

# NORTH COAST FAMILY MEDICAL GROUP

## FACTS ABOUT BREAST CANCER SCREENING

North Coast Family Medical Group recommends annual mammograms for women starting at age 40. Below is an overview of breast cancer screening so that you may have an informed discussion with your doctor or PA.

**BREAST CANCER SCREENING OVERVIEW** — Cancer screening refers to the use of tests to detect cancer at an early stage, before it causes symptoms and hopefully at a time when it is curable. More than 200,000 women in the United States are newly diagnosed with breast cancer each year. About 40,000 women die each year of breast cancer, making it second only to lung cancer in cancer deaths among women.

The death rate from breast cancer has declined about 20 percent over the past decade. This is due, in part, to the ability of increased screening to find the disease at earlier stages when the chances of successful recovery are higher. In fact, there is more scientific evidence supporting the use of screening tests for breast cancer than for any other type of cancer.

The information presented here is for women at usual or average risk of breast cancer. Women with a known genetic mutation, like BRCA1 and BRCA2, or who have several close relatives with breast cancer are subject to a different set of guidelines.

**BREAST CANCER SCREENING METHODS** — There are three main methods of screening for breast cancer: mammography, clinical breast examination, and breast self-examination.

**Mammography** — A mammogram is a breast x-ray. It is the best screening test for reducing the risk of dying from breast cancer. Early concerns about the radiation exposure from mammograms have lessened with the use of modern mammography equipment that exposes the breast to extremely low levels of radiation. The current level of radiation exposure is unlikely to significantly increase the risk of developing breast cancer.

**Clinical breast examination** — Clinical breast examination is performed by a health care provider and is typically performed at the yearly physical examination. Healthcare providers usually inspect the breasts for any changes in size or shape and then palpate (feel) the breasts and the area under both arms for any change in texture or lumps.

Both clinical breast examination and mammography are important; studies show that about 50 percent of breast cancers found on screening were detected by both examination and mammography. Five to 10 percent are detected with examination and missed by mammography, and about 40 percent are detected by mammography and missed by examination.

**Breast self-examination** — Breast self-examination is a means of detecting changes in your own breasts. It typically is performed at the same time each month. The best time to perform breast self-examination is about one week after the menstrual period ends, when the breasts are least lumpy. In postmenopausal women who are not menstruating, the same day each month is recommended.

Most studies have not found breast self-examination to be beneficial in reducing the risk of dying from breast cancer. Nevertheless, some women feel that practicing breast self-examination on a regular basis improves their ability to detect subtle changes that would otherwise not have been noticed. Breast self-examination is not a substitute for mammography or breast examination by a health care professional.

**Breast MRI** — Breast MRI is not recommended for routine screening for breast cancer.

## BREAST CANCER SCREENING RECOMMENDATIONS

**Expert groups** — All major North American expert groups recommend routine screening with both mammography and clinical breast examination for women ages 50 years and older. There is controversy about routine screening among women in their 40s.

The American Cancer Society, American College of Radiology, American Medical Association, and American College of Obstetrics and Gynecology all recommend starting routine screening at age 40 years. American Academy of Family Physicians recommends screening mammography every one to two years for women ages 40 and older.

The American College of Physicians, the US Preventive Services Task Force and the Canadian Task Force on the Periodic Health Examination recommend beginning routine screening at age 50.

**What is "routine" screening?** — Most North American expert groups suggest that women over age 50 be screened every year. Groups that recommend screening for women in their 40s have tended to shift from recommending every one to two years to recommending a mammogram every year because there is concern about more rapid tumor growth in younger women.

There are no clear data on the effectiveness of routine screening mammography in women over age 70 years. Some researchers believe that mammography is less useful in these women because they have a reduced life expectancy and tumor growth is usually slower in older women. However, most expert groups recommend that routine screening should be continued as long as a woman has a life expectancy of at least 10 years because the risk for breast cancer increases as women age. The recommended interval for women over the age of 70 is one to two years, depending upon a woman's individual risk of breast cancer.

**The bottom line** — All women should discuss the need for a mammogram with their clinician starting at age 40. Mammograms have the highest rate of detecting breast cancer. Virtually every well-performed study to date has found that screening mammography in women ages 50 and older reduces the risk of dying from breast cancer. A summary of trials found a 22 percent reduction in death of women in this age group who had regular mammography compared with women who did not. For women in their 40s, the protection is somewhat less, both because breast cancer is less common and because cancer is harder to find with screening (examination and imaging tests) in younger women.

The benefits of mammography should be weighed with the risks. False-positive results of mammography cause a significant degree of anxiety and usually require unnecessary and invasive testing which can cause potential harm.

All women should discuss their individual situation with their health care provider and decide together when to start screening.

References:

[www.Uptodate.com](http://www.Uptodate.com)

[www.cancer.org](http://www.cancer.org)

[www.ahrq.gov/clinic/uspstf/uspsbrca.htm](http://www.ahrq.gov/clinic/uspstf/uspsbrca.htm)