

Siteman Cancer Center

Screening Guidelines for Breast Cancer

Recently the US Preventative Services Task Force (USPSTF) announced changes in the recommendations for breast cancer screening. This has caused significant controversy within the medical community and left many women confused about what they should do. **At the Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine we continue to support the American Cancer Society recommendations for breast cancer screening.** The American Cancer Society uses all available evidence in making its screening recommendations. They have not changed their position on screening guidelines for breast cancer.

There is universal agreement that screening mammography saves lives. The disagreement between the USPSTF and the American Cancer Society is not that mammography doesn't save lives, only in the estimates of how many lives are saved. The Siteman Cancer Center continues to advocate that all women of average risk begin yearly mammography screening at age 40. On the reverse side of this card are the most current screening guidelines from the American Cancer Society. The Siteman Cancer Center supports these guidelines.

American Cancer Society Guidelines for the Early Detection of Breast Cancer

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health.
- Clinical breast exam (CBE) should be part of a periodic healthy exam, about every 3 years for women in their 20s and 30s and every year for women 40 and over.
- Women should know how their breast normally feel and report any breast change promptly to their health care providers. Breast self-exam (BSE) is an option for women starting in their 20s.
- Women at high risk (greater than 20% lifetime risk) should get an MRI and a mammogram every year. Women at moderately increased risk (15-20% lifetime risk) should talk with their doctors about the benefits and limitations of adding MRI screening to their yearly mammogram. Yearly MRI screening is not recommended for women whose lifetime risk of breast cancer is less than 15%.
- For information about your risk level, ask your health care provider or visit www.yourdiseaserisk.wustl.edu

