CLINICAL PRACTICE BRIEF:
BREAST CANCER SCREENING GUIDELINES SUMMARY

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Among the multiple published professional colorectal cancer screening guidelines, two widely used guidelines are summarized here: the American Cancer Society (ACS) and United States Preventive Services Task Force (USPSTF) guidelines. ACS provides guidelines for individuals and at average risk, increased risk and high risk for colorectal cancer. USPSTF only provides guidelines for individuals at average risk for colorectal cancer.

American Cancer Society (ACS) 2015 Breast Cancer Screening Guidelines Summary

Women at Average Risk

- Ages 40-44: Women should be offered the choice to start annual mammograms if they wish. The risks and benefits should be considered.
- Ages 45-54: Annual mammograms are recommended.
- Ages 55 and older: Mammograms every two years are recommended. Women should be offered the choice of annual screening is they wish to have more frequent screening. Screening should continue as long as the woman is expected to live 10 years or longer.
- All women should be: familiar with the known benefits, limitations and potential harms associated with breast cancer screening (see discussion below on benefits and harms of screening); be familiar with how their breasts normally look and feel; and report any changes to their health care provider.
- Clinical Breast Exam and Breast Self Exam: Not currently recommended because research has not shown a clear benefit.

Women at Higher Risk

According to the ACS, women with a personal history of breast cancer, women with a family history of breast cancer, women with a genetic mutation known to increase risk of breast cancer (such as BRCA) and women who had radiation therapy to the chest before the age of 30 are at higher risk for breast cancer, not average risk.

Women with any of the following risk factors should have an MRI and a mammogram every year:

- Lifetime risk of breast cancer of about 20 to 25 percent or higher according to risk assessment tools based on family history such as the BRCAPRO.
- First-degree relative (FDR), such as a parent, sibling or child, with a BRCA1 or BRCA 2 mutation.
- Had radiation therapy to their chest between the ages of 10 and 30 years.
- Have Li-Fraumeni syndrome, Cowden syndrome or Bannayan-Riley-Ruvalcaba syndrome or have FDRs with one of these syndromes.

American College of Obstetricians and Gynecologists (ACOG)

Women at Average Risk

- Ages 19 and Older: Clinical Breast Exam every year for women.
- Ages 40 Years and Older: Screening mammography every year.
- Breast Self-Awareness has the potential to detect palpable breast cancer and can be recommended.

United States Preventive Services Task Force 2016 Breast Cancer Screening Guidelines Summary

These recommendations apply to asymptomatic women aged 40 years or older who do not have pre-existing breast cancer or a previously diagnosed high-risk breast lesion and who are not at high risk for breast cancer because of a known underlying genetic mutation (such as a BRCA1 or BRCA2 gene mutation or other familial breast cancer syndrome) or a history of chest radiation at a young age.

Women Aged 40 to 49 Years

- Women who place a higher value on the potential benefit of screening than the potential harms may choose to begin biennial screening between ages 40 to 49.

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- Women with a parent, sibling or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.
- Benefits: For women who are at average risk for breast cancer, most of the benefit of mammography results from biennial screening during ages 50 to 74 years. Of all of the age groups, women aged 60 to 69 years are most likely to avoid breast cancer death through mammography screening. While screening mammography in women aged 40 to 49 years may reduce the risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. The balance of benefits and harms is likely to improve as women move from their early to late 40s.
- Harms: In addition to false-positive results and unnecessary biopsies, all women undergoing regular screening mammography are at risk for the diagnosis and treatment of noninvasive and invasive breast cancer that would otherwise not have become a threat to their health, or even apparent, during their lifetime (known as "overdiagnosis"). Beginning mammography screening at a younger age and screening more frequently may increase the risk for overdiagnosis and subsequent overtreatment.

Women Aged 50 to 74 Years

Screening mammograms every two years.

Women Aged 75 Years or Older

Insufficient evidence to assess the benefits and harms of screening mammography for women age 75 and older.

Women With Dense Breasts

Insufficient evidence is present to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging, DBT or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.

Breast Cancer Screening Recommendations Comparison Table

	Mammograms	CBE	BSE	Breast Awareness
ACS	**40-44**: Offer women a choice to start screening **45-54**: Annual mammograms **55 and older**: Mammograms every two years	Not currently reccomended	Not currently reccomended	Reccomended
ACOG	**40 and older**: Annual mammograms	**19 and older**: Annual CBE	Not addressed	Reccomended
USPSTF	**40-49**: Women may choose to start mammograms every two years **50-74**: Mammograms every two years **75 and older**: Not recommended	Not addressed	Not addressed	Not addressed

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Screening guidelines summary

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This Practice Brief was developed by the Practice Committee of the American Association of Nurse Practitioners®. Last updated in 2016.

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