SCL Health Recommendations for Breast Cancer Screenings

SCL Health Breast Programs offer annual mammograms to average risk women starting at age 40.

When and how often should you have breast cancer screenings (mammograms)?

It is important to make an educated and informed decision on when to begin having a screening mammogram. In conjunction with your primary care provider and/or breast specialist, you should discuss when to begin screening and how often you should have one. This conversation should include your personal beliefs and risk tolerance; personal risks factors for breast cancer, benefits and limitations of mammography and personal breast density.

SCL Breast Programs support this shared decision-making process between our patients, providers and breast health experts.

**Breast cancer screening guidelines**

1. **The American College of Radiology**, the Society of Breast Imaging, the **American College of Obstetrics and Gynecology** and the **National Comprehensive Cancer Network** recommends:
   1. Annual breast cancer screening starting at age 40.
2. **The American Cancer Society**, with the endorsement of the **American Society of Breast Surgeons**, recommends:
   1. Women with an average risk of breast cancer, which is the majority of women who are not at higher risk due to family history, a breast condition, or another reason, should start yearly mammograms at age 45.
   2. Women may start the screenings as early as age 40, if they want to. It’s a good idea to start talking to your healthcare provider at age 40 about when you should start screening.
   3. At age 55, women should have mammograms every other year – though women who want to keep having yearly mammograms may do so.
   4. Regular mammograms should continue for as long as a woman is in good health.
3. **The U.S. Preventative Services Task Force**, with the endorsement of **American Academy of Family Physicians** and the **American College of Physicians**, recommends:
   1. Screening every other year from age 50 to 74.
      i. Please note that the Task Force neither recommends for or against starting screening mammography before age 50, and indicates the decision to start screening mammography before the age of 50 is an individual one and take
patient context into account, including the patient’s values regarding specific benefits and harms.

Benefits of screening mammography

- Mammograms allow for breast cancers to be detected before they are noticeable and when they are small and confined to the breast.
  - The longer a cancer stays undetected in the breast, the larger and more aggressive it can become and the more likely it will spread beyond the breast. Usually, the first place breast cancer spreads is to the lymph nodes under the arm. From there, the cancer may continue to spread throughout the body.

- Finding cancer at an earlier stage with a screening mammogram can result in potentially less treatments and better survival rates.

- According to the National Cancer Institute, the chance of developing breast cancer increases in women between ages 40 and 50 and continues to increase over the next 40 years.

- Several randomly controlled studies show at least a 20% decrease in breast cancer deaths in women who were invited to participate in screening mammography (though many invited patients did not actually participate). Other large studies looking only at women who actually participated in screening mammography have found nearly 40-50% reduction in deaths from breast cancer due to screening mammography.

- Breast cancer can be more aggressive and grows faster in premenopausal women. The average time to catch cancer on a screening mammogram in a premenopausal woman before it can be felt is about 2.5 years.

Risks associated with screening mammography

- The most common risks of mammography screening are over-diagnosis and false positive exams.
  - Over-diagnosis can happen because some cancers detected with screening would never have harmed the patient had the cancer never been detected. The estimates of this happening vary, but are likely less than 10%. Currently, there is no way to determine what diagnosed cancers will be life threatening and which will not be harmful.

  - False positive exams are where a finding is seen on the screening exam and more imaging is needed. Most of the time, further imaging clears up the finding with no need to do anything else. A small percentage of patients undergo a biopsy (a tissue sample) with non-cancerous results. False positive exams and biopsies occur more
often in women in their 40s. During this age range the breast tissue is denser and providers have a lack of prior exams for comparison. These false positive exams and biopsies may cause anxiety.

- Over- or under-treatment of an individual cancer are still being discussed and researched.

- Radiation exposure during mammography is minimal and only carries a theoretical risk for developing further cancer, compared to the benefits of early detection.

Getting more accurate results and minimizing false positive exams

Using digital breast tomosynthesis (3D mammography), has greatly improved the detection of cancers in women of all breast densities, estimated to be up to a 40% improvement (over 2D mammography) in cancer detection. This increase has led to a corresponding decrease in the need for additional imaging.

The quality of performing and reading breast imaging exams is better in centers that only focus on breast imaging and are staffed by dedicated technologists, radiologists and support staff. Knowing who will be performing and reading your breast imaging exam is important to ensure accurate results.

Risk factors for developing breast cancer

Risk factors for developing breast cancer include:

- Age, risk increases with age
- Personal history of biopsy demonstrating “high risk lesion” such as atypia, a pre-cancerous lesion
- Family history
- Early menstruation and/or late menopause
- No children or late childbirth
- High Body Mass Index/sedentary lifestyle
- Excessive alcohol consumption - more than 1-2 drinks per day
- Race
- Breast density, risk increases with increased density

High risk factors and screening recommendations

More aggressive screening may be recommended for women with a higher than average risk for breast cancer. Some factors that put you at a higher risk are:
- **High breast density**, which is a stand-alone risk factor for developing breast cancer and may increase the risk by up to **2 times in different kinds or very dense tissue**. Knowing your breast density is a key part in deciding when and how often to have screenings. If you do not know your density, ask your doctor or ask a mammography-screening clinic.

- Women with a family history of cancer and are under 40 should start screenings 10 years earlier than when your immediate relative was diagnosed, or at age 40 – whichever is younger.

- If you have received chest wall radiation between the ages of 10 and 30, you should start more aggressive breast screenings eight years after treatment – but not before age 25 – with yearly mammograms and magnetic resonance (MR) exams after that.

Yearly mammograms and MR exams for high risk women starting at age 25 or older are recommended for:

- women with known mutation or genetic syndrome, with increased breast cancer risk;
- women who are untested with an immediate relative with a known BRCA gene mutation;
- women with a 20% or higher lifetime risk for breast cancer, based on breast cancer risk models; and
- women and immediate relatives with Li-Fraumeni, Cowden and Bannayan-Riley-Ruvalcaba syndromes.