



## Breast Cancer Screening for Women Not at Increased Risk

### Guideline Recommendations

**For women aged 40–49 years: we conditionally recommend *not screening* 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 of screening.
- If women in this age group wish to be screened, they should have a discussion with their health care provider about their preferences.

### FAQ's

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

These recommendations don't apply to women who are 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 mother, sister, or daughter 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?

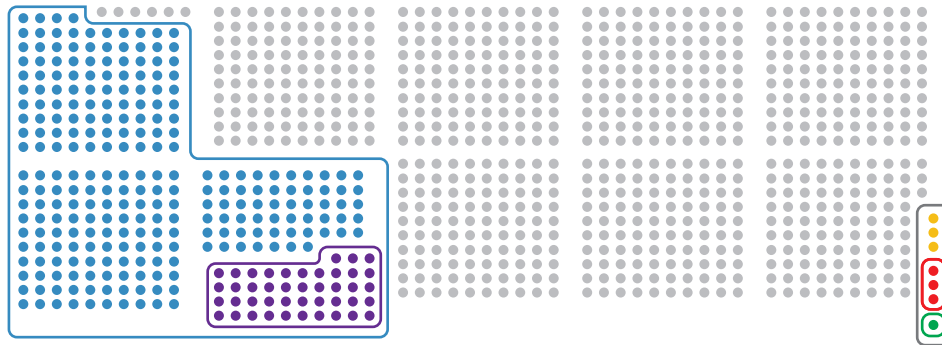
It is an x-ray of the breast(s) to identify potential cancer.

#### Why is shared decision making important?

Screening is a personal decision. It is important to understand and weigh the benefits and harms for women in your age group (as shown below) with your health care provider. This will help you get a better understanding of the issues so that you can decide what is best for you.



## 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 die of breast cancer despite screening, detection and management

3 will be treated for 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

## Harms, Benefits and Prioritization of Screening

	Explanation of benefits and harms	For you, how important are the following issues?	Rates	Not Important	Very Important
<b>Benefit</b>	There is evidence that shows that screening lowers a woman's risk of dying from breast cancer.	Finding cancer early in hopes of treating sooner than later.	Less than 1 life saved per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	False positives: A false positive test occurs in someone who tested positive (abnormal mammography) but who does not have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.	Having follow up tests if you screen positive when there is no cancer present.	False positive rate: about 300 per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	Overdiagnosis: 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 (overtreatment).	Being diagnosed and treated with a cancer that never would have harmed you.	Overdiagnosis: 3 women per 1000 screened.	<input type="radio"/>	<input type="radio"/>
<b>Other</b>	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Any other questions you would like to ask that have not been answered?

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What is your decision about screening?

- ☐ I would like to get screened
 ☐ I do not want to get screened
 ☐ I remain undecided



## Breast Cancer Screening for Women Not at Increased Risk

### Guideline Recommendations

**For women aged 50–59 years: we conditionally recommend screening 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.

### FAQ's

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

These recommendations don't apply to women who are 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 mother, sister, or daughter 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?

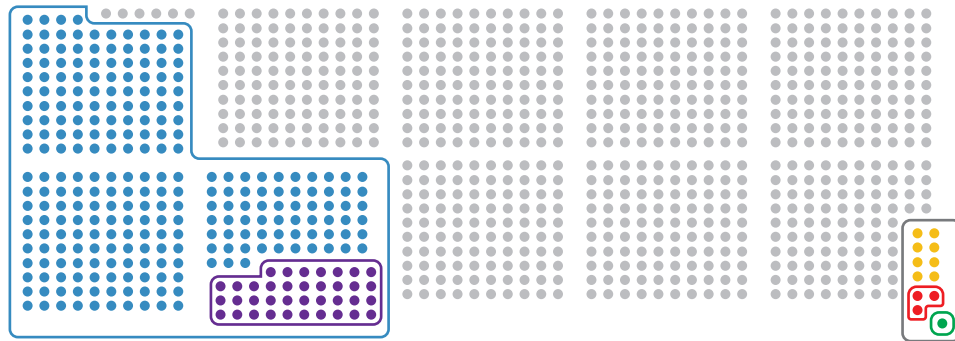
It is an x-ray of the breast(s) to identify potential cancer.

#### Why is shared decision making important?

Screening is a personal decision. It is important to understand and weigh the benefits and harms for women in your age group (as shown below) with your health care provider. This will help you get a better understanding of the issues so that you can decide what is best for you.



## 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:

8 will die of breast cancer despite screening, detection and management

3 will be treated for 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

## Harms, Benefits and Prioritization of Screening

	Explanation of benefits and harms	For you, how important are the following issues?	Rates	Not Important	Very Important
<b>Benefit</b>	There is evidence that shows that screening lowers a woman's risk of dying from breast cancer.	Finding cancer early in hopes of treating sooner than later.	1 life saved per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	False positives: A false positive test occurs in someone who tested positive (abnormal mammography) but who does not have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.	Having follow up tests if you screen positive when there is no cancer present.	False positive rate: about 300 per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	Overdiagnosis: 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 (overtreatment).	Being diagnosed and treated with a cancer that never would have harmed you.	Overdiagnosis: 3 women per 1000 screened.	<input type="radio"/>	<input type="radio"/>
<b>Other</b>	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Any other questions you would like to ask that have not been answered?

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What is your decision about screening?

☐ I would like to get screened ☐ I do not want to get screened ☐ I remain undecided



## Breast Cancer Screening for Women Not at Increased Risk

### Guideline Recommendations

**For women aged 60–69 years: we conditionally recommend screening 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.

