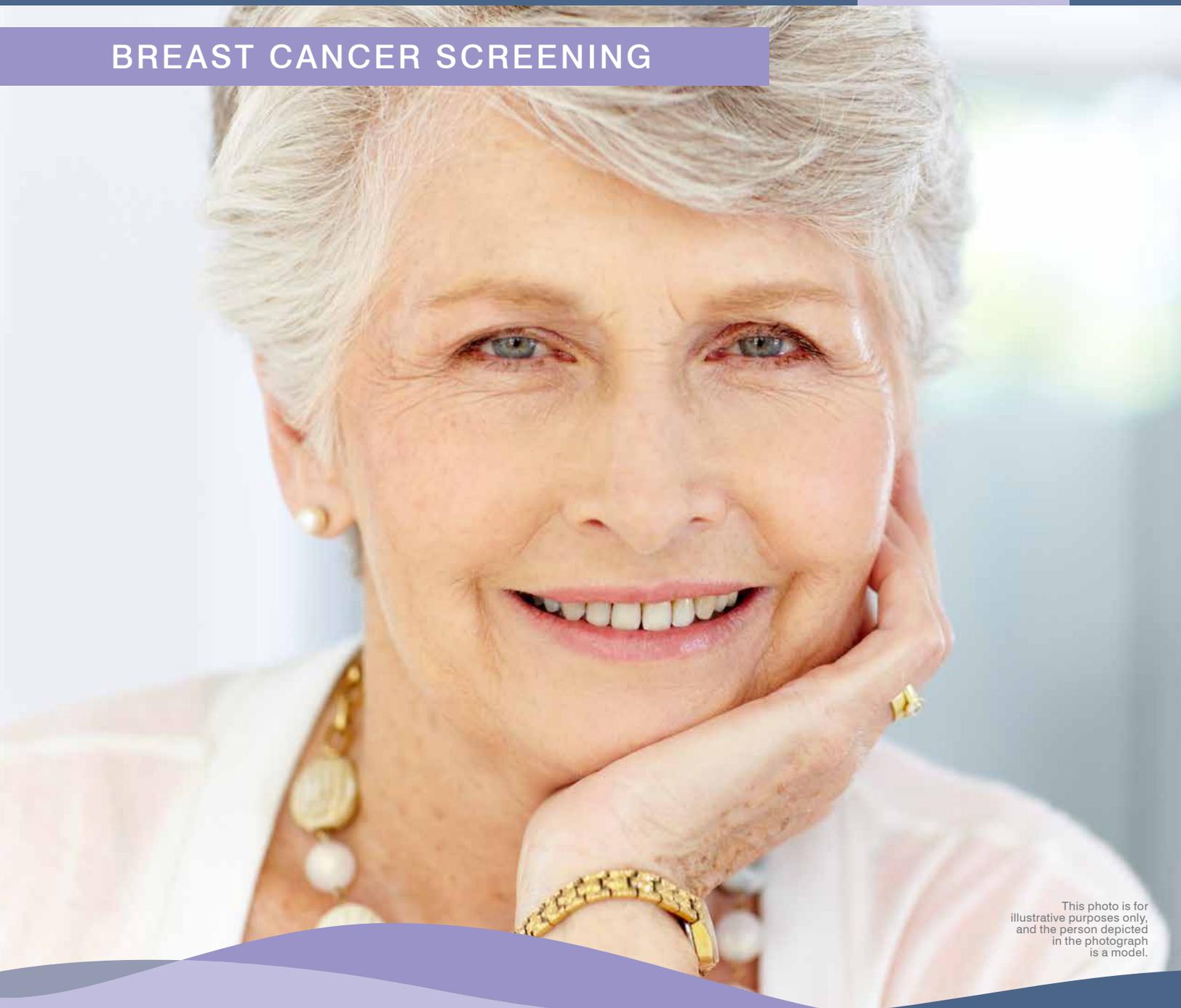


Should I Get a Mammogram?

Ages
75+

BREAST CANCER SCREENING



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An affiliation between
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Introduction

Breast cancer is one of the most common cancers among women. While the benefits of routine screening mammograms are clear for women ages 50-74, the benefits for women age 75 and older are uncertain. Some expert organizations recommend stopping routine mammograms when a woman reaches age 75, while others recommend continuing.

While the chance of getting breast cancer does increase with age, breast cancers often grow more slowly in older women. Furthermore, experts think that a small breast cancer found on an older woman's mammogram typically will not cause problems for at least 5-10 years. Some cancers may never cause problems.

