

"SHOULD I GET A MAMMOGRAM?"



Understanding the **HARMS AND BENEFITS** of Routine Breast Cancer Screening

A resource for women at average risk of breast cancer

This brochure provides information about routine screening mammography for **women at average risk** of breast cancer who do not have a significant family history of breast cancer, have not been diagnosed with breast cancer, and have no other known risk factors.

The goal of routine breast cancer screening is to prevent women from dying of breast cancer. Yet studies have shown that the popular claim “early detection saves lives” has been overstated.

Routine screening for breast cancer also comes with significant harms, including false positives, overdiagnosis, overtreatment and more.

BALANCING THE HARMS AND BENEFITS OF MAMMOGRAPHY SCREENING IS A PERSONAL DECISION that happens in consultation with your healthcare provider.

USES OF MAMMOGRAPHY

Mammography is the primary screening technology used to detect breast cancer. It is used in several ways:

- For **routine screening** of women with no observable signs or symptoms for the early detection of breast cancer
- As a **surveillance tool** to closely watch women at high risk for breast cancer
- As a **diagnostic tool** to follow up on an abnormality found during a physical examination performed by a woman or a medical provider, or on a screening mammogram



Mammography as a surveillance and diagnostic tool has benefits. This brochure provides information solely on mammography used as a **screening tool** for early detection.

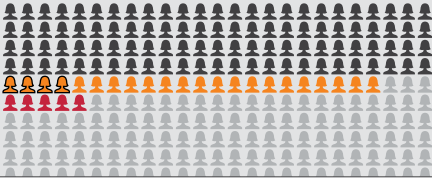
THE FALSE PROMISE OF EARLY DETECTION

Breast cancer is a complex disease. No matter which screening technology is used, **early detection does not live up to the promise of saving lives.** While some breast cancers may never become life-threatening, others are so aggressive that current treatments are ineffective, no matter how early the cancer is detected.

Although routine screening mammography does find early stage breast cancer, the growing data show that **it has very limited impact on the number of women who die from the disease.**¹

Further, evidence has found **no difference in death rates from all causes** for women at average risk who have been screened versus those who have not.¹

If, over the next ten years, a group of 1,000 women of screening age is...



SCREENED

100 will receive false positives

22 will likely die from any cancer

4 will likely die of breast cancer

5 will be overdiagnosed and overtreated

NOT SCREENED

N/A will receive false positives

22 will likely die from any cancer

5 will likely die of breast cancer

N/A will be overdiagnosed and overtreated



1. Gatzsche, P.C., & Jørgensen, K.J. (2013). Screening for breast cancer with mammography. Cochrane Database of Systematic Reviews, 6(CD001877). DOI: 10.1002/14651858.CD001877.pub5

RISKASSESSMENT

Many women overestimate their risk of breast cancer and underestimate the harms of routine mammography screening. Although medical practitioners offer rough estimates of a woman's risk based on factors such as age and family history, accurately assessing an individual woman's breast cancer risk is difficult.

For some women, routine screening for breast cancer relieves anxiety about the disease. For others, things like false positives from screening increase anxiety and lead to unnecessary medical procedures that take a lasting physical, emotional, and financial toll.

OVERANDUNDERESTIMATING BREASTCANCERRISK

CONCERNS

Will I get
BREAST CANCER?

Will **GETTING** a
MAMMOGRAM save
my life?

