, thermography, ultrasound, computed tomography, and magnetic resonance imaging. Breast examination by a physician will detect 54 out of 100 cancers in studies of women of all ages. When a physician feels a breast lump and orders further tests, 4 out of 100 times the diagnosis is breast cancer (Bobo, 1998). Thermograph and ultrasound are both less accurate than mammography (Mushlin, 1985). High resolution ultrasound, spiral computed tomography, and magnetic resonance imaging are all being studied as alternatives to mammography, but have either not been shown to be as accurate, or are currently too expensive to be practical for a nationwide screening program. The actual mammogram usually takes about 10 minutes, although it may take more time if additional views of the breast are needed. Because the breast has to be compressed somewhat to do the mammogram, it is uncomfortable but usually not painful. Doing the test in the week or so after your period minimizes the discomfort. The amount of radiation is small, and is equal to about  $\frac{1}{4}$  of the amount of natural background radiation that the average woman is exposed to during a year.



Mammography is quite accurate, but of course it isn't perfect. A mammogram will detect 4 out of 5 breast cancers in women age 40 to 49 (Mushlin, 1998). The missed cancers are called "false negative mammograms". In 1 out of 20 women age 40 to 49 who do not have breast cancer, the mammogram will mistakenly see a problem. This is called a false positive mammogram, and can result in a "cancer scare". Only 1 out of 43 women in this age group with a mammogram that is called "positive" actually have breast cancer. The other 42 do not have cancer, but may still have to undergo biopsy and other follow-up tests.



Let's think about it another way. Imagine a group of 10,000 women 40 years old. In this group, about 15 actually have breast cancer and don't know it. Here is what happens if they all get a mammogram. For you statisticians out there, we are assuming that the mammogram is 80% sensitive and 95% specific in this group of women (Mushlin, 1998).



Even though mammograms are fairly accurate, because breast cancer is so rare there are many more "cancer scares" than actual cancers in this group. Overall, of 511 abnormal mammograms, only 12 end up being invasive breast cancer.

One other tip: If you decide to have a screening mammogram, make sure that you get your mammogram at a site that has been approved by the American College of Radiology, and that it has modern equipment with a low radiation dosage. You can find a list of accredited facilities at their Web site ([www.acr.org](http://www.acr.org)) by going to their home page and clicking on "Accredited facilities".

## 6. Is further testing needed if the mammography screening test is abnormal?

If the mammogram is abnormal, the radiologist may recommend additional mammograms of different views of the breast, or a follow-up mammogram sooner than would normally be scheduled. A biopsy may also be recommended. A biopsy is a minor surgery that does not require an overnight stay in the hospital. Sometimes biopsies can be done with a needle, while other times a minor surgery is needed to get a sample of the abnormal area (open biopsy). Needle biopsies are generally less expensive and there is less recovery time than open biopsies. There is some discomfort after a biopsy, but it is usually minimal. Because it can be hard to numb the deeper tissue, needle biopsies can sometimes be more painful than open biopsies. Biopsies can cause infection, scarring, or bleeding in rare cases.



Sometimes an ultrasound test is used before the biopsy. Ultrasound uses sound waves to determine whether the suspicious area is solid or filled with fluid. Ultrasound is not painful, and requires no surgery or injections. If the suspicious area is filled with fluid, it is probably a benign (non-cancerous) cyst. In that case a biopsy may not be needed.

As you can see from the answer to question 5 above, it is fairly common among younger women for a mammogram to be abnormal, yet it is uncommon for the woman to have cancer. If a 40-year-old woman has a mammogram every other year until age 50, there is a 3 in 10 chance that she will experience a "cancer scare" during that 10 year period (Elmore, 1998). A cancer scare occurs when a mammogram shows a problem that turns out not to be cancer after further testing.

### 7. What do different professional groups say about mammography in women age 40 to 49?

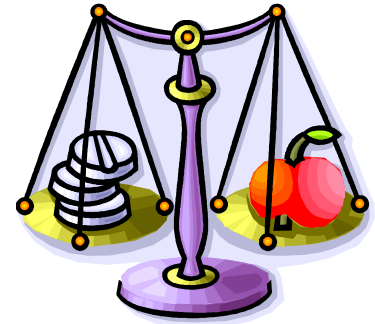
The recommendations are mixed from different professional groups. The AAFP currently recommends for this age group that women discuss the risks and benefits of screening mammography with their physician. The recommendations of seven important organizations are summarized below.

