

Breast Cancer Risk Checklist

Breast cancer is a common disease, affecting 1 in 8 American women at some point over their lifetime. As the two strongest risks for breast cancer are being female and getting older, screening is recommended for all women. The American Cancer Society and many other medical organizations recommend screening begin at age 40 and continue for as long as a woman is in good health. Discuss when your mammography screening should begin with your care provider.

Though most breast cancer occurs in women with no known risk factors, there are some risk factors known to increase the chance of getting breast cancer. Not all risk factors carry the same level of risk and having a risk factor DOES NOT mean that you will definitely develop breast cancer.

Please print and complete the checklist, and bring with you to your next health checkup. This can help you and your doctor identify risks that may influence your breast cancer screening.

Factors that mildly increase risk:

1. Do you drink more than 5 oz. of alcohol daily (about the size of a glass of wine)? Yes No
2. Are you of Ashkenazi (Eastern European) Jewish heritage? Yes No
3. Has your mammogram indicated your breasts are heterogeneously dense? Yes No
 I don't know my specific density category
4. Did you begin getting your period at age 11 or younger? Yes No
5. Did (do) you have any menstrual periods after age 54? Yes No Not applicable
6. Were you over 30 years old for your first full-term pregnancy? Yes No Not applicable
7. I have had at least one full-term pregnancy ("no" = a mild increased risk) Yes No
8. Did you or your mother take diethylstilbestrol (DES) while pregnant? Yes No
9. I have breastfed at least one child ("no" = mild increased risk) Yes No
10. If postmenopausal, has your weight increased since menopause, or have you become overweight or obese? Yes, number of pounds gained ___ No Not applicable
11. Have you had a breast biopsy* with a benign/normal (e.g. fibroadenoma or fibrocystic change) or nonatypical results? Yes No

Factors that moderately increase risk:

12. Have you already had breast cancer diagnosed at age 40 or over? Yes No
13. Have you had a biopsy* with an atypical or precancerous result (e.g. atypical ductal hyperplasia (ADH), atypical lobular hyperplasia (ALH) or atypical papilloma)? Yes No
14. Does your mammogram indicate your breasts are extremely dense? Yes No
 I don't know my specific density category

Factors that moderately increase risk:

15. Do you have one first-degree relative (mother, sister, or daughter) diagnosed with breast cancer before age 50? If yes, please bring details of which relative(s) and age(s) of diagnoses to your doctor. Yes No
16. Do you have a family history of ovarian cancer? If yes, please bring details of which relative(s) and age(s) of diagnoses to your doctor. Yes No
17. Are you post-menopausal and taking a combination of estrogen and progesterone hormonal therapy?
 Yes. If yes, starting at what age and for how many years? _____ No
18. Do you have any male relatives (father, brother, or son) diagnosed with breast cancer? Yes No

Factors that strongly increase risk:

19. Are you a woman 60 years of age or older? Yes No
20. Do you have any known disease-causing genetic mutations for breast cancer (e.g. *BRCA1*, *BRCA2* or other)? If yes, please share the results with your healthcare provider. Yes No I don't know
21. Do any family members have any known disease-causing genetic mutations for breast cancer (*BRCA1* or *BRCA2*)? If yes, please share the results with your healthcare provider. Yes No I don't know
22. Were you diagnosed with breast cancer before the age of 40? Yes No
23. Do you have two or more first-degree relatives (mom, sister or daughter) diagnosed with breast cancer before age 50? If yes, please bring details of what relative(s) and at what age diagnosed to your doctor. Yes No
24. Have you had high-dose radiation treatment to chest before the age of 30 (e.g. for treatment for Hodgkin lymphoma)? Yes. How many years ago? _____ No
25. Do you have a personal history of ovarian cancer? Yes No
26. Do you have a personal history of lobular carcinoma in situ (LCIS)? Yes No

***If you have had a biopsy and do not know actual biopsy results, ASK.**

If you are taking medication to decrease your risk of developing breast cancer, please list that medication here: _____

Any other issues/questions you would like to discuss with your provider:

This checklist is for informational purposes only and is not intended to be a substitute for medical advice from a physician. Please check with a physician if you need a diagnosis and/or for treatments as well as information regarding your specific condition. If you are experiencing urgent medical conditions, call 911 (in the U.S.).