

# Should I Get a Mammogram?

Ages  
75+

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. While the benefits of routine mammograms to screen for breast cancer are clear for women ages 50-74, the benefits for women age 75 and older are uncertain. Some professional groups 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 woman. 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.

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 the key points of this decision aid.

## 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 possible benefits and potential harms of screening mammography.
- 5 Discuss this decision with your primary care provider.

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## Key Points

- **For women age 75 and older**, the possible 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 the possible benefits and harms of screening mammography.



These photos are for illustrative purposes only, and the person(s) depicted in the photograph(s) is a

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### Average Life Expectancy Based on Your Current Age

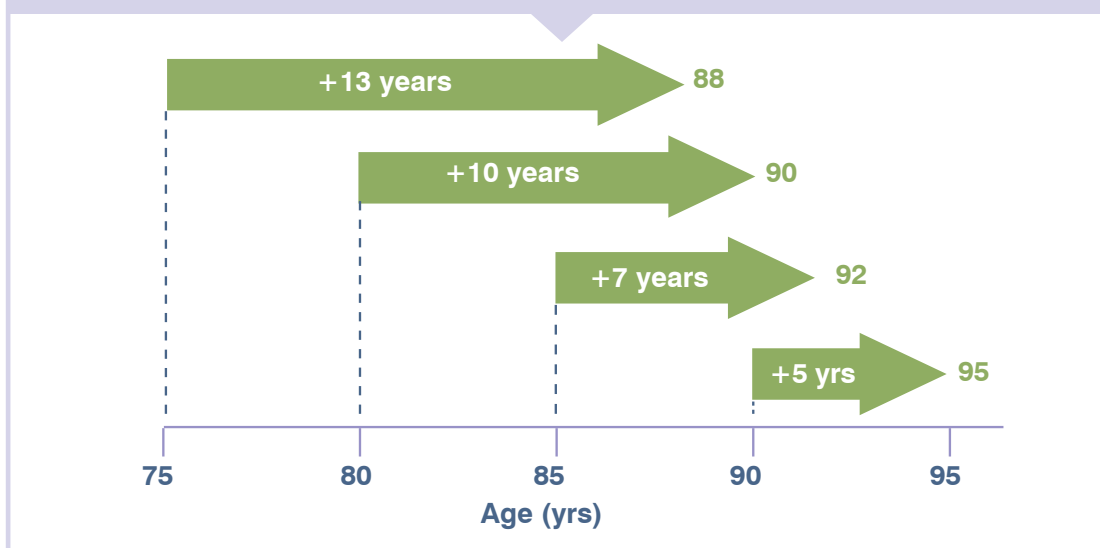
#### Am I in good enough health to get a screening mammogram?

The value of continuing 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.**

#### Average Life Expectancy Based on Your Current Age



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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 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.

## 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.

## 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. This usually just means taking more x-rays or getting an ultrasound. Some women will have biopsies that end up showing no cancer.

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”. 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.**



## Possible Harms *continued*

### 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.

Out of every 10 women who receive regular mammograms over the course of 5 years...



...1 woman will receive a false positive.

#### 2 Overdiagnosis and overtreatment

We do not know how often overdiagnosis happens in women age 75 and over. For women between ages 50-75, best estimates are that one in 8 women diagnosed with breast cancer by screening mammograms will be overdiagnosed. This number is likely not too different for older women.

Out of 8 women diagnosed with breast cancer from a mammogram...



...1 woman is overdiagnosed.

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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. 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.

**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.

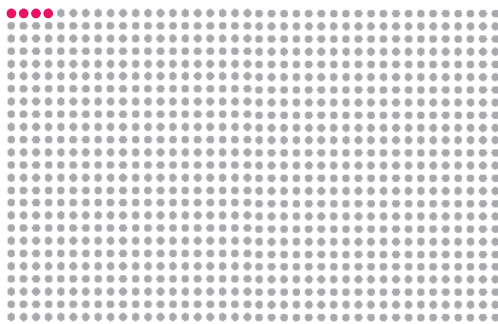
Some of these factors increase risk much more than others. Other risk factors may play a role as well. Having some risk factors does not always mean you are at high risk. It is not possible to predict your exact personal risk of developing breast cancer. But there are tools to help estimate your risk.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

# Risk of Breast Cancer *continued*

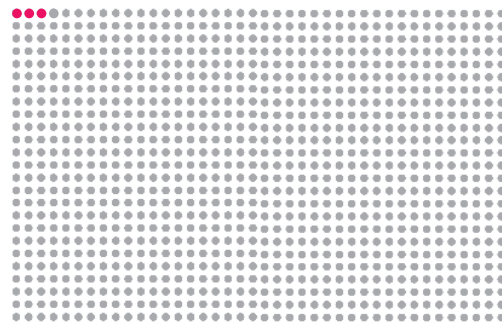
## What is the risk of dying from breast cancer with or without screening mammograms?

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.

*Data source: see Walter and Schonberg JAMA 311 in the references list*

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## Personal Preference

The possible benefits and harms that matter most to you should help you decide when to stop screening mammograms. Here are some questions you should think about before you talk with your primary care provider about this choice:

**1. Do you have significant health issues and/or need help to complete daily activities?**

If the answer is yes, the burden of cancer treatment would likely outweigh the benefit to you. Consider stopping further screening mammograms.

**2. Are you in good health and in your mid-80s or older?**

Finding a cancer with a screening mammogram is not likely to affect how long you will live. Having cancer treatment would expose you to risks without benefit. Consider stopping further screening mammograms.

**3. Are you in good health and in your mid-70s to early 80s?**  
If the answer is yes, consider the following questions:

**a.** How worried are you about breast cancer?

**b.** How much comfort would you gain from a normal mammogram result?

**c.** How important are the possible harms of false positives, overdiagnosis, and overtreatment to you?

**d.** Continuing screening mammograms beyond age 75 gives a very small benefit in protection from breast cancer death. How important is that to you?

**e.** How would you feel if you chose not to stop getting mammograms and later were diagnosed with advanced breast cancer?

	Age to stop depends on health status and life expectancy	Personal informed choice	Stop at age 75 or when life expectancy is 10 years or less	Not enough information to guide this 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			✓	

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://komenpuget-sound.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.

## REFERENCES

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