

Should I Get a Mammogram?

Ages
40-49

BREAST CANCER SCREENING



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



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Introduction

This product has been certified by the Washington State Health Care Authority pursuant to RCW 7.70.060. The date of certification is (date of notification) and will expire two years from this date, or sooner pursuant to Washington State policy. A full description of Washington's certification process, including required criteria is available at: <http://www.hca.wa.gov/about-hca/healthier-washington/shared-decision-making>.

Breast cancer is one of the most common cancers among women over the course of a lifetime. Many women want to know when they should start routine mammograms to screen for breast cancer. If you are between the ages of 40 and 49 this may be a difficult question for you. Some professional groups recommend starting screening mammograms at age 40 while others recommend starting routine screening at age 45 or 50. To decide what is best for you, you should consider the possible benefits and harms that can result from getting mammograms. You also need to understand your risk of breast cancer and your personal health concerns.

This tool is designed to help you decide if you want to start having mammograms before age 50 and how often you might have them.

If you currently have any breast symptoms such as pain or lumps, please see 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.

Mammography technology has improved in recent years, and Confluence Health uses up-to-date equipment and methods. All current guidelines are based on studies done with older mammogram technology. Newer technology may change some of the data in this decision aid. It is not likely to create major changes in key points of this decision aid.



Should I start having regular screening mammograms in my 40s?

Confluence Health Recommendation:

Whether to start regular screening mammography in your 40s should be an individual decision between you and your primary care provider.

Before you decide when to start regular screening mammograms:

- 1 Understand your personal breast cancer risk.
- 2 Weigh the benefits and potential harms of screening mammography.
- 3 Discuss this decision with your primary care provider.

Key Points

- For women ages 40-49 with **AVERAGE** risk for breast cancer, the harms from screening mammograms may outweigh the benefits.
- For women ages 40-49 with **HIGHER** risk for breast cancer, regular screening mammograms starting at age 40 may be beneficial.
- There may be a slightly higher chance of finding cancer at a later and less curable stage with mammograms starting at age 50 instead of 40.
- Starting regular mammography at age 50 instead of 40 **reduces the possible harms of mammography**.
- Women may differ in their **feelings** about the possible benefits and harms of screening mammography.

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Possible Benefits of Mammograms:

What are the possible benefits of having screening mammograms?

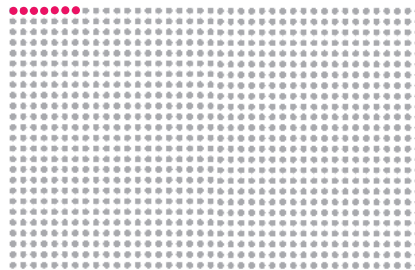
Screening mammograms can find breast cancer early, before you have symptoms. Finding breast cancer early may make it easier to treat. Finding cancer early may also reduce the chances of dying from it. Breast cancer happens more often as women get older. This means the benefit of screening is higher as women age. If 1,000 women have a screening mammogram every 2 years between the ages of 50 to 74 about 7 of these women will be saved from breast cancer death. If 1,000 women started screening mammograms 10 years younger at age 40 about one additional woman would be saved from breast cancer death.

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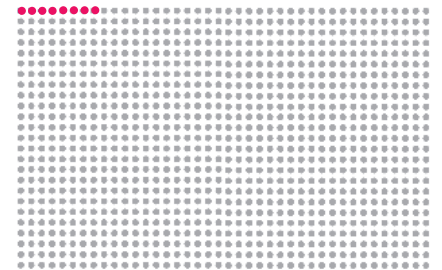
Screening mammograms starting at age 40 vs. age 50

The dots in the boxes below represent 1,000 women who get regular screening mammograms. The **red dots** show how many breast cancer deaths will be prevented in women who have screening mammograms every two years through age 74.

Breast cancer deaths prevented in women who start screening at age 50



Breast cancer deaths prevented in women who start screening at age 40.



Out of 1,000 women who start regular screening mammograms at age 40 instead of age 50, about 1 less woman may die of breast cancer.

Data source: US Preventive Services Task Force

3

Possible Harms of Mammograms:

What are the possible harms of mammograms?

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

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.

