

# Breast Cancer Screening Explained



**A screening mammogram** is the best tool for detecting breast cancer in women who have no suspicious breast changes such as a lump, unusual nipple discharge or changes in the appearance of the breasts.

The United States Preventive Services Task Force (USPSTF) recommends screening mammograms every 2 years beginning at age 50 for women without symptoms.

Two other expert panels from the American College of Obstetrics and Gynecologists (ACOG) and the American Cancer Society (ACS) recommend that women have a screening mammogram every 1-2 years starting at age 40.

**Why the confusion?** The recommendations differ because screening for breast cancer in women younger than 50 leads to more “false positives,” misleading results that can lead to unnecessary invasive tests, higher costs and anxiety for the patient and their loved ones.

However, if your risk for breast cancer is higher than average based on your personal and family history, earlier screening may be appropriate. For example, if you have a first-degree relative (mother, sibling or child) who has been diagnosed with breast or ovarian cancer, or if you or a relative have the BRCA genetic mutation, talk to your primary care provider about the appropriate time to start screening.

In addition to a screening mammogram, young women whose risk of developing breast cancer are higher than average may need a screening MRI of the breasts. You and your doctor should discuss the risks and benefits of starting breast cancer screening before age 50 to decide if it is right for you.

**I have a lump in my breast.** Breast changes such as a lump, unusual nipple discharge or changes in the appearance of the breasts may be discovered by a woman during a monthly breast self-exam or by a health care provider during a wellness visit. Sometimes a woman has no symptoms but an abnormality is found on the screening mammogram.

**Now what?** Don't panic. Nine out of 10 women with an abnormal mammogram do not have cancer.

**A diagnostic mammogram** is the next step. A diagnostic mammogram is more detailed than a screening mammogram. One is done when a woman has suspicious breast changes or when abnormalities are found on a screening mammogram.

**Breast ultrasound** is another breast imaging technique that may be used for breast cancer screening alongside the screening mammogram in women with very dense breast tissue. It may also be ordered following an abnormal mammogram to determine if a lump is a fluid-filled cyst or a solid mass.

**A biopsy** will be ordered by your doctor if the results of a diagnostic mammogram or ultrasound are suspicious for breast cancer. The biopsy is a small sample of breast tissue collected and sent to the lab for evaluation. Some biopsies are done with a small needle during a mammogram or ultrasound. Biopsies can also be taken during a minor surgical procedure.

**A negative breast biopsy** means no cancer was found. Your doctor will create an individualized plan for the type and frequency of screening going forward.

**A positive breast biopsy** means that breast cancer has been found. Treatment is very individualized based on many factors including location, size and whether the cancer cells have spread. Patients with breast cancer are cared for by a collaborative team of surgeons, radiologists and cancer specialists.

Sources:

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