Aren't I better **SAFE**
than **SORRY?**



ACTUAL RISK

7 in 8 women will **NEVER** get breast cancer in their lifetime.¹

The chance of a woman being **DIAGNOSED** with breast cancer:¹

- In her 40s = 1 in 68 (1.5%)
- In her 50s = 1 in 42 (2.4%)
- In her 60s = 1 in 28 (3.6%)
- In her 70s = 1 in 26 (3.8%)

A woman's **ABSOLUTE RISK** of dying from breast cancer goes down 0.05% with screening.²

More than **1 in 5** women treated for breast cancer are treated for conditions that would **NEVER BECOME** life-threatening.³

1. National Cancer Institute. Factsheet: Breast Cancer Risk in American Women. Accessed from <https://www.cancer.gov/types/breast/risk-fact-sheet>

2. Gøtzsche, P.C., & Jørgensen, K.J. (2013). Screening for breast cancer with mammography. Cochrane Database of Systematic Reviews, 6(CD001877). DOI: 10.1002/14651858.CD001877.pub5

3. Miller, A.B., Wall, C., Baines, C.J., Sun, P., To, T. and Narod, S.A. (2014). Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National Breast Screening Study: randomized screening trial. *BMJ*, 348(g366)

UNDERSTANDING THE HARMS OF SCREENING **MAMMOGRAPHY**

All medical tests and procedures come with a range of possible harms and risks. Numerous studies document the harms of routine mammography screening, which include:

Overdiagnosis

The identification of a cancer that is not life-threatening. According to one of the largest studies of screening mammography, more than 1 in 5 breast cancers found via routine screening mammography represent overdiagnosis. Overdiagnosis usually leads to overtreatment.

Overtreatment

The treatment of cancer that will never cause symptoms or become life-threatening. Overtreatment occurs when a woman is treated for breast cancer—but the treatment does not change how long she lives. Because medical providers cannot tell which breast cancers may become life-threatening, they generally treat all breast cancers that they detect.

False positive

When a healthcare provider believes, based on a mammogram result, that a woman may have breast cancer when she does not. False positives lead to stress, financial costs, and invasive procedures.

False negative

When a woman receives a “normal” mammogram result even though cancer is present. Routine screening mammograms miss about 20 percent of invasive breast cancers.

ISSUES FOR UNDERSERVED AND VULNERABLE COMMUNITIES

Not all communities are impacted by breast cancer in the same ways. From transgender people, to women of color, to people who are more heavily exposed to environmental toxins, research about the risk and needs of many underrepresented populations is sparse and, in some cases, nonexistent. As a result, people from some communities do not know if screening recommendations for “average-risk women” apply to them.

Including underrepresented communities in studies on breast cancer and screening is critical to establishing evidence-based guidelines for all communities.



Photo by Raymond Rodriguez

YOUR HEALTH IS IMPORTANT. WHAT CAN YOU DO?

Know your body.

Get suspicious lumps or symptoms—such as an unusual change in the shape or size of your breast, nipple discharge, or pain—checked out by a trained medical practitioner. Diagnostic mammography used in these cases can be a beneficial tool.

Know your choices.

Partner with your medical provider to understand your risk. Understand the harms and benefits of screening mammography so that you can make a choice that is right for you.

WHERE DO WE GO FROM HERE?

Routine mammography screening does not stop women from dying. In light of the evidence, we need:


Balanced information about the harms of overtreatment and overdiagnosis so that women can make informed choices

To shift the focus away from early detection and toward **preventing** breast cancer from developing in the first place

Accurate risk-assessment tools to help women and their medical providers make informed decisions about screening

Evidence-based guidelines for all communities—including underrepresented communities

To develop **more effective, less toxic, and affordable treatments** for breast cancers that threaten women's lives



Regardless of whether breast cancer is discovered by a screening mammogram or a woman finding her own lump, the best way to prevent death from breast cancer is by providing high-quality, evidence-based health care and treatment, delivered in a timely and culturally sensitive way.

BREAST**CANCER**ACTION.org

ABOUT BREAST CANCER ACTION

Breast Cancer Action's mission is to achieve health justice for all women at risk of and living with breast cancer. We believe that breast cancer is a public health crisis and a social justice issue, and we envision a world where lives and communities aren't threatened by breast cancer.

Breast Cancer Action avoids conflicts of interest in our work by refusing funding from the "cancer industry," including pharmaceutical and chemical companies, enabling us to retain an independent voice and offer truly unbiased information about breast cancer.



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