

What You Should Know About Breast Cancer Screening

Good news! For the first time in many years fewer women are getting breast cancer according to the latest data. And for the women who do get breast cancer, it is less likely that they will die from it—24% fewer in the last 10 years, in fact. This brighter outlook is due to many things: greater awareness, more research, better education, earlier detection, and improved treatments. As we learn more we continue to discover how important screening is. It's one of your key tools for protecting yourself.

How do I get screened for breast cancer?

The question is not “*should* I get screened?” There is no question that screening saves lives. Getting screened doesn't prevent breast cancer, but if you have it, screening gives you a much better chance of finding it early and of surviving it.

Screening takes many forms, from the basic “do-it-yourself” breast exam to the latest advances using ultrasound and digital technology. These methods are most effective when used together. For example, breast self-exams, breast exams administered by a health care professional, mammography, and ultrasound (if needed) are highly sensitive tools when used in combination.

When you do a breast self-exam you check your own breasts for lumps or anything that feels new or different. It's easy to do when you're taking a shower or when you're lying

in bed. Ask your doctor how to do it, or visit www.cancer.org or www.cancer.gov for guidance. A monthly self-exam (right after your period if you are premenopausal) is a good way to become familiar with what is normal for your breasts. Then, if something strikes you as out of the ordinary you can describe it more accurately to your physician.

Women in their 20s and 30s should have a clinical breast exam as part of their physical every 3 years, or more often if they have risk factors for breast cancer. After age 40 years, women should have a clinical breast exam every year.

The mammogram, which is an x-ray of the breast, can find growths that may or may not be cancer even if they are too small for you or your physician to feel. By itself a mammogram can't prove whether a questionable finding is cancer. Further tests may

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be needed, such as a biopsy. In a biopsy a doctor removes a small amount of tissue and looks at it under a microscope.

Women should have a mammogram every year beginning at age 40 years, or earlier if there is a strong family history or a genetic risk of breast cancer (such as the “cancer genes” BRCA1 or BRCA2).

Mammograms are more important as you get older. About 78% of women with breast cancer are aged 50 years or older when they are diagnosed, so getting older is a reason to continue having regular mammograms.

The American Cancer Society now advises some women with a higher risk of breast cancer to get a magnetic resonance imaging (MRI) test every year along with (not in place of) their mammogram. The guidelines suggest starting at age 30 years, depending on your doctor’s recommendations.

The guidelines urge high-risk women to get both a mammogram and an MRI, because each test catches things that the other might miss. Both can sometimes “read” spots in the breast as cancer when they aren’t. These *false-positive* results are more common with an MRI, which can detect very small changes. Getting a false-positive result can be worrisome, and may also mean unnecessary follow-up tests. On the other hand, getting a *false-negative* result, in which a cancer is missed, is what all clinicians try to avoid. A mammogram and MRI together may help reduce the chances of a wrong diagnosis.

Who needs an MRI test?

Only women who have at least a 20% higher risk of cancer in their lifetime are advised to get an MRI. Family history is a big factor—studies have shown that about 5% to 10% of breast

cancer cases are due to inherited gene changes (mutations). There is not yet enough evidence to show whether getting an MRI will help if your lifetime risk of getting breast cancer is low, so it is not recommended if your risk is normal.

Ask your doctor about MRI screening if:

- Two or more of your close relatives have had breast or ovarian cancer
- A close relative has had breast cancer before the age of 50 years
- A test has shown that you have an inherited gene mutation called BRCA1 or BRCA2
- Your parents or sibling(s) have the BRCA1 or BRCA2 gene mutation
- You had radiation to the chest between the ages of 10 and 30 years (for Hodgkin disease, for instance)
- You are of Ashkenazi Jewish descent
- You or a close relative have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome
- You have had a breast biopsy that showed atypical ductal hyperplasia.

What else can you do?

You can’t change your age or your family history, of course, but you *can* change some factors that may increase your risk of breast cancer.

- **Lose weight.** Although the connection between weight and breast cancer is unclear, studies show that being very overweight is a risk factor for cancer—especially after menopause.
- **Get more exercise.** According to some research, as little as 1 or 2 hours a week of brisk walking can reduce the risk of breast cancer by 18%.
- **Drink less alcohol.** If you drink more than two alcoholic drinks every day, your risk of breast cancer goes up by about 1.5% compared with women who do not drink alcohol.
- **Rethink hormone therapy.** The role of hormones and breast cancer is still unclear. Have a discussion with your health care provider.
- **Consider preventive therapy.** If you are at very high risk for breast cancer, your health care provider may recommend that you consider preventive treatment with drugs like tamoxifen or raloxifene.

Resources

- American Cancer Society
www.cancer.org
1-800-ACS-2345 (1-800-227-2345)
- National Cancer Institute
US National Institutes of Health
www.cancer.gov
1-800-4-CANCER (1-800-422-6237)