



## Breast Cancer Screening for Women Not at Increased Risk



### Updated Task Force Recommendations for Women

**For women aged 40–49 years: we conditionally recommend *not screening* for women who are not at increased risk with mammography.**

- The balance of benefits and harms is *less favourable* for women of this age than for older women.
- This recommendation is conditional because some women may wish to be screened as every woman has individual values and preferences and places different importance on benefits and harms.
- If women in this age group wish to be screened, they should have a discussion with their health care provider to decide if screening is best for them.

**For women aged 50–69 years: we conditionally recommend *screening* for women not at increased risk with mammography every two to three years.**

- The balance of benefits and harms is *more favourable* in this group.
- This recommendation is conditional because some women may wish to not be screened if they are concerned about potential harms.
- Women in this age group should have a discussion with their health care provider to decide if screening is the best option for them.

**For women aged 70–74: we conditionally recommend *screening* for women not at increased risk with mammography every two to three years.**

- The balance of benefits and harms is *more favourable* in this group.
- This recommendation is conditional because some women may wish to not be screened if they are concerned about potential harms.
- Women in this age group should have a discussion with their health care provider to decide if screening is the best option for them.

### Who do these recommendations *not* apply to?

These recommendations don't apply to anyone at increased risk of breast cancer, such as those with a personal or family history of breast cancer, carriers of specific gene mutations (or who have a first-degree relative with these mutations), or chest radiation therapy before 30 years of age.

### What is screening?

Screening is done to attempt to detect potential disease or illness in people who do not have any signs or symptoms of disease.

### What is a mammogram?

It is an x-ray of the breast(s) to identify potential cancer.

### Why is shared decision making important?

Screening is a personal decision. It is important to weigh the benefits and harms of screening for women in your age group (as shown below) with your health care provider to decide what is best for you.

### What are the harms of screening for breast cancer?

Overdiagnosis - Not all breast cancers will cause harm to a woman in her lifetime. With screening, some women will be diagnosed with a cancer that would not have caused them a problem in their lifetime; this is called 'overdiagnosis' and leads to unnecessary treatment.

False positives - A false positive test occurs in someone who tested positive (abnormal mammography) but who ultimately is shown not to have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.

In general, harms of screening are greater in younger women and decrease with age.

### What are the benefits of screening for breast cancer?

There is evidence that shows that screening lowers a woman's risk of dying from breast cancer. In general, the benefits of screening increase with age.

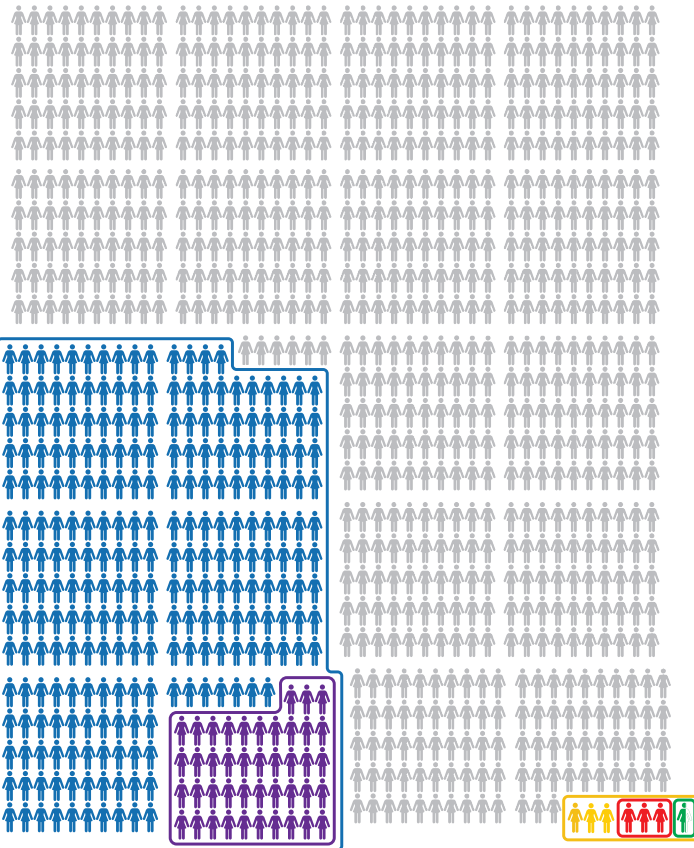
This tool is not a decision aid but is intended to be one step in the shared decision-making process.

