



REMARKS

Woman categories	Mammography	Comment
Aged 40 years and over	Indicated	<p>Randomized controlled trials, population studies and meta-analyses have shown that screening by mammography (MMG) can reduce mortality in breast cancer in women aged 40 years or above.¹⁻⁸ The American Cancer Society recommends starting annual MMG screening at the age of 40 and continuing it though the women are in good health.⁹ The American College of Radiology and the Society of Breast Imaging also recommend women with average risk for breast cancer to start annual screening from age 40.¹⁰ In Sweden, the breast cancer screening programme covers women between 40 and 74 years of age with MMG every two years.</p> <p>Whilst there is evidence of a mortality reduction from MMG screening in women between the ages of 40-50 years, it should be acknowledged that there is no good quality evidence of a mortality reduction from screening women over the age of 70 and the risk of over diagnosis is substantially greater.</p> <p>Advice from clinicians and shared decision making with the women are important. Benefits and risks of screening should be discussed between the women and the clinician. The decision whether “to screen or not” should be taken together according to the woman's values and the clinician’s advice, after the consideration of the presence or absence of known risk factors.¹⁶</p>
Aged under 40 years	Not indicated, except in groups with high-risk or intermediate-risk	<p>There is no evidence of a mortality benefit from MMG screening of women under the age of 35 years. There is also a greater risk of radiation-induced breast cancer from the use of diagnostic X-ray MMG in young women. For these reasons, routine screening of women in this age group in the absence of significant breast cancer risk factors is not recommended unless as part of a formal trial.¹¹</p>

<p>Groups with high-risk or intermediate-risk</p>	<p>Indicated</p>	<p>Women who are at higher-than-average risk of breast cancer should seek medical advice about whether they should receive screening, age to start and the frequency of screening because the risk of developing breast cancer may be sufficiently high to justify MMG screening.¹²</p> <p>Groups with high-risk or intermediate-risk include:</p> <ol style="list-style-type: none"> a. women with a BRCA gene mutation and their untested first- degree relatives¹⁴; b. women with a history of chest irradiation between the ages of 10-30¹⁴; c. women with personal history of breast cancer, lobular neoplasia, atypical ductal hyperplasia¹⁴; d. women with 15% or greater lifetime risk of breast cancer.¹⁴
<p>Augmentation mammoplasty</p>	<p>Indication as per age group and as per risk of woman.</p>	<p>There is no evidence that breast augmentation is associated with an increased incidence of carcinoma. The risk of prosthesis rupture as a result of compression during MMG is extremely small and in practical terms can be discounted.¹³</p> <p>However, sensitivity for cancer detection is lower than in the non-augmented breast. Digital MMG may help.¹⁵</p>

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