



## I have a personal or family risk factor. What should I do ?

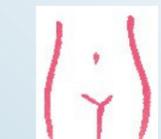
This document indicates the recommended breast cancer screening methods according to your age and risk level.

Each year, nearly 54,062 cases of breast cancer are detected and 11,913 women die from this disease\*. However, when detected early, this cancer can be cured in 9 out of 10 cases

\* Source: « La situation du cancer en France en 2015 » – INCa avril 2016

### Best practices

based on your age and risk factors



gynecological examination every year



a clinical breast examination every year



a cervical smear (Pap smear) every 3 years

(palpation), which must be carried out by a general practitioner, a gynecologist or midwife;

(after two negative Pap smears one year apart), until the age of 65.

Ce document a été validé par le groupe de travail "Dépistage et diagnostic précoce" de la Ligue contre le cancer - Juin 2016. Ne pas lier sur la voie publique réimpression graphique: Julien Cernoluz - metatexte.fr

**You have personal history and are at high risk of developing breast cancer.**



Specific screening methods are recommended by the High Health Authority (HAS).

Personal history of:	
<b>Breast cancer or ductal carcinoma in situ</b>	<b>An appropriate follow-up will be defined by your general practitioner. It will include a clinical examination and a unilateral or bilateral mammogram,</b> followed or not by an ultrasound, according to a defined schedule.
<b>Atypical ductal or lobular hyperplasia</b>	<b>annual mammography for 10 years,</b> followed or not by an ultrasound. <b>with no changes after 10 years:</b> • mammography with or without ultrasound every 2 years until age 50, then, • starting from <u>age 50</u> : you enter the organized breast cancer screening program until age 74.
<b>High-dose thoracic radiation (Hodgkin's disease)</b>	<b>An appropriate follow-up will be defined by your general practitioner. It will include a clinical examination and a mammogram.</b> life or not of an ultrasound, according to a defined rhythm.

**the examinations to be carried out depend on your medical history; it could be:**

- the same screening tests as those in organized screening, but started at a different age and with closer intervals;
- other detection techniques in addition to or instead of mammography, such as ultrasound or MRI.

If you have a family history of breast cancer with a potentially very high risk.



There is an analysis score for your family tree in depending on your family history (the Eisinger score). It allows you to classify your family risk. Your doctor or a specialist will be able to establish this score. The score determines whether an oncogenetic consultation is indicated, in order to search for a possible mutation genietion.

Family history	Behavior to adopt
<b>Breast cancer in a woman aged 40 to 70 years</b>	<b>Risk to be evaluated</b> based on the number of affected individuals in your surroundings. You should discuss this with your doctor who will establish your Eisinger score and inform you of the appropriate course of action.
<b>Breast cancer in a woman before the age of 39 Breast cancer in a man Ovarian cancer before the age of 70.</b>	<b>The risk can be high or very high. Consultation with a cancer geneticist</b> He assesses your risk level based on your family history and your age. Depending on the results of this initial step, the doctor may consider genetic testing.  • <b>if the BRCA1 mutation (breast) or BRCA2 mutation (breast and ovarian) is confirmed: the risk is very high.</b>
<b>Existence d'une BRCA1 mutation or BRCA2 in family</b>	• <b>if the BRCA1 or BRCA2 mutation has been identified in your family but not found in you: organized screening is recommended if you are over 50 years old.</b> • <b>if the BRCA1 or BRCA2 mutation has not been identified</b> in the family or in case of unrevealed research: the oncogeneticist assesses your personal risk level of breast cancer.

It is recommended that women with breast or ovarian cancer, their first-degree relatives and their nieces be offered breast surveillance identical to that carried out in women with a mutation in the BRCA1 or BRCA2 genes.

Breast cancer screening methods according to age and level of risk



## The risk factors for developing breast cancer

**1**  
**AGE:**  
From the age of 50  
the  
**risk level is average**

- A. Breast cancer occurs predominantly in women aged 50 and over who do not have any specific risk factors other than their age.  
B. Age is the primary risk factor for developing breast cancer.

**2**  
**Personal history**  
for which the  
**RISK LEVEL IS HIGH.**

- A. Invasive breast cancer or ductal carcinoma in situ  
B. Atypical ductal or lobular hyperplasia  
C. High-dose thoracic radiation (Hodgkin's disease)

**3**  
**Family history**  
for which the  
**RISK LEVEL IS POTENTIALLY HIGH**

- A. Breast cancer in a parent.  
B. The risk is doubled when a first-degree relative (father, mother, brother, sister, niece, child – daughter or son) has had breast cancer, and it is quadrupled when two first-degree relatives have had breast cancer before the age of 45. Therefore, the risk increases with the number of family histories and with the early age at diagnosis.  
C. Ovarian cancer.

+ **When there is a history of breast cancer in a man** (father, brother, child), specific monitoring of all first-degree male and female relatives must be conducted.

I do not have any personal or family risk factors. Should I undergo a screening mammography?\*

Screening mammography = breast X-ray

**25 > 49 years**  
**+ than 74 years**

**no mammographic screening is recommended, even in the following situations:**

- type 2 diabetes;
- taking oral contraception;
- first pregnancy after age 30;
- absence of pregnancy;
- having breast implants;
- breast lesions without atypia;
- high radiological breast density;
- early or late menopause;
- current hormone replacement therapy or menopausal hormone therapy.

+ **a clinical breast examination every year (palpation), which must be carried out by a general practitioner, a gynecologist or a midwife**

**however, if one or more of the following signs occur:**

- swelling (a lump);
- skin or nipple retraction;
- inflammation (redness with pain);
- nipple discharge;
- nipple eczema;
- a lymph node under the arm.

**consult your doctor promptly.**

**50 > 74 years**

**A screening mammogram is recommended every 2 years.**

This examination, covered 100% by health insurance with no upfront payment, benefits from a double reading of the radiographic images.

- **from the age of 50 an invitation to have a mammogram will be sent to you** par la structure de gestion en charge des programmes de dépistage des cancers de votre département.
- **If you have not received your invitation** or have misplaced it, you can call the management structure of your department or ask your general practitioner to prescribe a mammogram specifying "organized screening mammography" or "mammogram with double reading".
- **You should make an appointment with a radiologist** of your choice (list attached with the invitation). At the radiology center, you benefit from a clinical examination (palpation) and a screening mammogram.

## The results of the mammography

**If no abnormalities are suspected following the radiologist's review**

- The mammography images are normal and are sent to the management structure responsible for cancer screening in the department for a second reading.

**if no anomaly is detected at the first nor second reading,**

- your mammogram is normal and you will be invited back 2 years later to perform a new screening mammogram.

**if an anomaly is suspected:**

- at the end of the first reading, OR after the 2nd reading, the Radiologist will carry out additional examinations (additional images, ultrasound, biopsy, etc.);
- these examinations are covered under the usual health insurance reimbursement conditions.

+ **In all cases, you and your general practitioner will receive a report informing you of the results.**

