

## 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.).