Breast Cancer Screening Guidelines for Women

	U.S. Preventive Services Task Force[1] 2016	American Cancer Society[2] 2015	American College of Obstetricians and Gynecologists[3] 2011	International Agency for Research on Cancer[4] 2015	American College of Radiology[5] 2010	American College of Physicians[6]	American Academy of Family Physicians[7] 2016
Women aged 40 to 49 with average risk	The decision to start screening mammography in women prior to age 50 years should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin biennial screening between the ages of 40 and 49 years.	*Women aged 40 to 44 years* should have the choice to start annual breast cancer screening with mammograms if they wish to do so. The risks of screening as well as the potential benefits should be considered. *Women aged 45 to 49 years* should get mammograms every year.	Screening with mammography and clinical breast exams annually.	Insufficient evidence to recommend for or against screening.	Screening with mammography annually.	Discuss benefits and harms with women in good health and order screening with mammography every two years if a woman requests it.	The decision to start screening mammography should be an individual one. Women who place a higher value on the potential benefit than the potential harms may choose to begin screening.
Women aged 50 to 74 with average risk	Biennial screening mammography is recommended.	*Women aged 50 to 54 years* should get mammograms every year. *Women aged 55 years and older* should switch to mammograms every 2 years, or have the choice to continue yearly screening.	Screening with mammography and clinical breast exam annually.	*For women aged 50 to 69 years,* screening with mammography is recommended. *For women aged 70 to 74 years*, evidence suggests that screening with mammography substantially reduces the risk of death from breast cancer, but it is not currently recommended.	Screening with mammography annually.	Physicians should encourage mammography screening every two years in average-risk women.	Biennial screening with mammography.

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Women aged 75 or older with average risk	Current evidence is insufficient to assess the balance of benefits and harms of screening mammography in women aged 75 years or older.	Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.	Women should, in consultation with their physicians, decide whether or not to continue mammographic screening.	Not addressed.	Screening with mammography should stop when life expectancy is less than 5 to 7 years on the basis of age or comorbid conditions.	Screening is not recommended.	Current evidence is insufficient to assess the balance of benefits and harms of screening with mammography.
Women with dense breasts	Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, magnetic resonance imaging (MRI), digital breast tomosynthesis (DBT), or other methods in women identified to have dense breasts on an otherwise negative screening mammogram.	There is not enough evidence to make a recommendation for or against yearly MRI screening.	Insufficient evidence to recommend for or against MRI screening.	Insufficient evidence to recommend for or against screening.	In addition to mammography, ultrasound can be considered.	Not addressed.	Current evidence is insufficient to assess the balance of benefits and harms of adjunctive screening for breast cancer using breast ultrasonography, MRI, DBT, or other methods.

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Women at higher than average risk	Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and thus may benefit more than average-risk women from beginning screening in their 40s.	Women who are at high risk for breast cancer based on certain factors (such as having a parent, sibling, or child with a BRCA 1 or BRCA2 gene mutation) should get an MRI and a mammogram every year.	*For women who test positive for BRCA1 or BRCA2 mutations or have a lifetime risk of 20% or greater*, screening should include twice-yearly clinical breast exams, annual mammography, annual breast MRI, and breast self-exams. *For women who received thoracic irradiation between ages 10 and 30 years*, screening should include annual mammography, annual MRI, and screening clinical breast exams every 6 to 12 months beginning 8 to 10 years after radiation treatment or at age 25 years.	Evidence suggests that screening (mammography and MRI) at an earlier age may be beneficial.	*For BRCA1 or BRCA2 mutation carriers, untested family members of BRCA1 or BRCA2 mutation carriers, and women with a lifetime risk of 20% or greater (based on family history),* screening should include annual mammography and annual MRI starting by age 30 years but not before age 25 years. *For women with a history of chest irradiation between the ages of 10 and 30 years,* annual mammography and annual MRI starting 8 years after treatment (mammography not recommended before age 25).	Not addressed.	Not addressed.

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Additional issues relevant for all women	Current evidence is insufficient to assess the benefits and harms of digital breast tomosynthesis (DBT) as a primary screening method for breast cancer.	Women should be familiar with the known benefits, limitations, and potential harms associated with breast cancer screening. They should also be familiar with how their breasts normally look and feel and report any changes to a health care provider right away.	Not addressed.	Not addressed.	Not addressed.	Annual mammography, MRI, tomosynthesis, or regular systematic breast self-exam are not recommended.	Recommends against clinicians teaching women breast self-exams. Current evidence is insufficient to assess the benefits and harms of clinical breast exams and DBT.

[1]Siu AL; U.S. Preventive Services Task Force. Screening for breast cancer: U.S. Preventive Services Task Force recommendation statement. *Annals of Internal Medicine* 2016;164(4):279–296.

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[3]American College of Obstetricians-Gynecologists. Practice bulletin no. 122: Breast cancer screening. *Obstetrics and Gynecology* 2011;118(2 Pt 1):372–382.

[4]Lauby-Secretan B, Loomis D, Straif K. Breast-cancer screening—viewpoint of the IARC Working Group. *New England Journal of Medicine* 2015;373(15):1478–1479.

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[6]Wilt TJ, Harris RP, Qaseem A; High Value Care Task Force of the American College of Physicians. Screening for cancer: advice for high-value care from the American College of Physicians. *Annals of Internal Medicine* 2015;162(10):718–725.

[7]American Academy of Family Physicians. Summary of recommendations for clinical preventive services. 2016. Available from: http://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf [PDF-574KB].