The American College of Radiology, the Society of Breast Imaging, and the National Comprehensive Cancer Network (NCCN), recommend that all women have yearly mammograms beginning at age 40. Women at high risk may benefit from starting earlier.

Resources:
For more information on breast cancer screening, visit MammographySavesLives.org, EndTheConfusion.org or RadiologyInfo.org.

Not sure if you have dense breasts? Why does it matter?
Ask your doctor which breast cancer screening options are right for you.
What is breast density?

Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Your breasts are considered dense if you have a lot of fibrous or glandular tissue but not much fat. Density may decrease with age, but there is little, if any, change in most women.

How do I know if I have dense breasts?

Breast density is determined by the radiologist — the doctor who reads your mammogram. There are four categories of mammographic density. The radiologist assigns each mammogram to one of the categories. Your doctor should be able to tell you whether you have dense breasts based on where you fall on the density scale. (See scale below.)

Breast density in the U.S. (See pie chart)
- 10% of women have almost entirely fatty breasts
- 10% have extremely dense breasts
- 80% are classified into one of two middle categories

Why is breast density important?

Having dense breast tissue may increase your risk of getting breast cancer. Dense breasts also make it more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts.

If I have dense breasts, do I still need a mammogram?

Yes. A mammogram is the only medical imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue.

Are any tests better than a mammogram for dense breasts?

In breasts that are dense, cancer can be hard to see on a mammogram. Digital breast tomosynthesis (DBT), also called 3D mammography, provides images of the breast in “slices” from many different angles making some abnormalities easier to see. DBT increases the number of cancers seen without additional testing. Ultrasound (US) and magnetic resonance imaging (MRI) can help find cancers that can’t be seen on a mammogram. However, both MRI and US show more findings that are not cancer, which can result in added testing.

What should I do if I have dense breasts? What if I don’t?

If you have dense breasts, please talk to your doctor. Together, you can decide which, if any, additional screening exams are right for you.

If your breasts are not dense, other factors may still place you at increased risk for breast cancer — including a family history of the disease, previous chest radiation treatment for cancer and previous breast biopsies that show you are high risk. Talk to your doctor and discuss your history.

Even if you are at low risk, and have entirely fatty breasts, you should still get an annual mammogram starting at age 40.
Understanding Your Breast Cancer Risk

**General Guidance**

Each woman has her own risk factors that increase her risk of developing breast cancer. Some common breast cancer risk factors include getting older, experiencing menopause at older age, having family members with breast cancer and having a prior breast biopsy.

The American College of Radiology® and Society of Breast Imaging recommend that each woman talk with her doctor about her breast cancer risk no later than her 30th birthday. This is especially important for Jewish women, African American women and other minority groups. By talking with their healthcare provider, women can better understand their breast cancer risk and their best breast cancer screening options.

**Average-Risk Women**

In the United States, one in eight women will develop breast cancer during her lifetime.

1 in 8

Most women who develop breast cancer have no family history of breast cancer.

The American College of Radiology and Society of Breast Imaging recommend a screening mammogram every year beginning at age 40.

**Increased-Risk Women**

Some women have a higher chance of getting breast cancer than others.

**What factors might increase your risk?**

- You have family members with breast cancer (although most women who develop breast cancer have no breast cancer in their family).
- You have already had breast cancer.
- You carry certain genetic mutations, including BRCA1 and BRCA2 mutations.
- Someone in your family is a genetic mutation carrier and you remain untested yourself.
- You have been previously treated with radiation to your chest for cancer.
- You have had certain “high-risk” results on breast biopsies such as atypias or pre-cancerous lesions.
- You have dense breast tissue on mammography.

Some women with one or more risk factors may be considered at highest risk for developing breast cancer during their lifetimes.

If you are in this highest-risk category, talk to your doctor about starting breast cancer screening as early as age 25 or 30. You and your doctor should discuss getting a breast MRI scan (magnetic resonance imaging scan) in addition to a screening mammogram every year. Breast MRI can help find more breast cancers.

Please talk to your healthcare provider to learn more about your breast cancer screening options.

For more information, please visit MammographySavesLives.org.
Breast cancer unfortunately doesn’t stop — not even for a global pandemic. So, screening can’t afford to, either. Simply put: mammography (still) saves lives!

Is it Safe to Schedule My Mammogram Now?

Keeping up with medical care — especially during the COVID-19 pandemic — will help ensure your health in the future. While you may have reservations about going to the doctor now, do not allow fear of the virus to prevent you from scheduling your mammogram and detecting any problems early.

Share your concerns about scheduling your exam with your doctor, discuss your individual risk and decide together when it is safe for you to return to care.

Once you schedule your mammogram, here are some tips to help you prepare:

- Check with your provider about the safety protocols they’ve implemented, so you know what to expect at your next appointment. Radiology practices, for example, are following expert guidelines from the American College of Radiology® (ACR®) and the Centers for Disease Control (CDC) to safely resume nonemergency care like mammograms and other screenings.

- Healthcare appointments will include multiple safeguards to protect patients and staff. For example, you may have your temperature checked upon arrival, you may be asked to wait in your car rather than in the waiting room until your appointment time and you will likely be asked to wear a mask while in the facility.

- Follow staff instructions and take common-sense precautions — like practicing social distancing — during the visit.

- Be patient. Radiology practices are spacing out appointments to allow for proper equipment and room sterilization, so more time may be needed before your appointment begins.

Talk To Your Doctor

It’s smart to take all risks into account, but delaying an exam won’t make cancer go away — and it might make the road to recovery more difficult. Talk to your doctor about scheduling your screening mammogram today.
Did you know the most rigorous scientific studies have shown that the most lives are saved by starting annual mammography screening at age 40?

That’s why the American College of Radiology, Society of Breast Imaging and other medical associations recommend that women begin getting a mammogram, every year, at age 40.

**Why do I need a mammogram? Why start at 40?**

- One in six breast cancers occurs in women in their 40s, and these cancers tend to be more aggressive than those found in older women.

- According to National Cancer Institute data, since mammography screening became widespread in the mid-1980s, the U.S. breast cancer death rate has dropped 38 percent.

- A study published in Cancer Epidemiology, Biomarkers & Prevention shows mammography screening cuts the risk of dying from breast cancer nearly in half.

- By not getting a yearly mammogram after age 40, women increase their odds of dying from breast cancer, and treatment for advanced cancers ultimately found will be more extensive and more expensive.