

Should I continue to have a mammogram?

Age 75+



BREAST CANCER SCREENING

Breast cancer is one of the most common forms of cancer among American women. While the benefits of routine screening mammograms are clear for women ages 50-74, the benefits for women age 75 and older are somewhat uncertain. Some expert organizations recommend stopping routine mammograms at age 75, while others recommend continuing. While the chance of getting breast cancer does increase with age, breast cancers often grow more slowly in older women.

It's important that if you currently have any breast symptoms, such as pain or lumps, that you see your healthcare provider right away and don't wait for a screening test.

What is a screening mammogram?

A mammogram is the best screening tool used to find breast cancer in women who have no signs or symptoms of the disease. It uses x-rays to create an image of the breast. Mammograms can show changes in the breast up to two years before a patient or physician can feel them.

The Portland Clinic's recommendation:

Whether to continue regular screening mammography after age 75 depends on your overall health and your personal risk of breast cancer. It should be an individual decision between you and your healthcare provider.

BEFORE YOU DECIDE WHETHER TO CONTINUE REGULAR SCREENING MAMMOGRAMS:

- 1 Think about your overall health and current physical abilities.
- 2 Consider your life expectancy.
- 3 Understand your personal breast cancer risk.
- 4 Weigh the benefits and potential harms of screening mammography.
- 5 Discuss your decision with your healthcare provider.

What are the benefits?

Screening mammograms can find breast cancer early, before you have symptoms. Finding cancer earlier may mean it can be more easily treated and cured. This might also mean avoiding chemotherapy, radiation, or surgery that could be needed for more advanced cancer.

What are the possible harms?

Radiation Exposure -

Mammography is considered to be at very low risk. For comparison, the amount of radiation that a woman receives from a digital mammogram is approximately one seventh of the total dose that we are exposed to on a yearly basis from natural sources.

False Positives -

A “false positive” on a mammogram can occur when a mammogram shows a spot that looks questionable, but further testing shows there was no cancer.

Some cancers will not show up on mammograms.

Over-diagnosis and over-treatment -

Studies vary in how often over-diagnosis and overtreatment occur, but it is estimated that...

out of 5 women diagnosed with breast cancer from a mammogram



1 woman is overdiagnosed.

For every 1 woman saved from a screening mammogram...



7 women will receive unneeded treatment.



Are you at increased risk?

Many women are at average risk for breast cancer, while some are at an increased risk. Women age 75 and older have a higher chance of getting breast cancer than younger women. Note: it is unknown if some factors that increase the risk of breast cancer at a younger age affect the risk of breast cancer as we age.

Some factors may increase your risk:

- ✓ A first degree relative (mother, daughter or sister) who has had breast cancer.
- ✓ A previous abnormal breast biopsy (atypia).
- ✓ A previous normal breast biopsy (benign).
- ✓ Dense breasts identified through a mammogram.
- ✓ Previous radiation treatments to the chest.

Dense Breast Tissue

What is breast density?

Breast density is a measure used to describe the proportion of the different tissues (milk ducts and lobules) that make up a woman's breasts. Breast density is not a measure of how the breasts feel but rather how the breasts look on a mammogram. Your breasts are considered dense if you have more fibrous tissue and not much fatty tissue.

What if I have dense breasts?

If your mammogram shows that your breast tissue is dense, know that dense breast tissue is common and not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer. Information about your breast density is given to you to raise your awareness and to provide discussion with your healthcare provider. Together, you can decide if you may benefit from further screening.

Risk Assessment Tool:


A breast cancer **risk assessment tool** is available through the National Cancer Institute, where you can use the tool to estimate your personal risk of developing breast cancer.

www.cancer.gov/bcrisktool

If you are at increased risk:

The Portland Clinic recommends that women at increased risk should have mammograms every year. If you are not at an increased risk but still worry about waiting two years for your next mammogram, you should talk with your healthcare provider to determine what frequency is right for you.

What is the risk of dying from breast cancer with or without screening mammograms?

Out of 1,000 women age 75 and older,  represent how many women will die of breast cancer in the next 5 years:

Breast cancer deaths in women who DO NOT continue mammography – 

Breast cancer deaths in women who DO continue mammography – 

In conclusion, out of 1,000 women ages 75 and older, 1 less woman may die of breast cancer in those who choose to continue mammograms.

Resources:

The Journal of the American Medical Association, April 2014

www.cancer.gov

www.cancer.org

Confluence Health

National Cancer Institute