Group	Recommendation
<b>Favor screening for women age 40 to 49</b>	
United States Preventive Services Task Force (2002)	Recommends screening mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older (B Recommendation). Notes it is difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.
American College of Radiology (1998)	A mammogram every year for women beginning at age 40
National Cancer Institute at the National Institutes of Health (1997)	Mammography every 1 to 2 years for women age 40 to 49 years
American Cancer Society (1999)	A mammogram every year for women beginning at age 40
<b>No clear recommendation</b>	
American Academy of Family Physicians (2001)	For women age 40-49, counsel about potential risks and benefits of mammography
American College of Preventive Medicine (1996)	There is inadequate evidence for or against mammography screening of women under age 50.
Canadian Task Force on the Periodic Health Examination (2001)	Current evidence does not support the recommendation that screening mammography be included in or excluded from the periodic health examination of women aged 40-49 at average risk of breast cancer



## Part II. Dealing with uncertainty: I'm still not sure what to do...

Deciding what to do is hard because mammography screening may be helpful and may be harmful in women age 40 to 49 years. To reach a decision, you need to figure out how important each of these possible helps or harms is to you.



1. **Test your own values.** Use a highlighter to highlight the harms and helps below that matter to you.

### *Helpful outcomes of mammography in 40-49 year olds.*

- **Reducing the risk of death from breast cancer.** For every 2000 women who receive regular mammograms during their 40's, one death from breast cancer is prevented.
- **Knowing.** If a cancer is found early, the chances of successful treatment may be higher.
- **Sense of Accomplishment.** Feeling good about doing all you can to preserve your health.

### *Harmful outcomes of mammography in 40-49 year olds.*

- **Unnecessary cancer scare.** Most positive mammograms do not turn out to be cancer. In the time between a positive mammogram result and the biopsy being done, women live with the fear of having cancer.
- **Not knowing for sure.** Since the test isn't perfect, it does not catch all cancers. Rarely, patients with a normal mammogram have breast cancer.
- **Inconvenience and Discomfort.** You have to make an appointment and go to a radiologist to have a mammogram. This may require time off work or away from other activities. . Some women do not like having their breasts squeezed in the mammography machine. A biopsy after a positive mammogram requires care for the cut or needle wound in the breast.
- **Cost.** Not all mammograms in 40-49 year olds are paid for.

2. **Score the importance.** For each help or harm you highlighted, assign a score between 1 and 10 where 1 is "not at all important" and 10 is "very important". Record the score below. Include only those helps and harms that matter to you. Skip those that do not matter. There are no correct scores. All are only your best estimates and they are correct for you.



Type of outcome	Score (1 to 10)
<b>Helpful outcomes</b>	
Preventing breast cancer	
Knowing	
Sense of accomplishment	
<b>Harmful outcomes</b>	
Unnecessary cancer scare	
Not knowing for sure	
Inconvenience and discomfort	
Cost	

**3. Check how rare.** Some of these helpful outcomes and harmful outcomes are very rare. You may want to cross some off your list after you look back on the earlier pages. After doing that you may want to look at the numbers as representing your own feelings about mammography for yourself.

**4. Communication with health professionals.** You should think about your own preferences for deciding about getting a mammogram at your age. The following questions will help your decision-making.

\_\_\_\_\_ I want a health professional to make the decision about when to start mammography.

\_\_\_\_\_ I want to discuss the mammography decision with my health professional and be involved in the decision making.

\_\_\_\_\_ I have decided on my own to begin mammography at (circle one): Age 40      Age 50

**4. Talk to your health professional or a friend.** When you think you understand your own feelings about the helps and harms, talk it over with a health professional or a friend.

**5. Decide what you want to do this year.** You can always make a different decision next year. Enter your decision on your plan below.



## Part III. Reducing your risk of getting breast cancer

### MY BREAST CANCER PREVENTION PLAN

Below are things that you can do that may prevent breast cancer. They all have other healthy benefits in addition to possibly preventing breast cancer. Check the ones you will put in your prevention plan.



**Physical activity.** Ten minutes or more of walking each day outside of daily work.

**Achieve a healthy weight.** For example, up to 145 pounds for a person 5'5".

**Limit alcohol.** No more than one drink a day (12 oz. beer, or 5 oz. wine, or 1.5 oz. liquor).

**Eat 5 or more fruits and vegetables a day.** Especially choose carrots and green leafy vegetables like cauliflower, broccoli, and cabbage.

**Mammography.** Decide when to begin mammography and check below.

**Age 40**

**Age 50**



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Version 3.0, 2002

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**Estimate your personal risk of being diagnosed with breast cancer in the next 10 years.**

1. Find the age when you had your first period in the first column. Work to your right and find the number of breast biopsies that you have ever had in the second column
2. In the third column, find the number of first degree relatives (mother, sister, or daughter) with breast cancer. Do not count aunts, grandparents, or any more distant relatives.
3. Find the age at which you first gave birth. If you have never given birth, use age 25 to 29.
4. Finally, in the last two columns find your risk of breast cancer in the next 10 years if you are now age 40 or age 45.