Whether it is a good idea for you to continue getting mammograms after age 75 depends on your overall health, how much longer you are likely to live, and your personal risk of breast cancer.

This tool is designed to help you decide if you want to stop or continue getting mammograms.

If you currently have any breast symptoms such as pain or lumps, please contact your primary care provider right away and don't wait for a screening test.

1

Screening Mammograms



What is a screening mammogram?

A mammogram is an X-ray of the breast. Screening mammograms are done to check for breast cancer in women who have no signs or symptoms of the disease. Mammograms can show changes in the breast up to two years before a patient or physician can feel them.

Confluence Health Recommendation:

Whether to continue regular screening mammography after age 74 should be an individual decision between you and your primary care provider.

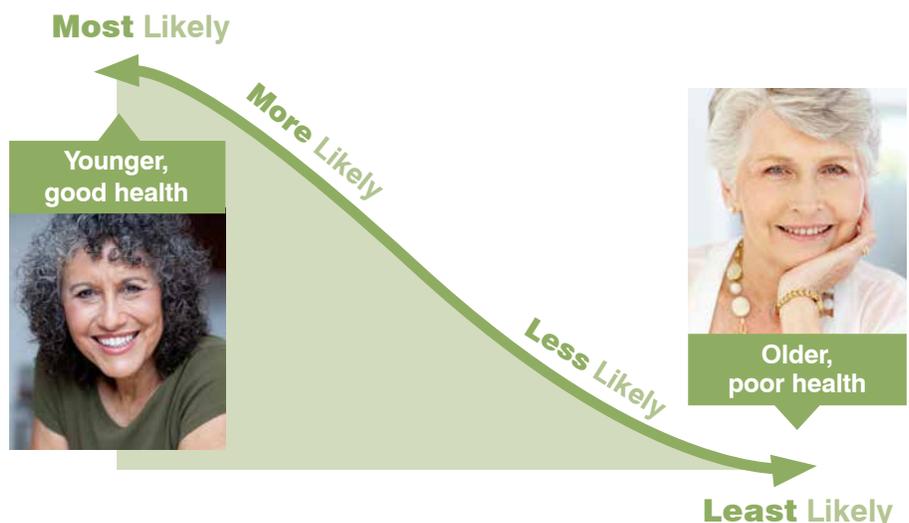
Before you decide whether to continue regular screening mammograms:

- 1 Think about your overall health and current physical abilities.
- 2 Consider your life expectancy.
- 3 Understand your personal breast cancer risk.
- 4 Weigh the benefits and potential harms of screening mammography.
- 5 Discuss this decision with your primary care provider.

Key Points

- For women age 75 and older, the benefits of mammography depend on overall health and life expectancy.
- Younger, healthier women are more likely to benefit than older women who are in poor health.
- Women may differ in their feelings about breast cancer and the possible benefits and harms of mammography.

Likelihood of a Mammogram Helping Extend Your Life:



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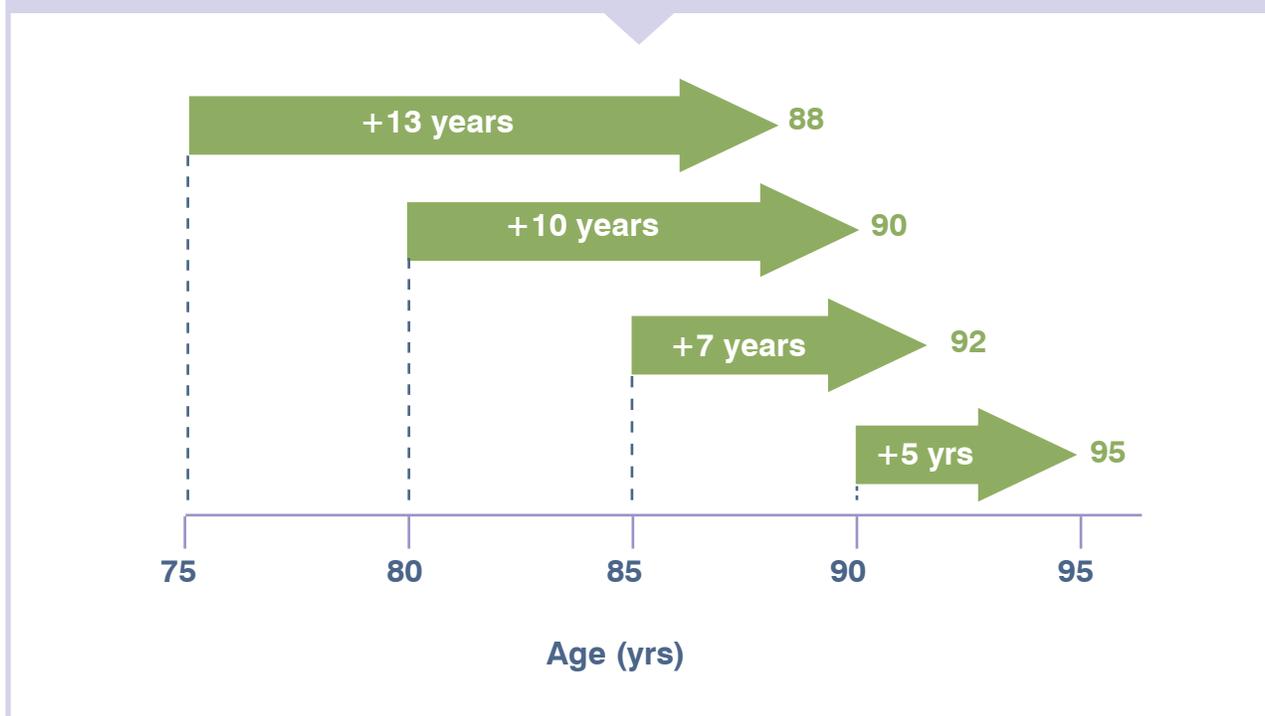
Am I in good enough health to get a screening mammogram?