### FAQ's

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

These recommendations don't apply to women who are 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 mother, sister, or daughter 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?

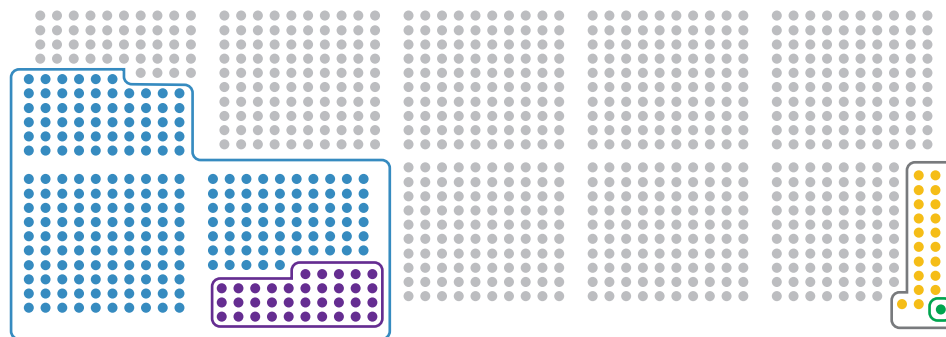
It is an x-ray of the breast(s) to identify potential cancer.

#### Why is shared decision making important?

Screening is a personal decision. It is important to understand and weigh the benefits and harms for women in your age group (as shown below) with your health care provider. This will help you get a better understanding of the issues so that you can decide what is best for you.



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



With screening:

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:

20 will die of breast cancer despite screening, detection and management

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

## Harms, Benefits and Prioritization of Screening

	Explanation of benefits and harms	For you, how important are the following issues?	Rates	Not Important	Very Important
<b>Benefit</b>	There is evidence that shows that screening lowers a woman's risk of dying from breast cancer.	Finding cancer early in hopes of treating sooner than later.	1 life saved per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	False positives: A false positive test occurs in someone who tested positive (abnormal mammography) but who does not have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.	Having follow up tests if you screen positive when there is no cancer present.	False positive rate: about 250 per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	Overdiagnosis: 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 (overtreatment).	Being diagnosed and treated with a cancer that never would have harmed you.	No reliable data on overdiagnosis for this age group.	<input type="radio"/>	<input type="radio"/>
<b>Other</b>	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Any other questions you would like to ask that have not been answered?

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What is your decision about screening?

- ☐ I would like to get screened
 ☐ I do not want to get screened
 ☐ I remain undecided



## Breast Cancer Screening for Women Not at Increased Risk

### Guideline Recommendations

**For women aged 70–74 years: we conditionally recommend screening 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.

### FAQ's

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

These recommendations don't apply to women who are 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 mother, sister, or daughter 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?

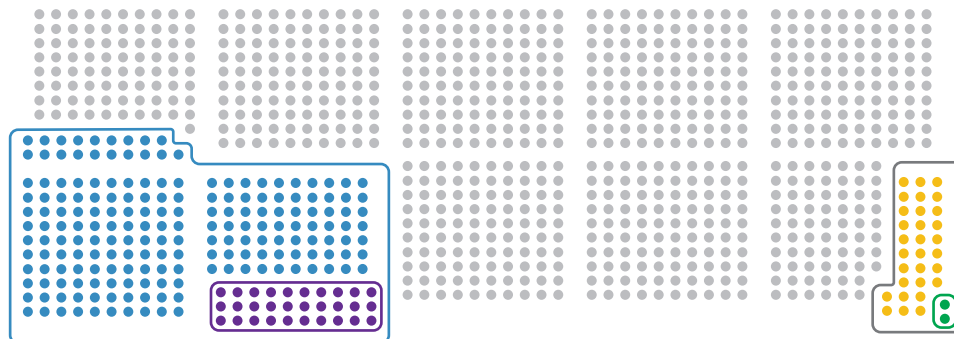
It is an x-ray of the breast(s) to identify potential cancer.

#### Why is shared decision making important?

Screening is a personal decision. It is important to understand and weigh the benefits and harms for women in your age group (as shown below) with your health care provider. This will help you get a better understanding of the issues so that you can decide what is best for you.



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



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:

30 will die of breast cancer despite screening, detection and management

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

## Harms, Benefits and Prioritization of Screening

	Explanation of benefits and harms	For you, how important are the following issues?	Rates	Not Important	Very Important
<b>Benefit</b>	There is evidence that shows that screening lowers a woman's risk of dying from breast cancer.	Finding cancer early in hopes of treating sooner than later.	2 lives saved per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	False positives: A false positive test occurs in someone who tested positive (abnormal mammography) but who does not have cancer. It can lead to additional testing, including biopsy, and may cause psychological and physical harm.	Having follow up tests if you screen positive when there is no cancer present.	False positive rate: about 220 per 1000 women screened over 7 years.	<input type="radio"/>	<input type="radio"/>
<b>Harm</b>	Overdiagnosis: 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 (overtreatment).	Being diagnosed and treated with a cancer that never would have harmed you.	No reliable data on overdiagnosis for this age group.	<input type="radio"/>	<input type="radio"/>
<b>Other</b>	_____	_____	_____	<input type="radio"/>	<input type="radio"/>

Any other questions you would like to ask that have not been answered?

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What is your decision about screening?

- ☐ I would like to get screened
 ☐ I do not want to get screened
 ☐ I remain undecided