Low risk example: A 40 year old woman with her first period at age 10, no biopsies, no first degree relatives with breast cancer, and her first child at age 19. Her risk of being diagnosed with breast cancer in the next 10 years is 1.3 in 100.  
 Moderate risk example: A 40 year old woman with her first period at age 12, 1 biopsy, no first degree relatives with breast cancer, and her first child at age 23. Her risk of being diagnosed with breast cancer in the next 10 years is 2.9 in 100.  
 High risk example: A 40 year old woman with her first period at age 14, 1 biopsy, 2 first degree with breast cancer, and her first child at age 32. Her risk of being diagnosed with breast cancer in the next 10 years is 9.3 in 100.

Age at first period (years)	Number of breast biopsies	First degree relatives with breast cancer (mother, sister, or daughter)	Age at first live birth (use 25 – 29 if no children)	Chance out of 100 that you will be diagnosed with breast cancer in the next 10 years	
				Age 40	Age 45
12 to 13 years	0	0	< 20	1.3	1.5
			20 – 24	1.7	1.9
			25 – 29	2.1	2.3
			≥ 30	2.6	2.9
		1	< 20	3.5	3.8
			20 – 24	3.6	3.9
			25 – 29	3.7	4.0
			≥ 30	3.8	4.1
		2	< 20	8.9	9.7
			20 – 24	7.6	8.4
			25 – 29	6.5	7.3
			≥ 30	5.6	5.9
	1	0	< 20	2.3	2.5
			20 – 24	2.9	3.2
			25 – 29	3.6	3.9
			≥ 30	4.4	4.7
		1	< 20	5.9	6.2
			20 – 24	6.1	6.9
			25 – 29	6.3	7.0
			≥ 30	6.4	7.2
		2	< 20	14.6	16.0
			20 – 24	12.6	14.0
			25 – 29	10.8	11.6
			≥ 30	9.3	10.0
	2	0	< 20	3.9	4.2
			20 – 24	4.8	5.1
			25 – 29	6.0	6.3
			≥ 30	7.4	8.1
		1	< 20	9.8	10.6
			20 – 24	10.1	10.8
			25 – 29	10.4	11.1
			≥ 30	10.6	11.4
		2	< 20	23.6	26.0
			20 – 24	20.4	21.8
			25 – 29	17.6	19.0
			≥ 30	15.1	16.5
0	0	< 20	1.3	1.5	
		20 – 24	1.7	1.9	
		25 – 29	2.1	2.3	
		≥ 30	2.6	2.9	
		1	< 20	3.5	3.8
			20 – 24	3.6	3.9
			25 – 29	3.7	4.0
			≥ 30	3.8	4.1
		2	< 20	8.9	9.7
			20 – 24	7.6	8.4

	1	0	25 – 29	6.5	7.3
			≥ 30	5.6	5.9
			< 20	2.3	2.5
			20 – 24	2.9	3.2
		25 – 29	3.6	3.9	
		≥ 30	4.4	4.7	
		< 20	5.9	6.2	
		20 – 24	6.1	6.9	
	25 – 29	6.3	7.0		
	≥ 30	6.4	7.2		
	1	2	< 20	14.6	16.0
			20 – 24	12.6	14.0
			25 – 29	10.8	11.6
			≥ 30	9.3	10.0
	2	0	< 20	3.9	4.2
			20 – 24	4.8	5.1
			25 – 29	6.0	6.3
			≥ 30	7.4	8.1
		1	< 20	9.8	10.6
			20 – 24	10.1	10.8
			25 – 29	10.4	11.1
			≥ 30	10.6	11.4
		2	< 20	23.6	26.0
			20 – 24	20.4	21.8
25 – 29			17.6	19.0	
≥ 30			15.1	16.5	
Younger than 12 years	0	0	< 20	1.3	1.5
			20 – 24	1.7	1.9
			25 – 29	2.1	2.3
			≥ 30	2.6	2.9
		1	< 20	3.5	3.8
			20 – 24	3.6	3.9
			25 – 29	3.6	4.0
			≥ 30	3.8	4.1
		2	< 20	8.9	9.7
			20 – 24	7.6	8.4
			25 – 29	6.5	7.3
			≥ 30	5.6	5.9
	1	0	< 20	2.3	2.5
			20 – 24	2.9	3.2
			25 – 29	3.6	3.9
			≥ 30	4.4	4.7
		1	< 20	5.9	6.2
			20 – 24	6.1	6.9
			25 – 29	6.3	7.0
			≥ 30	6.4	7.2
		2	< 20	14.6	16.0
			20 – 24	12.6	14.0
			25 – 29	10.8	11.6
			≥ 30	9.3	10.0
2	0	< 20	3.9	4.2	
		20 – 24	4.8	5.1	
		25 – 29	6.0	6.3	
		≥ 30	7.4	8.1	
	1	< 20	9.8	10.6	
		20 – 24	10.1	10.8	
		25 – 29	10.4	11.1	
		≥ 30	10.6	11.4	
	2	< 20	23.6	26.0	
		20 – 24	20.4	21.8	
		25 – 29	17.6	19.0	
		≥ 30	15.1	16.5	