Whether or not to get a screening mammogram is influenced by your current health. Your health is defined by your chronic medical conditions and your ability to complete daily activities. For example, women with chronic medical illness such as emphysema, cancer, or heart failure as well as women who require assistance with dressing and bathing may benefit less from screening mammograms.

Your life expectancy also plays a role in screening decisions. The graph at the bottom of this page illustrates the average life expectancy of women given their current age. In general, screening tests are not helpful unless life expectancy is 10 years or more.

Ask your primary care provider to discuss your specific health conditions and whether mammograms are likely to benefit you.

Life Expectancy Based on Your Current Age:



3

Possible Benefits



This photo is for illustrative purposes only, and the person(s) depicted in the photograph is a model(s).

What are the benefits of screening mammograms?

Screening mammograms can find breast cancer early, before you have symptoms. Finding a cancer earlier may make it easier to treat. This might mean avoiding chemotherapy, radiation, or surgery that could be needed for more advanced cancer. A cancer found earlier is also more likely to be cured.

4

Possible Harms

What are the possible harms of mammograms?

Screening mammograms are not a perfect test. Some breast cancers will not show up on mammograms. Some women will die of breast cancer even if they have regular mammograms. Mammograms do not change your chances of getting breast cancer. They do make cancer more likely to be found in early and more curable stages.

Radiation Exposure

Some women are worried about radiation from mammograms. **Screening mammography is considered a very low risk examination.** It is important to understand that we are exposed to radiation from natural sources all the time. The amount of radiation that a woman receives from a digital mammogram is about one seventh of the total dose that we are exposed to yearly from natural sources.

Possible Harms *continued*

In deciding whether to continue screening mammograms after age 74, there are two problems with mammograms you should know about:

1 False positives

You may have a “false positive” on a mammogram. This happens when a mammogram shows a spot that looks worrisome for cancer, but further testing shows there was no problem after all.

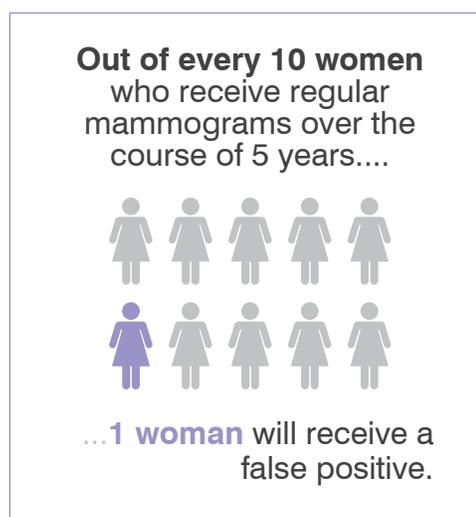
2 Overdiagnosis and overtreatment

Although it seems strange, some cancers found by screening mammograms will never cause any health problems in the future. This is called “overdiagnosis”. This is especially true of a certain type of cancer called “ductal carcinoma in situ”, or DCIS. It is not possible to predict which cancers found by mammogram will never become a problem, so all cancers found are generally treated. **This means some women will get surgery, chemotherapy, or radiation treatment they don’t need.**

How often do these harms occur for women age 75 and older?

