

Q&A: Do you know your risks for breast cancer?

May 9 2024



Credit: Unsplash/CC0 Public Domain

The reminders are everywhere. When a woman turns 40, doctors say she should begin receiving yearly mammograms to detect breast cancer. You see it on posters, ads and buttons.

Doctors beat the drum forcefully and often because the stakes are high. While both women and men can develop [breast cancer](#), the disease occurs far more often in women.

Breast cancer remains the second leading cause of cancer death in women, according to the American Cancer Society. About 42,250 women in the United States will die from it this year, and 310,720 new cases of invasive breast cancer will be diagnosed. In recent years, incidence rates have increased by 0.6% per year. In women younger than 50, the increase is about 1%.

While the message to start getting mammograms is crucial, it's not entirely complete. Forty is the age a woman of average risk should get her first mammogram. But how does a person know if they're of average risk?

The chances of developing the disease at a younger age are higher for some people, experts say, and different factors can require screening before 40. Particularly at risk are women from minority groups, who are much more likely to die of breast cancer before the age of 50, according to the American College of Radiology.

In fact, instead of putting off taking steps to protect their health until middle age or later, [younger women](#) can act now to gauge their risk and plan a more effective schedule for early detection.

And that's good news, doctors say. When breast cancer is detected early and in a localized stage, the five-year survival rate is 99%, according to the American Cancer Society. Technology is bringing medical

oncologists a wealth of new tools to stop breast cancer early—from enhancements in 3D imaging to MRI or contrast enhanced mammography to ultrasound. Catching cancer early is becoming easier all the time.

Dr. Emel Kaya Aumann, a breast radiologist at Penn State Health Breast Center, discusses risk factors, what younger women can do now to assess their risk and why prevention is and [self-care](#) can be a lifelong practice.

When should a woman receive her first mammogram?

For an average-risk woman, the American College of Radiology suggests we start the annual screening mammogram at age 40. But if the individual is in a high-risk group, she may be recommended to begin screening mammogram between the ages of 25 to 40 and also breast MRI (magnetic resonance imaging) between the ages of 25 to 30, depending on the type of risk.

How can you determine your risk? Who should do this?

The American College of Radiology recommends that every woman receive a breast cancer risk assessment by the age of 25. This can be performed by a primary care provider. If the woman's overall lifetime risk is more than 20%, that means they are in a high-risk group. And that means they may need to begin breast cancer screening between the ages of 25 to 40, instead of starting at age 40.

Women from minority groups are 127% more likely to die of breast cancer before age 50 than women who are white, according to the American College of Radiology. Why the higher risk?

Black women, Ashkenazi Jewish women and other [minority groups](#) have been found to be of higher risk compared with white women, because Black women and Ashkenazi Jewish women tend to have more BRCA 1 and BRCA2 gene mutations, which increase the risk of developing breast cancer. If the individual has the BRCA gene mutation, that means the risk of developing breast cancer is more than 60% to 70%.

And this gene is more common in Black and Ashkenazi Jewish women?

Yes, both BRCA1 and BRCA2. Also, Black women tend to develop a more aggressive type of breast cancer at a younger age compared to white women. These are triple negative or ER negative cancers—tumors that tend to grow and spread faster than other varieties. The possibility of having this gene mutation is the main reason.

Forty percent more Black women die from breast cancer compared with white women at premenopausal age.

What kinds of factors outside of genetics could make recommend a mammogram early?

There are many high-[risk factors](#) — an individual's family history of breast cancer, ovarian cancer, endometrial cancer, colon cancer and others; a personal history of previous breast cancer; or if the patient had any chest radiation therapy previously.

How often are women getting these assessments before 25?

If they don't see their primary care providers regularly, most of them are

not aware of it. People usually think that if they don't have any family history of breast cancer, it's not going to happen to them. Actually, only 5% to 10% of our patients who are diagnosed with breast cancer have a family history of breast cancer. So, 90% to 95% don't know that they're genetically predisposed to have it.

So every woman should get an assessment before they turn 25. Can they do anything else?

The first thing they should do is the self-exam. Every woman should consider performing a self-breast and axilla exam once a month. More information about breast self-exams can be found [here](#).

When should self-exams start?

As long as they've started developing breast tissue, we recommend they do a self-exam. So, if they notice any new lumps or bumps in their breasts or armpits that don't go away, we don't want them to wait. We want them to come in as soon as possible for further evaluation.

None of this—the risk assessment or the self-exams—is any replacement for mammograms. Right?

The gold standard is still mammography for breast cancer screening. In certain subgroups and high-risk individuals, breast MRI and breast ultrasound may be appropriate for supplemental breast cancer screening. Breast cancer risk assessment is so important so that personalized screening strategies can be planned by the physician and the individual patient.

Provided by Pennsylvania State University

Citation: Q&A: Do you know your risks for breast cancer? (2024, May 9) retrieved 21 June 2024 from <https://medicalxpress.com/news/2024-05-qa-breast-cancer.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.