## Healthcare Provider Balance Sheet for Breast Cancer Screening

The following is meant to help aid in shared decision making discussions for women deciding whether or not to screen for breast cancer. It is targeted for women aged 45+ who are considered to be at average risk of developing breast cancer.

## Communicating the benefits and risks

Ensure that your patient is well informed about the benefits and risks of screening mammography:

Benefits	Risks		
<b>Lives Saved:</b> Having a regular mammogram is the best way to find breast cancer early when treatment is most	<b>False Positive:</b> Sometimes screening can result in further testing even though no cancer is actually present.		
likely to be successful.	ruturer testing even though no cancer is actuary present.		
Mammograms are Safe and Effective: Mammograms can usually find lumps two or three years before a woman or her healthcare provider can feel them.	<b>Overdetection:</b> A woman may end up receiving treatment for a cancer that never would have become life-threatening had it been left untreated.		
Easier Treatment: Finding breast cancer earlier can often also mean that less invasive treatment is needed.	<b>Missed Breast Cancer:</b> Mammography exams are not perfect and as a result some women may develop breast cancer that does not get detected by screening.		
<b>Peace of Mind:</b> Some women feel better knowing that they are taking steps to detect breast cancer earlier.	<b>Anxiety:</b> Some women may find breast cancer screening stressful due to the potential of finding cancer or the screening procedure itself.		
	Mammograms use Low Doses of Radiation:		
	The benefits of regular mammograms outweigh the risks posed by the small amounts of radiation used.		
	Discomfort: Some women may find mammography		
	unpleasant or even painful. This usually gets better with repeated mammograms and women are advised not to		
	book the week before their menstrual period as that is		
	often when the breasts are most sensitive.		

Alberta Screening Outcome Rates (per 1,000) in 2019

Screened Population	40-49	50-59	60-69	70-74
Cancers Detected	2	4	6	10
False Positive <sup>1</sup>	108	80	65	61
Negative Biopsy <sup>2</sup>	11	8	7	8

## What resources can I refer my patient to learn about breast cancer screening?

Your patient can obtain a booklet about the benefits and risks of breast cancer screening by going to screeningforlife.ca > Breast > Benefits and risks of a mammogram, and clicking on the 'Making an informed decision about breast screening' booklet.

Version April 2022 website: screeningforlife.ca

<sup>&</sup>lt;sup>1</sup> False positive: A screen indicated for further testing (BI-RADS 0, 3, 4, or 5) without a diagnosis of breast cancer or DCIS within 1 year of the screen.

<sup>&</sup>lt;sup>2</sup> Negative biopsy: A biopsy result that shows no cancer is present after a positive mammogram.



## Healthcare Provider Balance Sheet for Breast Cancer Screening

The following shows the different outcomes of 100 women who regularly screened vs 100 women who did not screen...



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<sup>&</sup>lt;sup>3</sup> Women in Alberta aged 50-69 who screened at least twice from 2007 to 2011, based on 5 year survival

<sup>&</sup>lt;sup>4</sup> Women in Alberta aged 50-69 who did not screen from 2007 to 2011, based on 5 year survival