## Breast Cancer Screening for Women Not at Increased Risk



For women aged 40–49, we conditionally recommend not screening those who are not at increased risk with mammography

### Screening 1000 women not at increased risk aged 40–49 over 7 years



With screening:

294 women will have a false positive test result

43 women will have an unnecessary biopsy

7 women will be diagnosed with breast cancer. Among these 7 women:

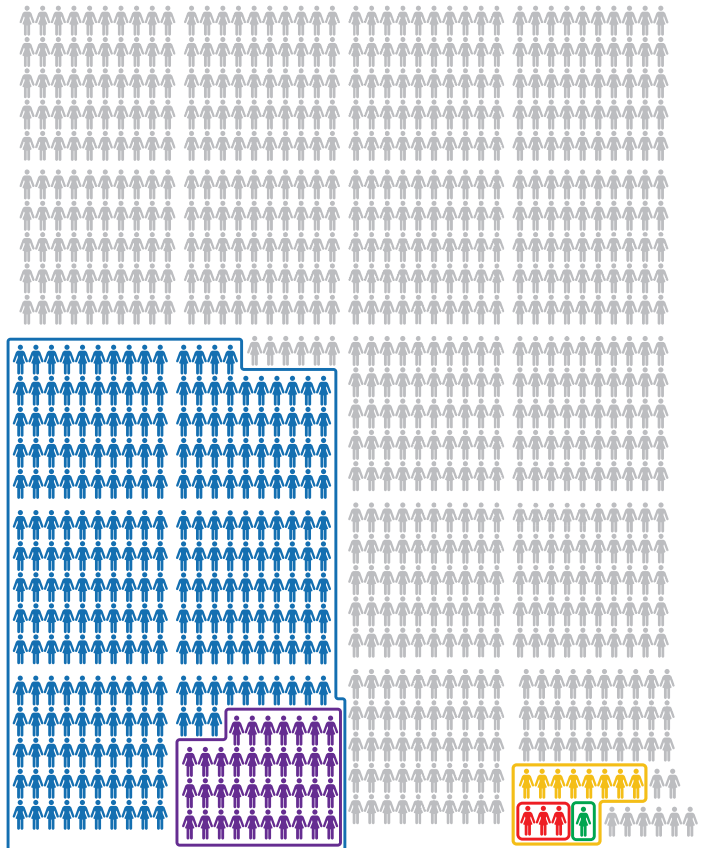
3 will be treated for a breast cancer that would have never caused a problem

Less than 1 breast cancer death will be prevented

1724 women in this age group would need to be screened to prevent one death

For women aged 50–59, we conditionally recommend screening those who are not at increased risk with mammography every two to three years

### Screening 1000 women not at increased risk aged 50–59 over 7 years



With screening:

294 women will have a false positive test result

37 women will have an unnecessary biopsy

12 women will be diagnosed with breast cancer. Among these 12 women:

