

# IDENTIFYING YOUR RISK FOR BREAST CANCER

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

There are several ways to assess your risk for breast cancer. 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 develop breast cancer.

You can utilize one of the two evaluations below to assess your risk.

1. An online tool that can be utilized is The Gail Model Assessment tool. You can fill-out this assessment on the National Cancer Institute Website at <https://bcrisktool.cancer.gov/>
2. You can fill-out the following assessment to bring with you to your doctors appointment. It can help you and your doctor identify risks that may influence your breast cancer screening. The screening risk assessment tool is part of dense breast-info.org. If you would like to read more on the subject of dense breast tissue, please visit the site <https://densebreast-info.org>

**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            or            No

**2.** Are you of Ashkenazi (Eastern European) Jewish heritage?

Yes            or            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            or            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            or            No

**8.** Did you or your mother take diethylstilbestrol (DES) while pregnant?

Yes            or            No

**9.** I have breastfed at least one child ("no" = mild increased risk)

Yes            or            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            or            No

**Factors that MODERATELY increase risk:**

**12.** Have you already had breast cancer diagnosed at age 40 or over?

Yes            or            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            or            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            or            No

**16.** Do you have a family history of ovarian cancer? If yes, please bring details to your healthcare provider.

Yes            or            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            or            No

**Factors that STRONGLY increase risk:**

**19.** Are you a woman 60 years of age or older?

Yes            or            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

**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            or            No

**23.** Were you diagnosed with breast cancer after the age of 50 and do you have dense breasts?

Yes            or            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            or            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            or            No

**27.** Do you have a personal history of lobular carcinoma in situ (LCIS)?

Yes            or            No

***\*If you have had a biopsy and do not know actual biopsy results, ASK.***

*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.).*