American Cancer Society Recommendations for the Early Detection of Breast Cancer

Finding breast cancer early and getting state-of-the-art cancer treatment are two of the most important ways to prevent deaths from breast cancer.

If breast cancer is found early, when it's small and has not spread, it is easier to treat successfully. Getting regular screening tests is the most reliable way to find breast cancer early.

The American Cancer Society has screening guidelines for women at **average risk for breast cancer** and for those at **high risk for breast cancer**.

What are screening tests?

Screening refers to tests and exams used to find a disease in people who don't have any symptoms. The goal of screening tests for breast cancer is to find it early, before it causes symptoms (like a lump in the breast that can be felt). **Early detection** means finding and diagnosing a disease earlier than if you'd waited for symptoms to start.

Breast cancers found during screening exams are more likely to be smaller and less likely to have spread outside the breast. The size of a breast cancer and how far it has spread are some of the most important factors in predicting the **prognosis** (outlook) of

limitations of screening.

2D vs. 3D mammograms

In recent years, a newer type of mammogram called digital breast tomosynthesis[5] (commonly known as **three-dimensional [3D] mammography**) has become much more common, although it's not available in all breast imaging centers.

Many studies have found that 3D mammography appears to lower the chance of being called back[6] after screening for follow-up testing. It also appears to find more breast cancers, and several studies have shown it can be helpful in women with more dense breasts. A large study is now in progress to better compare outcomes between 3D mammograms and standard (2D) mammograms.

It should be noted that 3D mammograms often cost more than 2D mammograms, and this added cost may not be covered by insurance.

The American Cancer Society (ACS) breast cancer screening guidelines consider having had either a 2D or 3D mammogram as being in line with current screening recommendations. The ACS also believes that women should be able to choose between 2D and 3D mammography if they or their doctor believes one would be more appropriate, and that out-of-pocket costs should not be a barrier to having either one.

Clinical breast exam (CBE) and breast self-exam (BSE)

Research has not shown a clear benefit of regular physical breast exams done by either a health professional (clinical breast exams) or by women themselves (breast self-exams). There is very little evidence that these tests help find breast cancer early when women also get screening mammograms. Most often when breast cancer is detected because of symptoms[7] (such as a lump in the breast), a woman discovers the symptom during usual activities such as bathing or dressing. **Women should be familiar with how their breasts normally look and feel and should report any changes to a health care provider right away.**

While the American Cancer Society does not recommend regular clinical breast exams or breast self-exams as part of a routine breast cancer screening schedule, this does not mean that these exams should never be done. In some situations, particularly for women at higher-than-average risk, for example, health care providers may still offer clinical breast exams, along with providing counseling about risk and early detection. And some women might still be more comfortable doing regular self-exams as a way to keep track of how their breasts look and feel. But it's important to understand that there

is very little evidence that doing these exams routinely is helpful for women at average risk of breast cancer.

American Cancer Society screening recommendations for women at high risk

Women who are at **high risk** for breast cancer based on certain factors should get a breast MRI[8] and a mammogram every year, typically starting at age 30. This includes women who:

- Have a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history (see below)
- Have a known *BRCA1* or *BRCA2* gene mutation[9] (based on having had genetic testing[10])
- Have a first-degree relative (parent, brother, sister, or child) with a *BRCA1* or *BRCA2* gene mutation, and have not had genetic testing themselves
- Had radiation therapy to the chest before they were 30 years old
- Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

The American Cancer Society recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15%.

There's not enough evidence to make a recommendation for or against yearly MRI screening for women who have a higher lifetime risk based on certain factors, such as:

- Having a personal history of breast cancer, ductal carcinoma in situ (DCIS)[11], lobular carcinoma in situ (LCIS)[12], atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)[13]
- Having "extremely" or "heterogeneously" dense breasts[14] as seen on a mammogram

If MRI is used, it should be in addition to, not instead of, a screening mammogram. This is because although an MRI is more likely to find cancer than a mammogram, it may still miss some cancers that a mammogram would find.

Most women at high risk should begin screening with MRI and mammograms when they are 30 and continue for as long as they are in good health. But this is a decision that should be made with a woman's health care providers, taking into account her personal

circumstances and preferences.

Tools used to assess breast cancer risk

Several risk assessment tools can help health professionals estimate a woman’s breast cancer risk. These tools give rough estimates of breast cancer risk, based on different combinations of risk factors and different data sets.

Because each of these tools uses different factors to estimate risk, they might give different risk estimates for the same woman. A woman's risk estimates can also change over time.

Risk assessment tools that include family history in first-degree relatives (parents, siblings, and children) and second-degree relatives (such as aunts and grandparents) on both sides of the family should be used with the ACS guidelines to decide if a woman should have MRI screening. The use of any of the risk assessment tools and its results should be discussed by a woman with her health care provider.

Know Your Cancer Risk [15]

Take the ACS CancerRisk360™ assessment to learn more about what you can change to improve your health. By taking 5 minutes to answer a few questions, we will give you a personalized roadmap of actions with helpful resources you can use to lower your risk of cancer.

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Last Revised: December 19, 2023

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