3 will be treated for a breast cancer that would have never caused a problem

1 breast cancer death will be prevented

1333 women in this age group would need to be screened to prevent one death

## Breast Cancer Screening for Women Not at Increased Risk

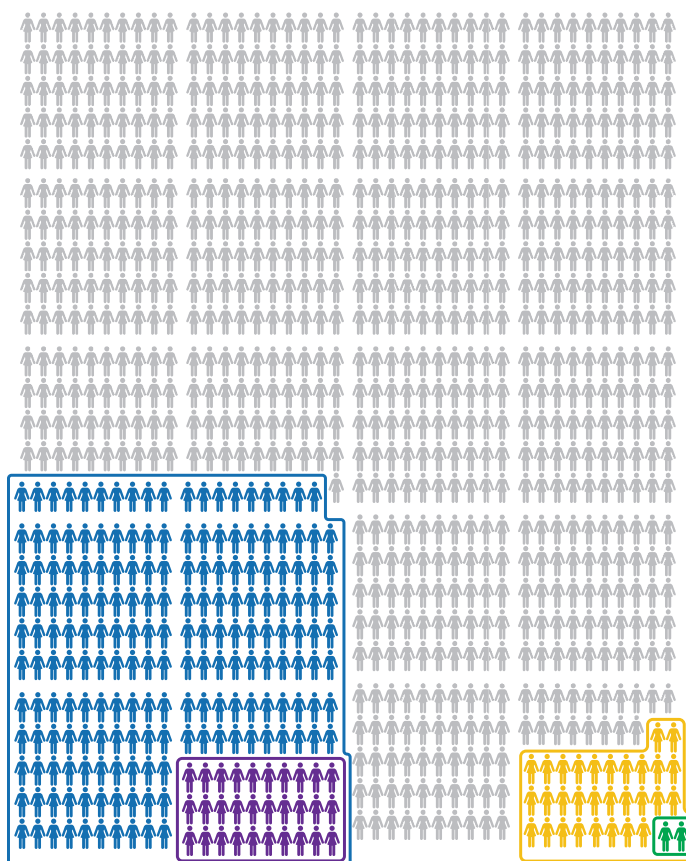
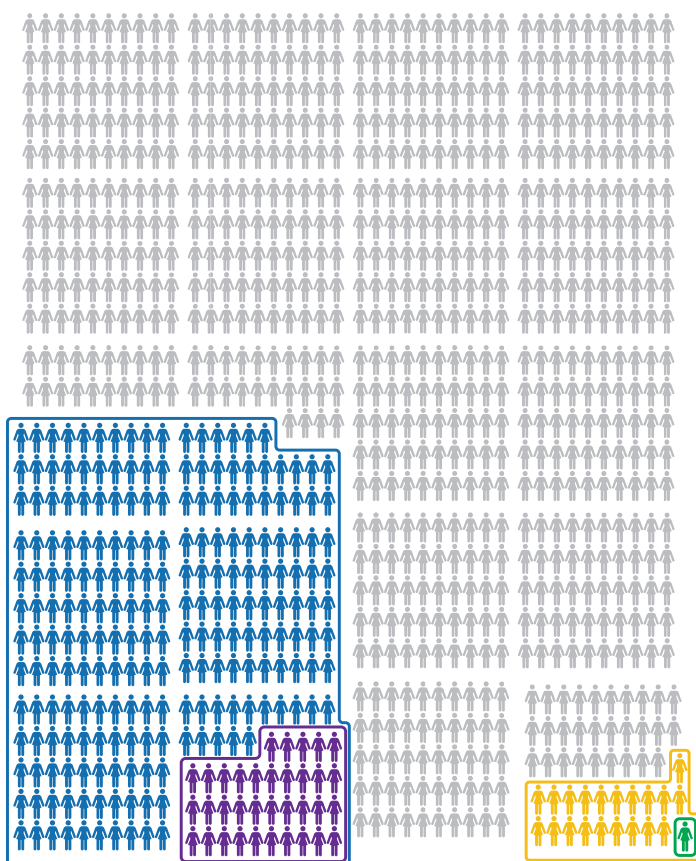


For women aged 60–69, we conditionally recommend screening those not at increased risk with mammography every two to three years

For women aged 70–74, we conditionally recommend screening those not at increased risk with mammography every two to three years

### Screening 1000 women not at increased risk aged 60–69 over 7 years

### Screening 1000 women not at increased risk aged 70–74 over 7 years



With screening:

With screening:

256 women will have a false positive test result

219 women will have a false positive test result

35 women will have an unnecessary biopsy

30 women will have an unnecessary biopsy

21 women will be diagnosed with breast cancer. Among these 21 women:

32 women will be diagnosed with breast cancer. Among these 32 women:

No reliable data on the number of women who were treated for a breast cancer that would have never caused a problem

No reliable data on the number of women who were treated for a breast cancer that would have never caused a problem

1 breast cancer death will be prevented

2 breast cancer deaths will be prevented

1087 women in this age group would need to be screened to prevent one death

645 women in this age group would need to be screened to prevent one death



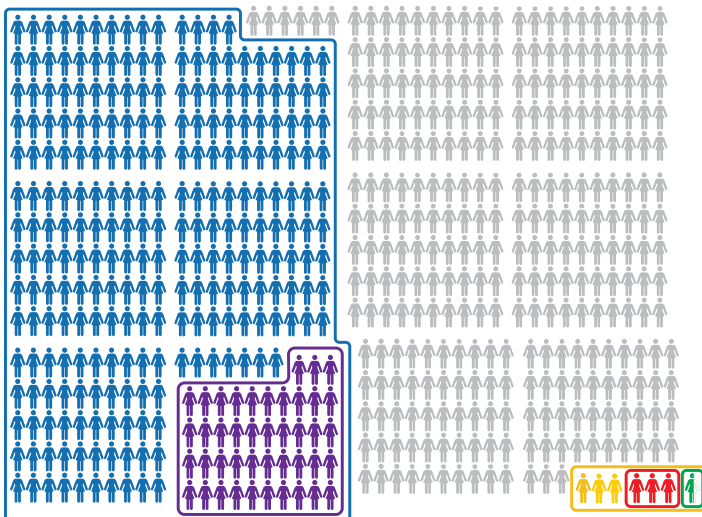
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- This recommendation is conditional because some women may wish to be screened as every woman has individual values and preferences and places different importance on benefits and harms.
- If women in this age group who are wish to be screened, they should have a discussion with their health care provider to decide if screening is best for them.

