Mammography Screening Recommendations

Women ages 40 to 49 should get screening mammograms every one to two years if they are at average risk for breast cancer. For women 50 years and older, mammograms are recommended every one to two years. Women who are at higher than average risk should start mammography before age 40. They should also find out how often they should get screened in their 40's and 50's.

HIGHER RISK WOMEN ARE THOSE WHO:

- Have had breast cancer.
- Have more than one family member that has or has had breast cancer.
- Carry genetic changes, which make them more likely to get breast cancer.
- Have a breast disease that may predispose them to cancer.
- Have had two or more breast biopsies for benign disease.
- Have 75% or more dense breast tissue on past mammograms.
- Gave birth at age 30 or older.
- Have never been pregnant.
- Are on hormone therapy.
- Began their menstrual periods before age 12.
- Have a late menopause (55 years old or older).
- Have had high doses of radiation to the chest.
- Never breastfed.
- Are going through menopause and are obese.
- Have had cancer of the uterus, ovary or intestine.
- Are Jewish.
- Drink a lot of alcohol.
- Have breast implants.

Women without the risk factors above are considered to be at average risk of developing breast cancer.

MAMMOGRAPHY LIMITATIONS

There are limitations of mammography. That is why clinical breast exams by your caregiver and monthly self breast exams are important. Some limitations include:

- Having a high percentage of women who get mammograms with results that are not cancer, but need further testing such as:
  - Another mammogram.
  - Fine needle aspiration.
  - Ultrasound.
  - Biopsy.
- Women who have yearly mammograms in their 40's have about a 30% chance of having a "false-positive" mammogram. This means the mammogram suggests a problem, but on further testing, there is no problem. This is called a “false positive.”
- About 25% of breast tumors are missed in women in their 40's, compared to 10% for women in their 50's. This is due to dense breast tissue.

RESEARCH

- Regular screening of average risk women in their 40's reduces deaths from breast cancer by about 17%.
- Research is under way in imaging technology such as MRI's, breast ultrasound and breast-specific position emission tomography to overcome mammography limitations.
- In addition to imaging technologies, scientists are exploring methods to detect traces of breast cancer in blood, urine, or nipple fluid and to detect genetic alterations in women who are at increased risk for breast cancer.
- There is little to no risk of getting too much radiation during a screening.
- Regular screening and early detection of breast cancer reduces costs and further therapy such as radiation, chemotherapy and breast reconstruction.

Most of this information is courtesy of the National Institute of Health. This information is continuously revised. Always make sure you have the most up-to-date care recommendations.

For further information contact the Cancer Information Service (CIS).

- CIS, a national information and education network, is a free public service of the NCI. This is the federal government's primary agency for cancer research.
- The CIS meets the information needs of patients, the public and health professionals.
- Trained staff provides the latest scientific information in understandable language. CIS staff answers questions in English and Spanish and gives out NCI materials.
  - 1-800-4-CANCER (1-800-422-6237).
  - TTY: 1-800-332-8615.
  - http://rex.nci.nih.gov.
  - http://cancernet.nci.nih.gov.

Document Released: 02/09/2007 Document Re-Released: 03/16/2010
ExitCare® Patient Information ©2011 ExitCare, LLC.