

Lowering the Breast Screening Age to 40 for Women in Saskatchewan

Quick Information for Providers

What is Cancer Screening?

Cancer screening means finding cancer or signs of cancer before symptoms appear - when it is likely to be more treatable and there are better chances of recovery.

Important Facts to Consider

- *Among Canadian women, breast cancer is the most diagnosed cancer and the second leading cause of cancer death. Breast cancer screening programs aim to detect the cancer early, before symptoms develop, to reduce mortality and morbidity.*
- *Breast cancer is less common in younger women, but its incidence increases with age. In younger, premenopausal women, it grows faster due to the presence of ovarian hormones.*
- *85 per cent of women diagnosed with breast cancer have no family history or other known risk factors.*
- *The number of women who are getting breast cancer in their 40s is increasing, which is one of the reasons the U.S. task force changed its guidelines.*
- *A Canadian study has found that, compared to white women, women from certain racialized groups are more likely to develop breast cancer under the age of 50 and more frequently diagnosed at a later stage.*
- *A 2022 Canadian study found between 2010 and 2017, Canadian women aged 40–49 were diagnosed with more stage two and three breast cancers than women 50–59 years old. In the same period, women 40–49 years old in provinces that screened that age bracket were diagnosed with significantly fewer stage two, three and four breast cancers than those living in the comparator provinces.*
- *A 2014 study published in the Journal of the National Cancer Institute, including 2.8 million Canadian women, found that those who have mammograms starting at age 40 were 40 per cent less likely to die of breast cancer than women who don't have mammograms.*

For more important facts and figures about Breast Cancer in Canada, see [Appendix A](#).

The Decision to Participate: An Informed Decision

The decision to participate in breast cancer screening or not should be up to individuals, but to inform that decision, they need accurate, unbiased and accessible information regarding the benefits, limitations and potential harms associated with screening. Understanding the complete picture of your individual breast cancer risk is an important part of informed decision-making.

[Appendix B](#) refers to the lifetime effects of screening at age 40 compared to age 50.

Understanding Personal Risk Age 40-49

- **Age:** People aged 40 to 49 generally have a lower chance of getting breast cancer than people aged 50 and older.
- **Race/Ethnicity:** Some research shows that the chances of getting breast cancer or dying from breast cancer can vary for people of different races and ethnicities. Data from Canadian populations shows that non-white females are diagnosed with and die from breast cancer at a younger age than white females. However, there is not enough research to make specific breast cancer screening recommendations for people of different races and ethnicities.
- **Other:** Those with a personal or family history of breast cancer, known BRCA gene mutations, dense breasts, other genetic conditions or those who are known to have other lifestyle factors linked to cancer may be at higher risk.

Understanding Some of the Risks of Cancer Screening

- **False positives:** Results may indicate an abnormality when there is none. This may lead to unnecessary followups, surgeries, and cause increased stress and anxiety during this time.
- **False negatives:** Results may be normal when there are precancerous or cancerous lesions present. This may lead to missed or delayed diagnoses and/or treatments.
- **Overdiagnosis:** Results may find cases of cancer that are very slow-growing and not expected to cause any problems during the patient's lifetime. This may lead to treatment that does not benefit the patient or has unintended consequences for the patient.
- **False reassurance:** A negative result does not mean the patient is at lower risk of cancer.
- **Pain or discomfort:** The patient may experience uncomfortable pressure during a mammogram.
- **Exposure to radiation:** The benefits of regular breast screening outweigh the risks posed by the small amount of radiation the patient is exposed to. The chances of getting cancer through repeated radiation exposure are very low.