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Possible Harms *continued*

In deciding whether to start screening mammograms at age 40, 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. False positive tests can cause psychological harm through needless worry. Women who experience false positive tests may be reluctant to have more mammograms in the future. Also, screening mammograms are usually covered by insurance at no cost to you. But the cost of follow up tests related to false positive results may not be covered the same way.

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.” A certain type of cancer called “ductal carcinoma in situ” or DCIS is the cause of this problem for women in their 40s. It is not possible to predict which of these 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.

Starting screening mammograms at age 40 instead of age 50 increases the overdiagnosis risk by about 2 women in 1,000.



Comparing the possible harms of starting screening at age 40 vs. age 50

This table shows the average number of possible harm events likely to happen in 1,000 women over all the years of screening through age 74. Some women will have more than one harm event.

	Screening starting age 40	Screening starting age 50
False-positive tests	1529	953
Unnecessary breast biopsies	213	146
Overdiagnosed breast tumors	21	19

Adapted from US Preventive Services Taskforce

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Risk of Breast Cancer

Who is at increased risk for breast cancer?

Many women are at average or “standard” risk for breast cancer. There are many factors that can increase risk. Age is the most common risk factor. Breast cancer risk rises in all women as they get older.

This is a list of some other risk factors, ordered approximately from highest to lowest risk:

- Previous radiation treatment to the chest.
- A first degree relative (mother, sister, daughter) who had breast cancer. More than one first degree relative with breast cancer adds to this risk. First degree relatives who had their cancer at a younger age add more risk than those who had breast cancer later in life.
- Extremely dense breast tissue. This is not something you can determine without a mammogram.
- A previous breast biopsy not showing cancer but with abnormal result (called “atypia”).
- Never had children or birth of first child after age 30.
- A previous but normal (called “benign”) breast biopsy.
- Menstrual periods started before age 12.

Some of these factors increase risk much more than others. Other risk factors may play a role as well. Having some risk factors does not always mean you are at high risk. It is not possible to predict your exact personal risk of developing breast cancer. But there are tools to help estimate your risk. 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

► How does risk help decide what to do?

Women who have strong risk factors or several risk factors should think about starting mammograms at age 40. Experts do not know how often high risk women should have mammograms. Some suggest that women at high risk for breast cancer should have a mammogram every year.

Women who have average or lower risk for breast cancer may want to wait until age 50 to start mammograms.

You should discuss your choices with your primary care provider.



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Personal Preference

The possible benefits and harms that matter most to you should help you decide if you want to start having mammograms in your 40s and how often you will have them. Here are some questions you should think about before you talk with your primary care provider about this choice:

1. How worried are you about breast cancer?
2. How much comfort would you gain from a normal mammogram result?
3. How important are the possible harms of false positives, overdiagnosis, and overtreatment to you?
4. Starting screening mammograms at age 40 instead of age 50 slightly reduces your chances of dying from breast cancer. How important is that gain to you?
5. How would you feel if you chose not to get mammograms and later were diagnosed with advanced breast cancer, even though the chance of this happening is very slim?

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Recommendations from Professional Groups

	Start yearly screening mammograms at age 40	Age 40-44 informed personal choice Age 45-54 every year	Age 40-49 informed personal choice
American College of Radiology	✓		
American Cancer Society		✓	
The U.S. Preventive Services Task Force			✓
American College of Obstetricians and Gynecologists			✓
American Academy of Family Physicians			✓
The American College of Physicians			✓

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Final Notes

The information in this decision aid applies to people assigned female at birth and who have maintained that status. Current screening mammography guidelines are the result of long and extensive studies of this population. Transgender women, transgender men, cisgender men, and people who identify as gender non-binary, gender non-conforming, or intersex may have breast health needs not fully addressed by standard screening mammography guidelines. They should discuss their individual screening needs with their primary care provider. An excellent resource to prepare for this discussion can be found at: <https://komenpugetsound.org/wp-content/uploads/2018/04/LGBTQ-Breast-Health-Toolkit-final.pdf>

The committee that created this content was composed of board-certified physicians in various medical specialties: Internal Medicine, Family Medicine, Obstetrics-Gynecology, Geriatrics, Oncology, and Radiology. The final content was based on consensus, and some committee members did not agree with some of the statements in this decision aid.

Confluence Health and its affiliated hospitals and physicians are compensated for the clinical care they provide to patients seen at Confluence Health clinics and hospitals. This includes compensation for screening mammograms.

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