

Screening for Breast Cancer

What tests are used to find breast cancer?

Breast cancer screening is intended to find breast cancer as early as possible, so that treatment is easier and more effective. There are three common screening tests:

- *Mammography*—A special, low-dose x-ray of your breasts that can show signs of cancer or other breast problems. Mammograms can find breast cancer because cancer is thicker than the normal part of the breast.
- *Clinical Breast Examination (CBE)*—A thorough examination of your breasts, usually done by your family doctor.
- *Breast Self Examination (BSE)*—An examination of your breasts that you perform yourself.

Which tests are best?

There are many different opinions about which tests are helpful in reducing death from breast cancer. Over the years, the recommendations have changed frequently and, not surprisingly, have created a lot of confusion. For now...

4. It is recommended that women 50-69 years of age have mammography and CBE every 1-2 years.
5. For women of other ages:
 - It is not known whether mammography screening will benefit women of other ages. When turning 40, it would be important to discuss with your doctor the potential benefits and risks of mammography, and at what age you would like to begin this testing. Talk with your doctor when you turn 70 as well.
 - You may opt for CBE and BSE, although there isn't enough evidence to say if these tests are beneficial. If you decide to do BSE, ask your doctor for instruction. It is important to perform BSE properly and regularly.

What if breast cancer runs in my family?

It is important to keep in mind that inherited breast cancer is **not** common. For some women, however, the chance of developing inherited breast cancer may be higher. By discussing your family history with your doctor, you can find out if you might be a candidate for genetic testing. This testing can identify the presence of genetic mutations that increase the risk for breast cancer. For further information, a booklet on Hereditary Breast Cancer is available on the internet at www.hereditarybreastcancer.cancer.ca

Do any of these tests have risks?

6. The most important risk of mammography, CBE and BSE is a false positive result—that's when a test indicates there may be cancer, but it turns out there isn't. False positives are very common—*most* women (9 of every 10) with an abnormal mammogram on screening will not have cancer.
7. False positive results are a problem because they can lead to unnecessary testing, breast biopsies (removing a piece of breast tissue) or other surgery. There is also a very small risk of a false negative result—when cancer or a genetic mutation is present, but missed by the screening test.
8. Radiation from regular mammograms is not a concern because the amount of radiation used in the x-ray is very small.

Do mammograms hurt?

To get a good x-ray, your breasts will have to be squeezed in the x-ray machine. For some women, this can be uncomfortable, but will only last a few seconds.

Adapted from: Breast Cancer. Steps to finding breast lumps early. The College of Family Physicians of Canada. 2002
Genetic Testing for Breast Cancer Risk: What Does It Mean to Me? In: Genetic Screening For Hereditary Breast/Ovarian and Colorectal Cancer. The Foundation for Medical Practice Education. Vol 10(6), May 2002.

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