Screening Mammography Guidelines



Mammography screening has been proven effective in reducing breast cancer deaths in women 40 years and older, with a mortality reduction of 40% possible with regular screening.

The American College of Radiology (ACR), Society of Breast Imaging (SBI), and U.S. Preventive Services Task Force (USPSTF) recommend that women start annual screening mammograms at age 40. The American Cancer Society (ACS), ACR, and SBI agree that this approach saves the most lives.

Overall, the average risk of a woman in the United States developing breast cancer sometime in her life is about 13%. This means there is a 1 in 8 chance she will develop breast cancer in her lifetime. One in six breast cancers occur in women in their 40s. Three out of four women diagnosed with breast cancer have no family history of the disease and are not considered high risk.

When to Start Annual Mammography Screening for Breast Cancer

Average Risk: Begin at age 40 and continue past age 74 years, without an upper age limit unless severe comorbidities limit life expectancy.

Higher Than Average Risk: Start earlier than age 40 and may benefit from supplemental screening modalities.

High Risk (i.e., those with BRCA1 or BRCA2 genetic mutations, a calculated lifetime risk of 20% or greater based on risk assessment tools, or a prior history of chest or mantle radiation therapy at a young age): Begin at age 30 and supplemental annual screening with contrast-enhanced breast MRI is recommended beginning at age 25.

Family History of Premenopausal Breast Cancer in a First-Degree Relative (i.e., mother or sibling): Annual screening mammography should begin 10 years prior to the age of diagnosis in the first-degree relative, but not before age 30. For example, if a patient's mother was diagnosed at age 45, the patient should start annual screening mammography at age 35.

All women should be evaluated for breast cancer risk by age 30, so that those at higher risk can be identified and can benefit from early and supplemental screening. For women assessed to be at higher-than-average risk, please consider referral to a Munson Healthcare Cancer Genetics Clinic, with locations in Charlevoix and Traverse City, for consultation and a more detailed risk assessment.

Additional Resources

- https://www.komen.org
- https://www.cancer.org

References

- 1. Kleinknecht JH, Ciurea AI, Ciortea CA. Pros and cons for breast cancer screening with tomosynthesis a review of the literature. Med Pharm Rep. 2020 Oct;93(4):335-341. doi: 10.15386/mpr-1698. Epub 2020 Oct 25. PMID: 33225258; PMCID: PMC7664734.
- 2. Monticciolo DL, Malak SF, Friedewald SM, Eby PR, Newell MS, Moy L, Destounis S, Leung JWT, Hendrick RE, Smetherman D. Breast Cancer Screening Recommendations Inclusive of All Women at Average Risk: Update from the ACR and Society of Breast Imaging. J Am Coll Radiol. 2021 Sep;18(9):1280-1288. doi: 10.1016/j.jacr.2021.04.021. Epub 2021 Jun 19. PMID: 34154984.
- 3. Monticciolo DL, Newell MS, Moy L, Niell B, Monsees B, Sickles EA. Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations From the ACR. J Am Coll Radiol. 2018 Mar;15(3 Pt A):408-414. doi: 10.1016/j.jacr.2017.11.034. Epub 2018 Jan 19. PMID: 29371086.