### Screening 1000 women not at increased risk aged 40–49 over 7 years



With screening:

294 women will have a false positive test result

43 women will have an unnecessary biopsy

7 women will be diagnosed with breast cancer. Among these 7 women:

3 will be treated for a breast cancer that would have never caused a problem

Less than 1 breast cancer death will be prevented

**1724 women in this age group would need to be screened to prevent one death**

### Who do these recommendations *not* apply to?

These recommendations don't apply to anyone at increased risk of breast cancer, such as those with a personal or family history of breast cancer, carriers of specific gene mutations (or who have a first-degree relative with these mutations), or chest radiation therapy before 30 years of age.

### What is screening?

Screening is done to attempt to detect potential disease or illness in people who do not have any signs or symptoms of disease.

### What is a mammogram?

It is an x-ray of the breast(s) to identify potential cancer.

### Why is shared decision making important?

Screening is a personal decision. It is important to weigh the benefits and harms of screening for women in your age group (as shown below) with your health care provider to decide what is best for you.

### What are the harms of screening for breast cancer?

**Overdiagnosis** - Not all breast cancers will cause harm to a woman in her lifetime. With screening, some women will be diagnosed with a cancer that would not have caused them a problem in their lifetime; this is called 'overdiagnosis' and leads to unnecessary treatment.

**False positives** - A false positive test occurs in someone who tested positive (abnormal mammography) but who ultimately is shown not to have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.

In general, harms of screening are greater in younger women and decrease with age.

### What are the benefits of screening for breast cancer?

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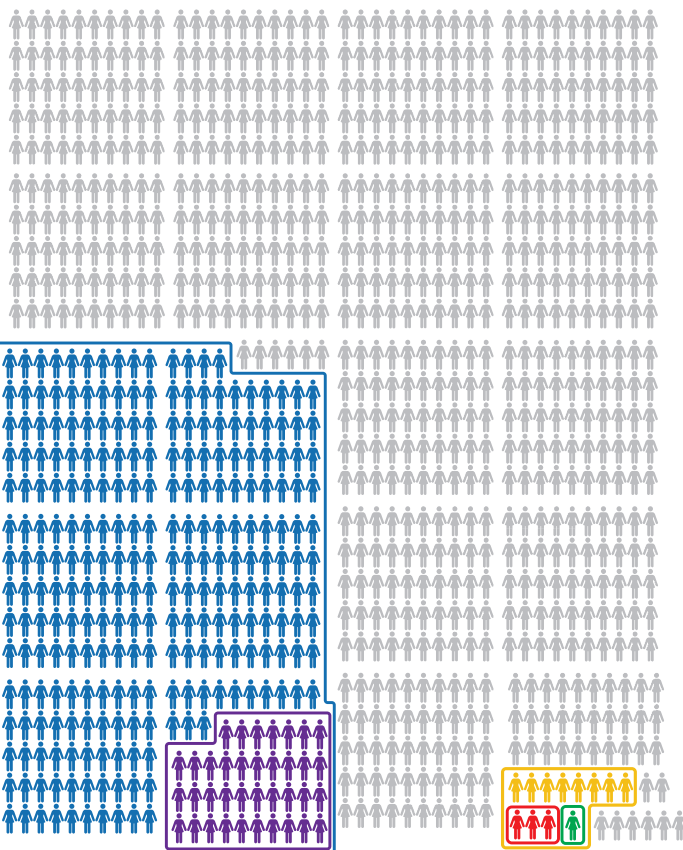
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- This recommendation is conditional because some women may wish to not be screened if they are concerned about potential harms.
- Women in this age group should have a discussion with their health care provider to decide if screening is the best option for them.

