



# FAST FACTS

*A message for health care providers*



## Breast Cancer Screening Recommendations

### Breast cancer statistics

- The American Cancer Society 2011 U.S. breast cancer estimates:
  - 230,480 new cases of invasive breast cancer will be diagnosed in women
  - 57,650 new cases of carcinoma in situ (CIS) will be diagnosed
  - 39,520 women will die from breast cancer
- From 1999 to 2005 female breast cancer incidence rates decreased by 2% per year and only in women 50 or older. The decline in post-menopausal hormonal therapy use may partially account for this decreased incidence.
- Death rates from breast cancer have been declining since 1990, with larger decreases in women younger than 50 as the result of earlier detection through screening, increased awareness, and more effective treatment.

**Breast health awareness** - Breast health is a partnership between the provider and the patient. The provider has a responsibility to teach the patient about breast health, including the importance of family history, and to order appropriate screening and diagnostic tests. The patient has a responsibility to know their family history, follow through with testing and to report unusual findings to the provider.

### Breast Cancer Screening Recommendations

Recommendations for Women at Average Risk			
<b>Mammography</b>	<b>Susan G. Komen for the Cure® and American Cancer Society</b>		<b>U.S. Preventive Services Task Force (USPSTF)</b>
	Every year beginning at age 40		Every two years beginning at age 50.
	<b>Note:</b> Women at <b>higher risk</b> may need to get screened <b>earlier</b> and <b>more frequently</b> than recommended here. Factors that greatly increase breast cancer risk include BRCA1 or BRCA2 gene, family history, personal history, radiation treatment to chest area, and/or mutation to TP53 or PTEN genes.		<b>Note:</b> Screening mammograms before age 50 should not be done routinely and should be based on a woman's values regarding the risks and benefits of mammography.
	<b>Healthy women ages 70 and older continue to get regular mammograms.</b> Breast cancer risk increases with age, and mammography does not appear to be less effective for women 70 and older. Women who are in good health and could benefit from treatment (if breast cancer were found) should continue to get mammograms.		There is insufficient evidence that mammogram screening is effective for <b>women age 75 and older</b> , so specific recommendations for this age group were not included.
<b>Clinical Breast Exam</b>	<b>Susan G. Komen for the Cure®</b>	<b>American Cancer Society</b>	<b>U.S. Preventive Services Task Force (USPSTF)</b>
	At least every 3 years ages 20-39	Every 3 years ages 20-39	The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of clinical breast examination (CBE) beyond screening mammography in women 40 years or older.
	Every year beginning at age 40.	Every year beginning at age 40	

### Resources

- CDC Breast Cancer info: <http://www.cdc.gov/cancer/breast/index.htm>
- Susan G. Komen for the Cure®: <http://www5.komen.org/>
- American Cancer Society: <http://www.cancer.org/index>
- U.S. Preventive Services Task Force (USPSTF): <http://www.uspreventiveservicestaskforce.org/uspstf/uspsbrca.htm>