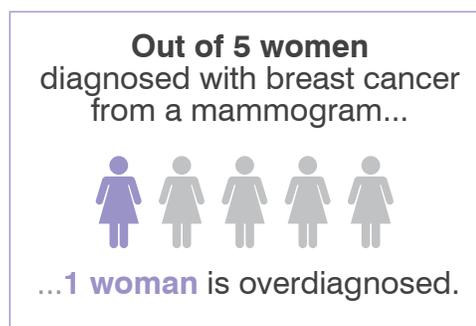
1 False positives

Out of every 10 women who continue to get screening mammograms over 5 years, 1 woman will have a false positive.



2 Overdiagnosis and overtreatment

Studies have shown a wide range of how often overdiagnosis of cancer may happen. Middle ground estimates suggest that in every 5 women diagnosed with breast cancer by mammogram, 1 is overdiagnosed.



5

Risk of Breast Cancer

Who is at increased risk for breast cancer?

Many women are at average or “standard” risk for breast cancer. Some women are at increased risk. We know that women age 75 and older have a higher chance of getting breast cancer than younger women. Some of the factors that may increase the risk of breast cancer at a younger age may not affect the risk of breast cancer as we age. For example, it is not known if a family history of breast cancer increases your chances of getting breast cancer after age 75.

Some factors that may increase your risk:

- ✓ **A first degree relative, such as a mother or sister, who has had breast cancer**
- ✓ **A previous biopsy not showing cancer but with abnormal result (called “atypia”)**
- ✓ **A previous but normal (called “benign”) breast biopsy**
- ✓ **Dense breasts on mammogram. This is not something you can determine without a mammogram**
- ✓ **Previous radiation treatments to the chest**

Other risk factors may play a role as well.

A Breast Cancer Risk Assessment Tool is available through the NCI (National Cancer Institute). This link will take you to the web site:

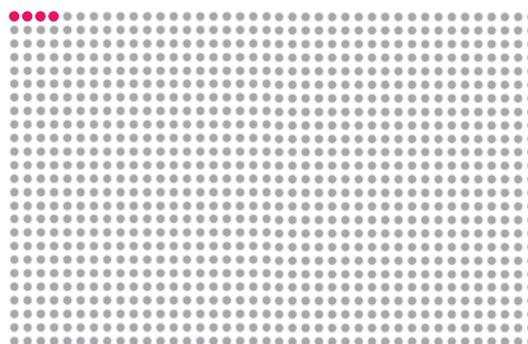
www.cancer.gov/bcrisktool

You can use this tool to estimate your personal risk of developing breast cancer. Your mammography result letter will also inform you of your lifetime risk of breast cancer using this same tool.

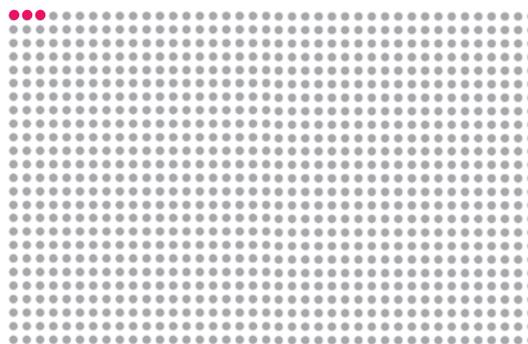
What is the risk of dying from breast cancer with or without screening mammograms?

The dots in the boxes below represent 1,000 women age 75 and older. The **red dots** show how many will die of breast cancer in the next 5 years:

Breast Cancer Deaths in Women Who Do Not Continue Mammography



Breast Cancer Deaths in Women Who Do Continue Mammography



Out of 1,000 women age 75 and older, **1 less** woman may die of breast cancer in those who choose to continue mammograms.

REFERENCES

Schonberg, Mara; Hamel, Mary Beth; Davis, Roger; Griggs, Cecilia; et al. "Development and Evaluation of a Decision Aid on Mammography Screening for Women 75 Years and Older". *JAMA Internal Medicine*. 174(3) (2014): 417- 424. Print.

Walter, Louise; Schonberg, Mara. "Screening Mammography in Older Women: A Review". *JAMA* 311(13) (2014): 1336-1347. Print.

Information presented in this brochure is based in part on a tool created by Dr. Mara A. Schonberg at Harvard Medical School. Thanks to Dr. Schonberg for her kindness and permission to use her work.