



Deciding About Mammography for Women Age 40 to 49

Making decisions about your healthcare is best done as a partnership with your family physician. This brochure will help you learn about the pros and cons of mammography for women age 40 to 49 years. You can also learn your own risk of developing breast cancer. If you'd like more detailed information, please ask for an expanded version of this brochure.



1. Why should we consider screening for breast cancer?

Breast cancer is uncommon among women in their 40's. However, it is

still an important cause of death and suffering in this age group.

Mammography can find cancers earlier than breast exams by patients or their doctors. Cancers caught at an earlier stage are less likely to spread to the bones, liver, or other parts of the body. Earlier stage cancers are also more curable. We know that mammography helps women live longer, healthier lives when started at age 50. The benefit for women age 40 to 49 is smaller than for older women. This is because breast cancer is less common in younger women. This brochure will help you decide if the benefit of a mammogram outweighs the harm for you as a 40 to 49 year old woman.

2. How likely am I to get breast cancer?

For every 1000 women turning 40 this year, about 15 will develop cancer by their 50th birthday. That is about 1 in 67 women.

3. How likely am I to die of breast cancer?

For a healthy woman, the chance of dying of breast cancer between the ages of 40 and 49 die is about 1 in 3000. At least 2 out of 3 women with breast cancer are still alive 10 years later.

4. How much will screening reduce the risk of death?

Women age 40 to 49 who have regular mammograms are about 16% less likely to die of breast cancer. This means that regular mammograms for at least 10 years would prevent about 1 breast cancer death for every 2000 women. The benefit of screening increases as women get older.

5. Which screening tests are available?

Mammography is the most widely used and widely recommended screening test for detecting breast



cancer. Mammography will find 4 out of 5 cancers in women aged 40 to 49 years. Mammography will cause a "cancer scare" in about 1 out of 20 women. A "cancer scare" is when a woman has an abnormal mammogram but does not have cancer. Only about 1 in 40 women aged 40 to 49 years with an abnormal mammogram actually has breast cancer.

Thermograms and ultrasound are not as good as mammography as a first screening test.

6. Is further testing needed if the mammogram is abnormal?

If a mammogram is abnormal, you will probably need more tests. This could include additional mammograms. You may also need a biopsy. A biopsy means taking a small sample of breast with a needle or a minor surgery. Biopsies cause a little pain, and can occasionally cause infection or bleeding. Ultrasound may be used before a biopsy to learn whether a suspicious area is solid or filled with fluid. Areas filled with fluid are

probably not cancer. About 3 out of 10 women who have a breast exam and mammogram every other year for 10 years will need further testing at some point.

7. What do different professional groups say about mammography in women age 40 to 49?

The American Cancer Society and American College of Radiology recommend mammography once a year for women age 40 to 49. The United States Preventive Services Task Force recommends mammography, with or without clinical breast examination, every 1-2 years for women aged 40 and older and notes it is difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50. The American Academy of Family Physicians, the Canadian Task Force on the Periodic Health Examination, and the American College of Preventive Medicine suggest that the decision be left to women working with their physician.

8. What should I do?

Decide with your doctor based on the harms and benefits listed below. Think about how you feel about each of the benefits and harms listed below.

Benefits

- For every 2000 women who receive regular mammograms during their 40's, one death from breast cancer is prevented.
- If a cancer is found early, the chances of successful treatment may be higher.
- Feeling good about doing all you can to preserve your health.

Harms

- Most abnormal mammograms are not cancer. Before the biopsy is done, women live with the fear of having cancer.
- Since the test isn't perfect, it does not catch all cancers.
- The mammogram is somewhat uncomfortable, and takes time away from work or home.
- You may have to pay for the test.

Estimate your personal risk of being diagnosed with breast cancer in the next 10 years.

1. Find the age when you had your first period in the first column. Work to your right and find the number of breast biopsies that you have ever had in the second column
2. In the third column, find the number of first degree relatives (mother, sister, or daughter) with breast cancer. Do not count aunts, grandparents, or any more distant relatives.
3. Find the age at which you first gave birth. If you have never given birth, use age 25 to 29.
4. Finally, in the last two columns find your risk of breast cancer in the next 10 years if you are now age 40 or age 45.

