

Breast Cancer Screening

Making a choice

Use this information to help you identify your personal risk for breast cancer and help you make a better decision about when to start and how often to have screening mammography.

What do I need to know about breast cancer?

- ♦ Breast cancer is the most common cancer in women. Women in the U.S. have a 12 percent chance of developing breast cancer in their lifetime.
- ♦ Age is a major risk factor for breast cancer. The chance of developing breast cancer over the next 10 years is 1.5 percent for a woman 40 years old and 3.5 percent for a woman 60 years old.
- ♦ Family history of breast cancer is another major risk factor: Close relatives (meaning your mother, sister or daughter) with breast cancer will double your risk.
- ♦ Mammogram reports will sometimes indicate that you have dense breasts, which is very common and not abnormal. Women with dense breasts have a slightly higher risk of breast cancer. Knowing your breast cancer risk can help you and your doctor decide if additional testing besides mammography might be recommended.
- ♦ Most women diagnosed with breast cancer will be cured by currently available treatment regardless of whether the cancer was found by a mammogram, or by self-exam or clinical exam.

How do I figure out my personal risk for breast cancer?

You can identify your personal risk for developing breast cancer by using the Breast Cancer Risk Assessment Tool (BCRAT) recommended by the National Cancer Institute. You can visit your health provider to use this tool. You can also find it at cancer.gov/bcrisktool/.

The BCRAT will show you two scores, 5-year risk and lifetime risk of developing breast cancer, compared to average risk for your age. Scores below or near average risk classify you at average risk. Scores higher than average risk classify you at elevated risk. For example, you are at average risk if your 5-year BCRAT score is less than 2 percent. A risk of 1.5 percent means that out of 1000 women like you, 15 will develop breast cancer over the next 5 years, but 985 will not.

If you know your breast cancer risk score, please record it here: _____

Circle your level of breast cancer risk over the next 5 years:

HIGH RISK (2% or higher)

or

AVERAGE/LOW (less than 2%)

What are the benefits of screening mammography?

- ♦ The net benefit of screening depends mostly on your personal breast cancer risk.
- ♦ Having mammograms reduces your chances of death from breast cancer by about 20 percent overall, with greater benefits as you get older.
- ♦ If your breast cancer risk is higher than average because of family history or other risk factors, you may benefit more from screening mammography than someone with average risk.

What are the risks of screening mammography?

- ♦ Mammography is not a perfect screening test. Some cancers will be missed, and some women will die of breast cancer regardless of being screened.
- ♦ Mammograms may find cancers that will not cause harm (called over-diagnosis). Some breast cancers never grow or spread, but a mammogram can't tell whether it's harmless. You may get cancer treatment that you don't need.
- ♦ Mammograms may show an abnormal result when it turns out there was no cancer (called a *false-positive test*). This means more tests may be needed, such as another mammogram, breast ultrasound or MRI, or a biopsy to make sure you do not have cancer. These tests can be harmful and cause worry.

How often should I get a mammogram?

- ♦ Having mammograms more often than every 2 years depends on your risk, values and preferences. For women at average risk, studies show nearly no difference in death from breast cancer between women screened every other year versus every year.
- ♦ If you are at high risk for breast cancer, you may benefit from having mammograms every year.

At what age should I get my first mammogram?

- ♦ If your personal risk for breast cancer is average, it is recommended to begin mammography at age 50. For women at average risk, studies show nearly no difference in death from breast cancer when women start mammograms at age 50 years versus 40 years.
- ♦ If your personal risk for breast cancer is high, you may benefit from starting mammography at an earlier age.

- ♦ You may also want to start mammography earlier based on your values and preferences. If you are younger than age 50, use the decision aids on the next page to help you think about these preferences and values.

What do the expert panels say?

Here are what medical organizations say about breast cancer screening:

- ♦ The American Cancer Society recommends getting screening mammograms every year beginning at age 40.
- ♦ The American Congress of Obstetricians and Gynecologists recommends mammograms every 1 to 2 years for women in their 40s and every year for women 50 and older.
- ♦ The US Preventive Services Task Force recommends that most women begin screening mammograms at age 50 and continue every other year until age 74. The task force recognizes that screening for women in their 40s saves lives, but says screening every 2 years before the age of 50 should be an individual decision. These recommendations are aimed at reducing the potential harm from overscreening.

What happens after screening?

If the screening shows an abnormal result, you and your care team will discuss your next steps.

Does insurance pay for the screening?

Medicare and most private insurance plans cover yearly breast cancer screening if you meet the screening criteria. Check with your health insurance provider about coverage and benefits for breast cancer screening. **For additional tests and treatments needed as a result of the screening, check with your insurance plan about coverage and benefits for the cost of these additional services.**

What is important to you when deciding about when to have a mammogram?

Think about what matters most to you when deciding whether to have a mammogram for breast cancer screening. After you have filled in your answers, check to see where your answers fall. If your responses line up at or near the left, you are more likely to feel that starting mammograms in your 40s is right for you. If your responses line up at or near the right, you are more likely to feel that starting mammograms at age 50 is right for you.

	Favors screening			Favors no screening	
How important is:	Very important			Not important	
Finding breast cancer early when it may be more easily treated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How concerned are you about:	Not concerned			Very concerned	
Having a false positive test that might lead to additional tests or a biopsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having other tests if you have a positive screening test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being treated for breast cancer that never would have harmed you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being harmed by the treatments you receive for breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your decision

Check off the decisions below that you have made about having a mammogram:

- I would like help figuring out my personal breast cancer risk.
- I would like to discuss mammogram options with my health provider before making decisions.
- I would like to have mammograms every other year.
- I would like to have mammograms every year.
- I would like to make a decision about having a mammogram later.
- I would like to read more about options before I decide.
- I would like to decline having mammograms.
- I am under age 50 and would like to start or continue with mammogram screening.
- I would like to schedule a mammogram today.
- I have not yet made a decision. I have the following questions:

This decision aid is not intended to replace the advice of a clinician.