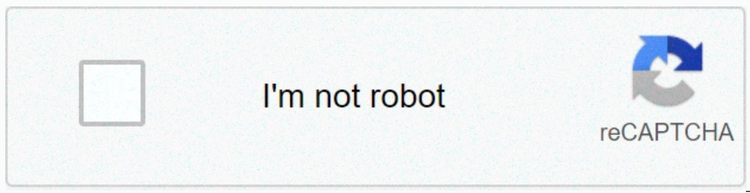

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Mammogram guidelines first degree relative

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Leach MO, Boggis CR, Dixon AK, etc. Screening with magnetic resonance imaging and mammography of the UK population at high family risk of breast cancer: a promising multicenter cohort study (MARIBS) Lancet. 2005;365:1769–78. No, no, no, no, no, no, no, no, [Google scholar]11. Maurice A, Evans DG, Affen J, Greenhalgh R, Duffy SV, Howell A. Observations of women at increased risk of breast cancer through mammography and breast clinical examination: further evidence of benefit. Int J Cancer. 2012;131:417–25. No, no, no, no, no, no, no, no, [Google Researcher]12. Kerlikhovske K, Carney PA, Geller B and others. Performing screening mammography among women with and without a first-degree relative with breast cancer. Anne Trainee Med. 2000;133:855–63. No, no, no, no, no, no, no, no, [Google scientist] Page 2 Search for breast cancer at an early stage and getting modern cancer treatment is the most strategies to prevent breast cancer deaths. Breast cancer, which is detected early when it is small and has not spread, is easier to treat successfully. Getting regular screening tests is the most reliable way to find breast cancer at an early stage. The American Cancer Society has screening guidelines for women at average risk of breast cancer, as well as for those who risk of breast cancer. What are screening tests? The purpose of breast cancer screening tests is to find it before it causes symptoms (e.g., a lump that can be felt). Screening refers to tests and exams used to search for the disease in people who do not have any symptoms. Early detection means identifying and diagnosing the disease earlier than if you were waiting for symptoms to begin. Breast cancer detected during screening examinations is most likely smaller and still limited to breasts. The size of breast cancer and how far it has spread are among the most important factors in the prognosis (perspective) of a woman with the disease. The American Cancer Society's guidelines for screening for women at average breast cancer risk, the COVID-19 Pandemic, led to many elective procedures being put on hold, and this led to a substantial decrease in cancer screening. As your regular health care facility returns to providing cancer screening, it's important that it's done as safely as possible. Learn how you can talk to your doctor and what steps you can take to plan a safe return to regular cancer screening in cancer screening during the COVID-19 pandemic. These are recommendations for women at average risk of breast cancer. For screening purposes, a woman is considered at average risk if she has no personal history of breast cancer, a strong family history of breast cancer, or a genetic mutation known as increased risk of breast cancer (e.g., in the BRCA gene), and did not have a radiotherapy in the chest until she was 30. (The following are recommendations for high-risk women.) Women between 40 and 44 years old have the opportunity to start mammogram screening each year. Women 45 to 54 should receive mammograms each year. Women 55 years and older can switch to a mammogram every year, or they can choose to continue with annual mammograms. Screening should continue as long as the woman is in good health and is expected to live for at least another 10 years. All women should understand what to expect when receiving mammograms for breast cancer screening – what the test can and cannot do. Clinical breast examinations are not recommended for breast cancer screening among middle-risk

