



Cancer

fact sheet

Cancer
AnswerLine™

WHAT YOU SHOULD KNOW ABOUT BREAST CANCER SCREENING

Women should speak to their health care provider about their risk of breast cancer and whether a screening test is right for them, as well as to review the risks and benefits of screening.

The purpose of screening is to find disease early; ideally before symptoms appear. Almost all diseases, including cancer, are easier to treat in an earlier stage as opposed to an advanced stage.

While experts may have different opinions regarding when to begin mammography screening and at what frequency, all major U.S. organizations, including the American Cancer Society, the National Comprehensive Cancer Network and the U.S. Preventive Services Task Force continue to recommend regular screening mammography to reduce breast cancer mortality. Breast cancer mortality rates have continued to decrease in the United States due to advances in screening and treatment over the last 20 years.

Breast cancer screening is broken down into different classifications based on the patient's age, level of risk (how likely they are to get breast cancer), and strength of the recommendation.

Jacqueline Jeruss, MD, director of the U-M Breast Cancer Center, speaks about breast cancer screening, in this video from the U-M Cancer Center, [youtube.com/watch?v=QYVekTI6lBo](https://www.youtube.com/watch?v=QYVekTI6lBo).

THE AMERICAN CANCER SOCIETY'S RECOMMENDATIONS:

- Women between 40 and 44 have the option to start screening with a mammogram every year.
- Women 45 to 54 should get mammograms every year.
- Women 55 and older can switch to a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- All women should understand what to expect when getting a mammogram for breast cancer screening—what the test can and cannot do.

These recommendations apply to asymptomatic women aged 40 years or older who do not have preexisting breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age.



THE U.S. PREVENTIVE SERVICES TASK FORCE RECOMMENDATIONS:

- Screening mammogram every 2 years for women aged 50 to 74.
- Women under 50 years of age and older than 75 should speak to their healthcare provider about their need for screening.
- Breast self-exam is **not** indicated for any age group.

MAMMOGRAM

A mammogram is an X-ray of the breast that can detect tumors, including those that are too small to feel and abnormal cells that signal early signs of breast cancer.

QUESTIONS ABOUT BREAST DENSITY?

On June 1, the Michigan Breast Density Notification Law went into effect, which requires radiologists to notify a woman and her primary care physician should dense breast tissue be identified on her mammogram. To learn more about breast density and how it may impact detection of breast cancer, please visit the Michigan Breast Density Notification website at midensebreasts.org.

For more information, visit:

- University of Michigan Health System's Breast Imaging (Mammograms), uofmhealth.org/conditions-treatments/breast-imaging-mammography
- American Cancer Society recommendations for early breast cancer detection, cancer.org/cancer/breastcancer/detailedguide/breast-cancer-detection
- National Cancer Institute Breast Cancer Screening, cancer.gov/types/breast/patient/breast-screening-pdq
- National Cancer Institute mammograms guide, cancer.gov/types/breast/mammograms-fact-sheet

If you have further questions about learning about breast cancer screening, feel free to call an experienced oncology nurse at the Cancer AnswerLine™ at 800-865-1125 or contact via email at OPE-CancerAnswerLine@med.umich.edu.