

Breast Cancer Risk Assessment Tool

EXPLAINING THE QUESTIONS

Question 1: Do you have a medical history of any breast cancer or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS)?

EXPLANATION—A medical history of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS) increases the risk of developing invasive breast cancer. The method used by the Breast Cancer Risk Assessment Tool to calculate the risk of invasive breast cancer is not accurate for women with a history of DCIS or LCIS. In addition, the tool cannot accurately predict the risk of another breast cancer for women who have a medical history of breast cancer.

Question 2: What is your age?

EXPLANATION—The risk of developing breast cancer increases with age. The great majority of breast cancer cases occur in women older than age 50. Most cancers develop slowly over time. For this reason, breast cancer is more common among older women. Note: This tool only calculates risk for women 35 years of age or older.

Question 3: What was your age at the time of your first menstrual period?

EXPLANATION—Women who had their first menstrual period before age 12 have a slightly increased risk of breast cancer. The levels of the female hormone estrogen change with the menstrual cycle. Women who start menstruating at a very young age have a slight increase in breast cancer risk that may be linked to their longer lifetime exposure to estrogen.

Question 4: What was your age at your first live birth of a child?

EXPLANATION—Risk depends on many factors, including age at first live birth and family history of breast cancer. The relationship of these two factors is shown in the following table of Relative Risks:

AGE AT FIRST LIVE BIRTH	AFFECTED RELATIVES = 0	AFFECTED RELATIVES = 1	AFFECTED RELATIVES = 2
20 or younger	1	2.6	6.8
20–24	1.2	2.7	5.8
25–29 or no child	1.5	2.8	4.9
30 or older	1.9	2.8	4.2

For women with 0 or 1 affected relative, risks increase with age at first live birth.

For women with 2 or more first degree relatives, risks decrease with age at first live birth.

Question 5: How many of your 1st degree relatives—mother, sisters, daughters—has had breast cancer?

EXPLANATION—Having one or more first-degree relatives (mother, sisters, daughters) who have had breast cancer increases a woman's chances of developing this disease.

Question 6: Have you ever had a breast biopsy? How many previous breast biopsies (positive or negative) have you had? Have you had at least one breast biopsy with atypical hyperplasia?

EXPLANATION—Women who have had breast biopsies have an increased risk of breast cancer, especially if their biopsy specimens showed atypical hyperplasia. Women who have a history of breast biopsies are at increased risk because of whatever breast changes prompted the biopsies. Breast biopsies themselves do not cause cancer.

Question 7: What is your race/ethnicity?

EXPLANATION—While race/ethnicity is included in the calculation, it does not influence breast cancer risk as much as other factors. Most of the data used to estimate risk are from white women who participated in a clinical study. Therefore, the risk of developing breast cancer for black women may be underestimated using this tool. The risk estimates for black and Hispanic women are subject to greater uncertainty than those for white women. Calculations for American Indian, Alaskan Native, Asian, and Pacific Islander women are based on the rates for white women and may not be accurate. Researchers are conducting additional studies, including studies with minority populations, to gather more data and to increase the accuracy of the tool for women in these populations

EXPLAINING THE RESULTS

The Breast Cancer Risk Assessment Tool will estimate a woman's risk of developing invasive breast cancer during the next 5-year period and up to age 90 (lifetime risk) based on the woman's age and the risk factor information provided. For comparison, the tool will then calculate 5-year and lifetime risk estimates for a woman of the same age who is at average risk for developing breast cancer. Lifetime risk estimates are higher than 5-year estimates because breast cancer risk increases with years at risk.

Risk estimates calculated by the tool are estimates of absolute breast cancer risk. Absolute breast cancer risk is the chance or probability of developing invasive breast cancer in a defined age interval. One way to evaluate the accuracy of the risk estimate is to determine whether it correctly predicts average risk in a group of women with the same risk factors and age. The Breast Cancer Risk Assessment Tool does predict such average risks well.

Although a woman's risk may be accurately estimated, these predictions do not allow one to say precisely which woman will develop breast cancer. In fact, the distribution of risk estimates for women who develop breast cancer overlaps the estimates of risk for women who do not.

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