Low risk example: A 40 year old woman with her first period at age 10, no biopsies, no first degree relatives with breast cancer, and her first child at age 19. Her risk of being diagnosed with breast cancer in the next 10 years is 1.3 in 100.
 Moderate risk example: A 40 year old woman with her first period at age 12, 1 biopsy, no first degree relatives with breast cancer, and her first child at age 23. Her risk of being diagnosed with breast cancer in the next 10 years is 2.9 in 100.
 High risk example: A 40 year old woman with her first period at age 14, 1 biopsy, 2 first degree with breast cancer, and her first child at age 32. Her risk of being diagnosed with breast cancer in the next 10 years is 9.3 in 100.

Age at first period (years)	Number of breast biopsies	First degree relatives with breast cancer (mother, sister, or daughter)	Age at first live birth (use 25 – 29 if no children)	Chance out of 100 that you will be diagnosed with breast cancer in the next 10 years	
				Age 40	Age 45
12 to 13 years	0	0	< 20	1.3	1.5
			20 – 24	1.7	1.9
			25 – 29	2.1	2.3
			≥ 30	2.6	2.9
		1	< 20	3.5	3.8
			20 – 24	3.6	3.9
			25 – 29	3.7	4.0
			≥ 30	3.8	4.1
		2	< 20	8.9	9.7
			20 – 24	7.6	8.4
			25 – 29	6.5	7.3
			≥ 30	5.6	5.9
	1	0	< 20	2.3	2.5
			20 – 24	2.9	3.2
			25 – 29	3.6	3.9
			≥ 30	4.4	4.7
		1	< 20	5.9	6.2
			20 – 24	6.1	6.9
			25 – 29	6.3	7.0
			≥ 30	6.4	7.2
		2	< 20	14.6	16.0
			20 – 24	12.6	14.0
			25 – 29	10.8	11.6
			≥ 30	9.3	10.0
	2	0	< 20	3.9	4.2
			20 – 24	4.8	5.1
			25 – 29	6.0	6.3
			≥ 30	7.4	8.1
		1	< 20	9.8	10.6
			20 – 24	10.1	10.8
			25 – 29	10.4	11.1
			≥ 30	10.6	11.4
		2	< 20	23.6	26.0
			20 – 24	20.4	21.8
			25 – 29	17.6	19.0
			≥ 30	15.1	16.5
0	0	< 20	1.3	1.5	
		20 – 24	1.7	1.9	
		25 – 29	2.1	2.3	
		≥ 30	2.6	2.9	
		1	< 20	3.5	3.8
			20 – 24	3.6	3.9
			25 – 29	3.7	4.0
			≥ 30	3.8	4.1
		2	< 20	8.9	9.7
			20 – 24	7.6	8.4

	1	0	25 – 29	6.5	7.3	
			≥ 30	5.6	5.9	
			< 20	2.3	2.5	
			20 – 24	2.9	3.2	
		25 – 29	3.6	3.9		
		≥ 30	4.4	4.7		
		1	< 20	5.9	6.2	
			20 – 24	6.1	6.9	
	25 – 29		6.3	7.0		
	≥ 30		6.4	7.2		
	1	2	< 20	14.6	16.0	
			20 – 24	12.6	14.0	
			25 – 29	10.8	11.6	
			≥ 30	9.3	10.0	
		2	0	< 20	3.9	4.2
				20 – 24	4.8	5.1
			25 – 29	6.0	6.3	
			≥ 30	7.4	8.1	
	1	1	< 20	9.8	10.6	
			20 – 24	10.1	10.8	
	25 – 29	10.4	11.1			
	≥ 30	10.6	11.4			
	2	2	< 20	23.6	26.0	
			20 – 24	20.4	21.8	
25 – 29	17.6	19.0				
≥ 30	15.1	16.5				
Younger than 12 years	0	0	< 20	1.3	1.5	
			20 – 24	1.7	1.9	
			25 – 29	2.1	2.3	
			≥ 30	2.6	2.9	
		1	1	< 20	3.5	3.8
				20 – 24	3.6	3.9
			25 – 29	3.6	4.0	
			≥ 30	3.8	4.1	
		2	2	< 20	8.9	9.7
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		2	2	< 20	14.6	16.0
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