Patient information: Breast cancer screening (The Basics)
Written by the doctors and editors at UpToDate

What is breast cancer screening? — Breast cancer screening is a way in which doctors check the breasts for early signs of cancer in women who have no symptoms of breast cancer. The main test used to screen for breast cancer is a special kind of X-ray called a mammogram. This is usually combined with regular breast exams done by the doctor or nurse.

The goal of breast cancer screening is to find cancer early, before it has a chance to grow, spread, or cause problems. Studies show that being screened for breast cancer lowers the chance that a woman will die of the disease.

Who should be screened for breast cancer? — Experts recommend screening for most women age 50 to 70, and for some older women who are healthy. (Screening should involve mammograms, as well as breast exams done by a doctor or nurse.) Some women age 40 to 49 should also be screened. For instance, women who are at high risk of breast cancer sometimes need to begin screening at a young age. This might include women who:

- Carry genes that increase their risk of breast cancer, such as the “BRCA” genes
- Have close relatives who got breast cancer at a young age

You should talk with your doctor or nurse to decide when you should start screening.

What are the benefits of being screened for breast cancer? — The main benefit of screening is that it helps doctors find cancer early, when it is easier to treat. This lowers the chances of dying of breast cancer.

What are the drawbacks to being screened for breast cancer? — The drawbacks include:

- False positives — Mammograms sometimes give “false positives,” meaning they suggest a woman might have cancer when she does not. This can lead to unneeded worry and to more tests—including a biopsy in some cases, which can be painful. False positive results are more likely to happen in women younger than 50 than they are in older women.

- Radiation exposure — Like all X-rays, mammograms expose you to some radiation. But studies show that the number of lives saved by catching cancer early greatly outweighs the very small risks that come from radiation exposure.

What happens during a mammogram? — Before the mammogram, you will need to undress from the waist up and put on a hospital gown. Then your breasts will be X-rayed 1 at a time. Each breast is X-rayed twice. Each is X-rayed once from the top down and once from side-to-side so that the radiologist can get a good look at all the tissue. To make the breast tissue easier to see, a nurse or technician will flatten each breast between 2 panels. This can be uncomfortable, but it lasts only a few seconds. If possible, avoid scheduling your mammogram just before or during your period. Breasts are extra sensitive at that time. Also, do not use underarm deodorant or powder on the day of your appointment.

What happens after a mammogram? — If a radiologist (the doctor who will look at your X-ray) is able to look at your mammogram right away, you might get the results the same day. If not, you should get a phone call or letter with your results within 30 days. If you do not hear back about your results, call your doctor or nurse’s office. Do not assume that your mammogram was normal if you hear nothing.
**What if my mammogram is abnormal?** — If your mammogram is abnormal, don't panic. Nine out of 10 women with an abnormal mammogram turn out NOT to have breast cancer. You will need more tests to find out what's really going on.

If your doctor thinks your abnormal result is probably NOT due to cancer, he or she might suggest that you wait and have another mammogram in 6 months. If your doctor thinks the abnormal result might be due to cancer, he or she will probably send you for more tests. Other tests could include a more detailed mammogram, called a diagnostic mammogram, or an ultrasound of the breast.

If the other tests still show any suspicious findings, your doctor or nurse will probably order a biopsy. During a biopsy, a doctor takes samples of breast tissue and sends them to the lab to be checked for cancer. Biopsies are usually done by taking some tissue from the breast with a needle during a mammogram or ultrasound. But in some cases biopsies involve a small surgery.

**What about breast exams?** — Your doctor or nurse should do a breast exam on a regular basis as part of breast cancer screening. During the exam, the doctor or nurse will look at your breasts and then carefully feel both breasts and the area under both arms. He or she will look for lumps, nipple changes, or any changes in the tissue or skin that could signal cancer.

Some women also like to do exams on their own breasts. No study has shown that breast self-exams lower the risk of dying from breast cancer, and most experts do not encourage self exams. Still, if you decide to do breast self-exams, make sure you know how to do them the right way (table 1).

**Can I have a breast MRI instead of a mammogram?** — Women are hearing a lot about breast MRIs in the news. But breast MRIs are not for everyone. Compared with mammograms, breast MRIs give more "false positives" and sometimes lead to unneeded biopsies. Still, breast MRIs are sometimes used to help find breast cancer in young women who have a high risk of breast cancer. Doctors do not recommend breast MRI to screen for breast cancer in women who do not have a high risk of breast cancer. In any case, MRIs don't replace mammograms. They are used with mammograms for the high-risk women who need them.

**How often should I have a mammogram?** — Women who choose to start breast cancer screening at age 40 are usually screened once a year until age 50. After age 50, most experts recommend that screening be done every 1 to 2 years, depending on the woman's risk of breast cancer.

Routine screening (with mammograms and breast exams) should continue as long as the woman is otherwise healthy.

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# How to do a breast self-exam

The best time to do a breast self-exam (BSE) is a week after your period ends. If you no longer get monthly periods, you can do the exam any time. Some women do self exams once a month. Others do them less often or not at all. Do whatever you are most comfortable with.

- Start by standing in front of a mirror. Place both hands at your sides. Check your breasts for changes in skin color or texture, and check for dents. Note how your nipples look. Some women have inverted nipples, meaning that their nipples point inward instead of out. This is normal as long as the way they look does not change over time.

- Lift your hands over your head and turn to the side. Then look at each whole breast in the mirror. If you need to, lift each breast to so you can see the skin under the breast.

- Lie down and put your left hand above your head (this flattens the breast and makes it easier to examine). Use your right hand to examine your left breast, starting in the upper breast near the arm pit and going up and down across the breast (like mowing a lawn). Begin to examine the breast by making small circles with your three middle fingers. Use your finger pads at the end of your fingers but not the tips, and move your fingers in circles as if you were tracing the edge of a dime. At each spot on the breast, make three circles: one very light, one a bit firmer into the breast, and one deep in the breast. Then switch hands and do the same thing on the other breast.

- It is normal to feel your ribs in your chest. Abnormal lumps tend to feel firm, have irregular edges, and sometimes feel like they are "stuck" to your chest. If you don't know whether a lump is normal or abnormal, see your doctor or nurse.