women at any age. Mammogram mammograms are low doses of breast X-rays. Regular mammograms can help find breast cancer at an early stage when treatment is most successful. A mammogram can often find changes in the breast that can be cancer years before physical symptoms develop. The results of many decades of research clearly show that women who have regular mammograms are more likely to have breast cancer detected early are less likely to need aggressive treatment, such as breast removal surgery (mastectomy) and and are more likely to be cured. Mammograms are not perfect. They miss some cancers. And sometimes a woman will need more tests to find out if there's anything found on a mammogram or isn't cancer. There is also a small possibility of being diagnosed with cancer that will never be would have caused any problems if it had not been detected during the screening. (This is called superdiagnosis.) It's important that women who get mammograms know what to expect and understand the benefits and limitations of screening. In recent years, a new type of mammogram called digital breast tomosine (commonly known as 3D] mammography has become much more common), although it is not available in all breast imaging centers. Many studies have found that 3D mammography appears to reduce the likelihood of being called back for further tests. It also appeared to find more breast cancer, and several studies have shown that it can be beneficial in women with denser breasts. A large study is currently underway to better compare outcomes between 3D mammograms and standard (2D) mammograms. It should be noted that 3D mammograms often cost more than 2D mammograms, and this added value may not be covered by insurance. The American Cancer Society's breast cancer screening guidelines are thought to have had either a 2D or 3D mammogram, both in line with current screening guidelines. The ACS also believes that women should be able to choose between 2D and 3D mammography if they or their doctor believes that one would be more suitable and that out-of-pocket expenses should not be an obstacle in order to have any of them. Clinical Examination of Breast and Self-Different Breast Studies showed no clear benefit of regular physical breast exams done either by a healthcare professional (clinical breast exams) or by women themselves (breast self-connoit). There is very little evidence that these tests help find breast cancer early when women also get mammogram screening. Most often, when breast cancer is detected due to symptoms (e.g., lump), a woman shows symptom during normal activities such as bathing or dressing. Women should be familiar with how their breasts usually look and feel, and should report any changes to the health professional right away. (While the American Cancer Society does not recommend regular clinical examinations of breast or breast self-help as part of the usual breast cancer screening schedule, this does not mean that these exams should never be done. In some situations, especially for women at higher risk, for example, health professionals can still offer clinical breast examinations as well as provide advice on risk and early detection. , making regular self-tracking as a way to keep track of how their breasts look and feel. But it's important to understand that there is very little evidence that doing these exams is usually useful for women at average risk of breast cancer.) American Cancer Society's guidelines for screening for high-risk women at high risk of breast cancer based on certain factors, receive BREAST MRI and mammogram every year, usually starting from the age of 30. This includes women who: Have a lifetime risk of breast cancer of about 20% to 25% or more, more, risk assessment tools based mainly on family history (see Below) Have a known BRCA1 or BRCA2 gene mutation (based on genetic testing) Have a first-degree relative (father, brother, sister or child) with the BRCA1 or BRCA2 gene mutation, and did not have genetic testing themselves Had chest radiotherapy when they were between the ages of 10 and 30 have Lee-Fraumeni syndrome , Cowden syndrome or Bannayan-Riley-Ruvalcab syndrome, or have first-degree relatives with one of these syndromes the American Cancer Society recommends against MRI screening for women whose risk of breast cancer is less than 15%. There is not enough evidence to make a recommendation for or against annual MRI screening for women who have a higher risk of life based on certain factors, such as: If mri is used, it should be in addition to, not instead of mammogram screening. This is because while MRI scans are more likely to detect cancer than a mammogram, it can still miss some of the cancers that a mammogram will detect. Most high-risk women should start screening for MRI scans and mammograms when they are 30 years old, and continue as long as they are in good health. But a high-risk woman must decide to start with her health workers taking into account her personal circumstances and preferences. Tools Used to Assess Breast Cancer Risk Several risk assessment tools are available to help health professionals assess a woman's breast cancer risk. These tools provide approximate, rather than accurate, assessments of breast cancer risk based on different combinations of risk factors and different datas sets. Because different tools use different factors to assess risk, they can give different risk assessments for a single woman. Two models can easily give different ratings for one and one person. Risk assessment tools, which include a family history in first-degree relatives (parents, siblings and children) and second-degree relatives (such as aunts and cousins) on both sides of the family, should be used with ACS recommendations to decide whether a woman should have an MRI screening. The use of any of the risk assessment tools and its results should be discussed by a woman with her healthcare professional. Provider.