

Family history of breast cancer: When do I need to get a mammogram? ^[1]

Dear Alice,

If there is a strong family history of breast cancer in the family on the mother's side (including the mother), then how often should the daughters get mammograms and when should they start?

Answer

Dear Reader,

Family history can certainly impact a person's risk for breast cancer and knowing more about your own can help inform any appropriate preventative steps. The general recommendations are that people with a family history of breast cancer begin their mammograms at a younger age. However, as there aren't consistent recommendations as to when to begin mammograms for those at an average risk, the guidance for those who are at higher-risk are similarly varied. For example, the [American Cancer Society](#) ^[2] recommends that those with a higher-risk start annual screening at age 30, while the [United States Preventive Services Task Force](#) ^[3] note starting screening in their 40s. Those who are considered at high-risk for breast cancer include folks that:

- Have a lifetime breast cancer risk of 20 to 25 percent or greater based on family history risk assessments (more on that in a bit)
- Know they have the [BRCA1 or BRCA2 gene mutation](#) ^[4]
- Have a first-degree relative (i.e., parent, sibling, or child) with a BRCA1 or BRCA2 gene mutation (and who have not had genetic testing themselves)
- Underwent radiation therapy between the ages of 10 and 30
- Have either Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome (or have a first-degree relative with one of these conditions)

List adapted from the [ACS](#) ^[5].

There's limited evidence to inform the best age to start screening, so it may be helpful to speak with a health care provider to decide on a personalized plan. They may have access to risk-assessment tools, such as the [Breast Cancer Risk Assessment Tool](#) ^[6], which can provide an approximate breast cancer risk based on family history. In addition, they can also help decide if

and when a mammogram and [MRI](#) [7] of the breast are needed. If a mammogram and MRI are recommended, a provider will help determine when it would be appropriate to have an initial screening and how often to have additional screenings (such as every one to two years).

The recommendation for manual breast exams, whether done by a health care professional or done as a routine self-exam, has been evolving and isn't consistent. Some organizations recommend them as part of regular care, while others maintain that it may lead to false positives and overtreatment. What is consistent among all groups is that they recommend that all people be familiar with how their breasts normally look and feel and report any changes to a health care provider right away. It's also always helpful to note: even though a bump may be felt, not all changes in the breast are indicative of cancer. Having a conversation with your health care provider if you feel a lump can help to determine what, if any, steps can be taken next.

If you have lingering questions or would like more information on screening guidelines or risk factors, the [American Cancer Society](#) [8] and the [National Cancer Institute](#) [9] are great resources.

Alice!

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- [3] <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening>
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