

The American Cancer Society and many other medical organizations recommend a woman consider screening beginning at age 40, and certainly by age 45, and continue for as long as she is in good health.

Though most breast cancer occurs in women with no known risk factors other than being a woman and getting older, there are some other 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.

Breast density can **both** hide (or mask) cancer on a mammogram **and** increase the risk for developing breast cancer. This checklist is designed to identify women at high risk who should, in addition to their 2D/3D mammogram, consider MRI screening for cancer detection. If you are *not* determined to be at high risk by your health care provider, but *have* dense breasts, ultrasound may be considered in addition to 2D/3D mammography because dense tissue can mask cancers.

Please print this checklist to bring 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 result?
 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
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 healthcare provider.
 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 healthcare provider.
 Yes
 No
17. Are you post-menopausal and taking a combination of estrogen and progesterone hormonal therapy?
 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
21. Do any family members 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
22. Were you diagnosed with breast cancer by age 50?
 Yes
 No
23. Were you diagnosed with breast cancer after the age of 50 and do you have dense breasts?
 Yes
 No
24. 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 healthcare provider.
 Yes
 No
25. 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
26. Do you have a personal history of ovarian cancer?
 Yes
 No
27. 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.**

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

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

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.).