Breast Cancer Risk

Most cancers occur by chance. However, some factors may increase your risk for breast cancer. Having a risk factor does **not** mean you will get breast cancer. Having a risk factor means your risk is higher than a woman with average risk of your same age.

Some risk factors you can change, while other risk factors you cannot. Knowing how much each risk factor contributes to breast cancer is difficult. Read this handout to learn about risk factors for breast cancer and steps you can take to help lower your risk.

Risk factors you cannot change

- Gender. Being a woman is the main risk factor for developing breast cancer. The disease is about 100 times more common in women than in men.
- **Age.** Your risk of developing breast cancer increases with age.
- Family history. Having a family member with breast cancer increases your risk. However, about 85 percent of women (about 8 out of 10) diagnosed with breast cancer do **not** have a family history of the disease.

The highest family history risk factor is if your mother or sister had breast or ovarian cancer before menopause. Talk with your clinician about seeing a genetic counselor (health care specialist trained to talk about genetic disorders) if you have:

- » Two or more close relatives with breast or ovarian cancer.
- » A mother or sister with a premenopausal breast cancer.
- » Male relatives with breast cancer.
- Genetic factors. About 5 to 10 percent of breast cancers (about 5 to 10 out of 100) are thought to be caused by gene errors (mutations). Mutations in the BRCA1 and BRCA2 genes can increase risk for breast cancer.

To learn more about your personal risk for breast cancer:

- Talk with your clinician.
- See a nurse practitioner at the Jane Brattain Breast Center for a risk assessment. To make an appointment, call 952-993-3700.
- » If you have family members with a BRCA1 or BRCA2 gene mutation, or if you have concerns about genetics, talk with your clinician about whether to see a genetic counselor.
- Race and ethnicity. White women are more likely to develop breast cancer. But African American women are more likely to have a more advanced cancer (cancer that has spread to other parts of your body).
- Dense breast tissue. Breasts are made up of fat, glands and fibrous tissue. If you have a lot of fibrous or glandular tissue, your breasts are considered dense. Breast density is determined by the radiologist who reads your mammogram. About half of all women have dense breasts. Learn more about breast density and cancer risk on the next page.

Breast density and cancer risk

Having dense breasts slightly increases your risk of developing breast cancer. Also, dense breasts can make it more difficult for radiologists to find certain types of breast cancer on a mammogram.

Mammograms

If you have dense breasts, having a mammogram is still important.

- Many breast cancers can be seen on a mammogram, even in dense breasts.
- Mammograms are the only imaging test found to decrease deaths caused by breast cancer.
- Clinicians at the Park Nicollet Jane Brattain Breast Center recommend starting yearly mammograms at 40 years old.

If you have dense breasts, discuss your overall breast cancer risk with your clinician. Or, make an appointment for a breast cancer risk assessment at the Jane Brattain Breast Center. Together, you and your clinician can decide if additional screenings are right for you.

Other tests

Experts do not agree if having other tests in addition to screening mammograms is needed for women with dense breasts. Other tests are available at Park Nicollet if you are at increased risk. However, these tests:

- May show abnormal findings that might not be cancer.
- Can lead to more testing and biopsies (taking samples of breast tissue).
- Might not be covered by your health insurance.

Regardless of your breast density, if you have a very high risk of breast cancer, studies support screening with mammograms and breast magnetic resonance imaging (MRI).

Risk factors you cannot change (continued)

- Previous high-risk breast biopsy. If you had a breast biopsy that showed atypical (abnormal) cells, you have a higher risk of developing breast cancer. If you have had an atypical biopsy, talk with your clinician about those results and any other risk factors. Together you can decide on a screening strategy that is right for you.
- Menstrual periods. You have a slightly higher risk for breast cancer if you:
 - » Start menstruating before 12 years old.
 - » Go through menopause after 55 years old.
- **Previous chest radiation.** If you had radiation to your chest area for treatment of another cancer, you have an increased risk for breast cancer. This risk is highest if you have radiation before you are 30 years old. After having chest radiation:
 - » Begin breast cancer screening 5 to 8 years after finishing treatment, or at 25 years old, whichever is later.
 - » Recommended screenings include mammograms, clinical breast exams and breast MRI.
- Exposure to diethylstilbestrol. From 1940 to 1971, some women were given diethylstilbestrol (DES) to prevent miscarriage and other pregnancy complications. These women and their children have a slightly higher risk for breast cancer.
- Personal history of breast cancer. If you
 have already had cancer in 1 breast, you have an
 increased risk of developing a new cancer in a
 different part of that breast or in your other
 breast.

Risk factors you can change

- Lifestyle factors. Making healthy lifestyle changes can reduce your risk for breast cancer. These changes also may improve your overall health. Factors related to breast cancer risk include:
 - » **Alcohol use.** The more alcohol you drink, the greater your risk for breast cancer.
 - » Weight. The connection between weight and breast cancer risk is complex, but being overweight increases breast cancer risk.
 - » Physical activity. Research shows that regular physical activity reduces your risk for breast cancer.
- When you have children. You have a slightly higher risk for breast cancer if you:
 - » Have your 1st child after you are 30 years old.
 - » Have not had children.
- **Birth control.** Research has provided conflicting results on whether oral contraceptives (birth control pills) and Depo-Provera (birth control shot) increase breast cancer risk. Doctors are unsure whether a link exists between these types of birth control and breast cancer.
- Hormone therapy. The 2 types of hormone therapy for reducing symptoms of menopause are combined therapy (estrogen and progestin) and estrogen-only therapy.
 - » Combined therapy after menopause has been shown to increase breast cancer risk.
 - » Estrogen-only therapy does not appear to increase risk.

Talk with your clinician if you have questions about the risks and benefits of hormone replacement therapy.

Resources

- American Cancer Society
 - » Breast Cancer Risk and Prevention cancer.org/cancer/breastcancer/ detailedguide/breast-cancer-risk-factors
 - » Breast Density and Your Mammogram Report cancer.org/cancer/breast-cancer/ screening-tests-and-early-detection/ mammograms/breast-density-and-yourmammogram-report.html
- American College of Radiology
 Breast Density: Breast cancer screening acr.org/-/media/ACR/Files/Breast-Imaging-Resources/Breast-Density-bro_ACR_SBI.pdf
- California Breast Density Information Group Answers to frequently asked questions about breast density and breast cancer risk. breastdensity.info

Phone number

 Park Nicollet Jane Brattain Breast Center 952-993-3700



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