



# SCREENING GUIDELINES

## WHAT YOU NEED TO KNOW ABOUT MAMMOGRAMS AND OTHER BREAST CANCER SCREENING RECOMMENDATIONS (AMERICAN CANCER SOCIETY & U.S. PREVENTIVE SERVICES TASK FORCE)

### WHY BREAST CANCER SCREENING MATTERS

- Breast self-exams help familiarize yourself with your breasts, but self-exams do not replace mammogram recommendations.
- Mammogram screening has reduced breast cancer deaths by **nearly 40%** since 1990.
- Early detection gives more treatment options and better outcomes.

### WHO IS CONSIDERED “AVERAGE RISK”? YOU ARE AT AVERAGE RISK IF YOU:

- Have no personal history of breast cancer.
- Have no strong family history of breast cancer.
- Do not have a genetic mutation like BRCA1 or BRCA2.
- Have not had chest radiation therapy **before age 30**.

### WHEN SHOULD I GET SCREENED?

#### AGES 40–44:

- Option to begin yearly mammograms after discussing your health and family history with your doctor.

#### AGES 45–54:

- Yearly mammograms recommended.

#### AGE 55 AND OLDER:

- Option to switch to **every 2 years**, or continue yearly screening.

Screening should continue if you are in good health and expected to **live 10+ years**.

Mammograms have limits, so all women should know what the test can and cannot detect. Clinical breast exams are **NOT recommended** for average-risk women of any age. You should consult with a medical provider to help make the best decision for you.

### FACTORS THAT CAN AFFECT RISK

- Lifestyle Factors
- Obesity
- Alcohol use
- Smoking
- Eating frequent processed foods
- Other Medical Factors
- Sex and age
- Other cancers
- Chronic illness
- Certain medications, including hormone replacement therapy

Talk to your medical provider about your personal risks and ways to lower them.

Your provider may recommend a certain type of mammogram, but this does not mean you have breast cancer.

For more details on what to expect, when to schedule, and how each option works, see the **Types of Screenings flyer**.