### Screening 1000 women not at increased risk aged 50–59 over 7 years



With screening:

294 women will have a false positive test result

37 women will have an unnecessary biopsy

12 women will be diagnosed with breast cancer. Among these 12 women:

3 will be treated for a breast cancer that would have never caused a problem

1 breast cancer death will be prevented

**1333 women in this age group would need to be screened  
to prevent one death**

### Who do these recommendations *not* apply to?

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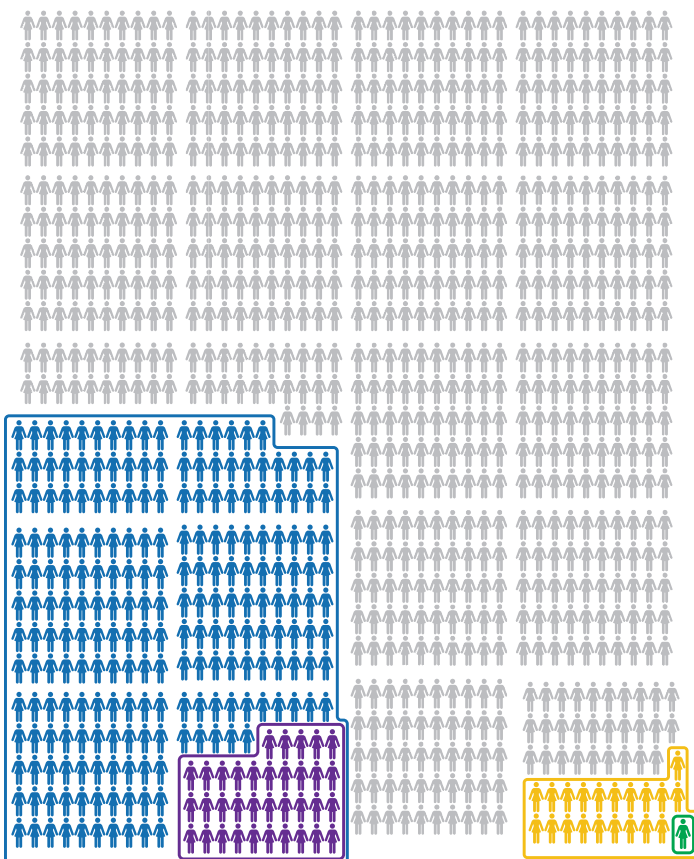
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256 women will have a false positive test result

35 women will have an unnecessary biopsy

21 women will be diagnosed with breast cancer. Among these 21 women:

No reliable data on the number of women who were treated for a breast cancer that would have never caused a problem

1 breast cancer death will be prevented

**1087 women in this age group would need to be screened  
to prevent one death**

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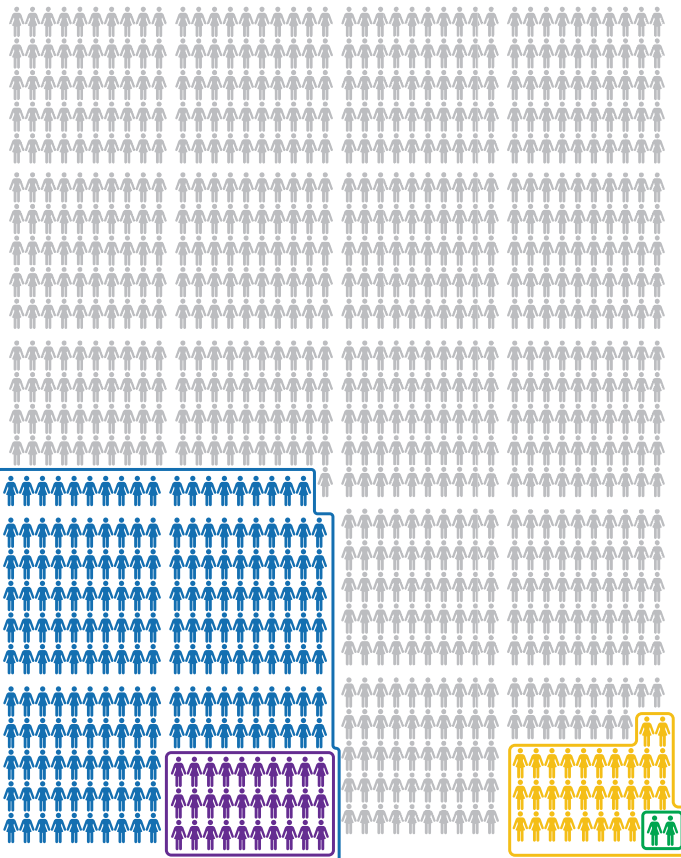


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With screening:

219 women will have a false positive test result

30 women will have an unnecessary biopsy

32 women will be diagnosed with breast cancer. Among these 32 women:

No reliable data on the number of women who were treated for a breast cancer that would have never caused a problem

2 breast cancer deaths will be prevented

645 women in this age group would need to be screened  
to prevent one death

### Who do these recommendations *not* apply to?

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