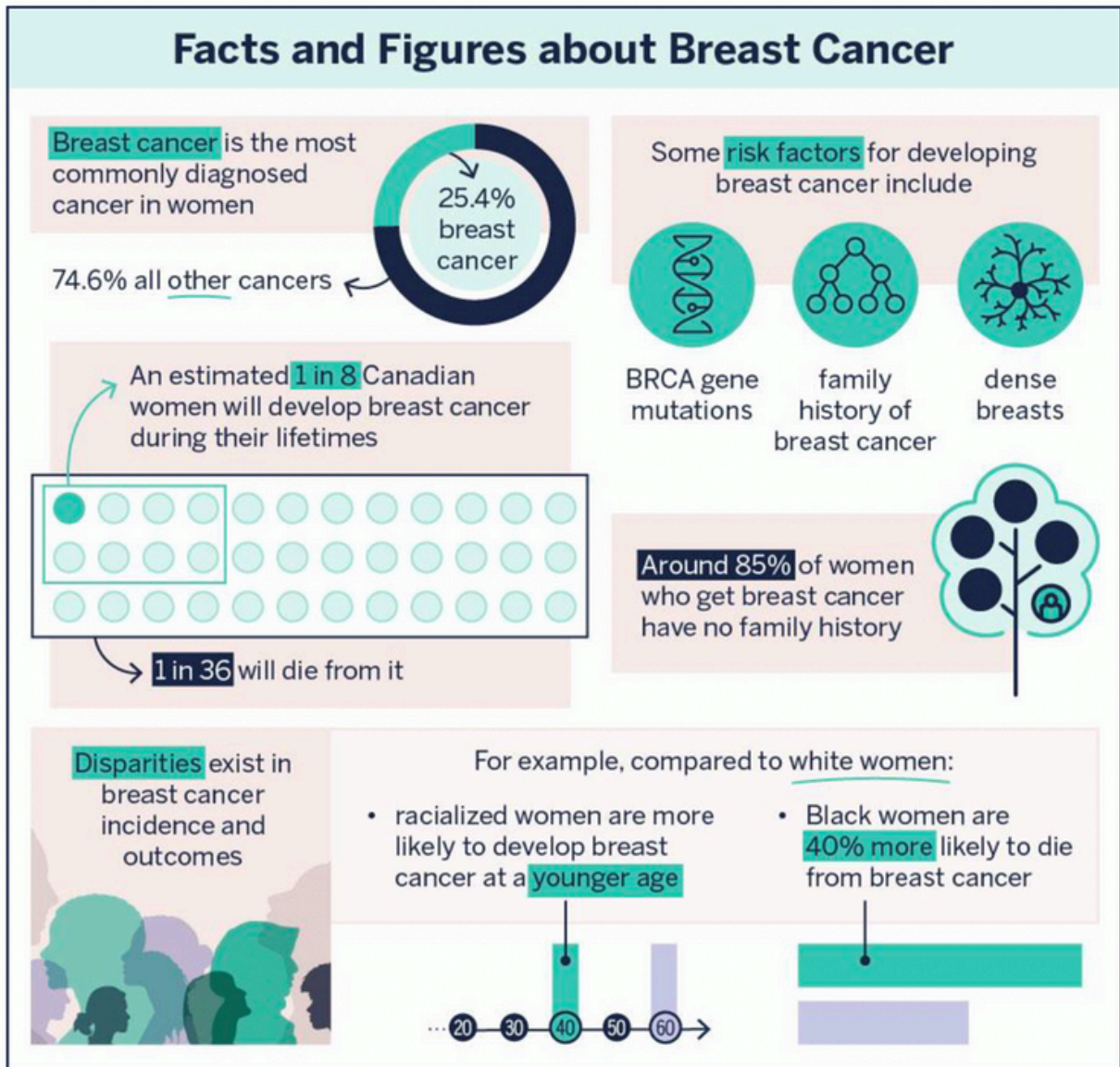
The Canadian Task Force on Preventive Health Care does not recommend routine mammograms for women in their 40s, which is due to one of the concerns about overdiagnosis. The benefits and harms of breast screening for ages 40-49 over ten years are further highlighted in [Appendix C](#).

Is My Patient Eligible for a Screening Mammogram?

Screening mammograms are available to most women 40 years and older with no symptoms. Saskatchewan is introducing a phased approach starting in January 2025. See [Appendix D](#) for more information on screening guidelines for average-risk women.

Followup Care

If your patient has a negative test result, encourage them to monitor their health, be aware of any changes and continue behaviours that will lower their cancer risk. If a patient is experiencing symptoms, refer them for diagnostic testing to determine the cause of the symptom(s), regardless of the screening test result. A screening test result is not required for referral.



Source: Prepared by the Library of Parliament using information from the evidence.

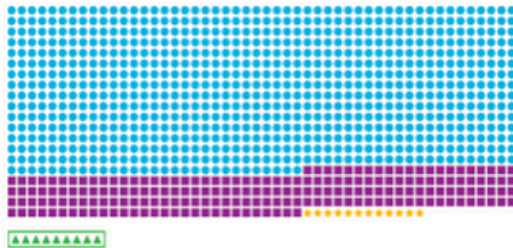
House of Commons: Saving More Lives: Improving Guidance, Increasing Access and Achieving Better Outcomes in Breast Cancer Screening. (2024). https://publications.gc.ca/collections/collection_2024/parl/xc62-1/XC62-1-1-441-23-eng.pdf

How starting screening at age 40 compares with starting at age 50

The lifetime effects of participating in regular breast cancer screening every 2 years may be different depending on whether people start screening at age 40 or age 50.

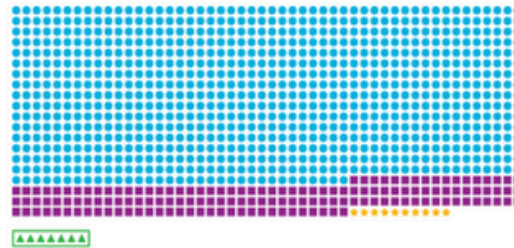
If 1,000 women **start screening at age 40**
(Each shape represents one person)

- 779 people will not experience any serious harms from breast cancer screening
- Up to 200 unnecessary biopsies will occur over their lifetimes
- ★ 12 cases of overdiagnosis will occur over their lifetimes
- ▲ Up to 9 deaths from breast cancer will be avoided over their lifetimes



If 1,000 women **start screening at age 50**
(Each shape represents one person)

- 833 people will not experience any harms from breast cancer screening
- Up to 150 unnecessary biopsies will occur over their lifetimes
- ★ 10 cases of overdiagnosis will occur over their lifetimes
- ▲ Up to 7 deaths from breast cancer will be avoided over their lifetimes



The infographic (see note 2) shows estimated data based on modelling that tries to predict the results of participating in regular breast cancer screening. It predicts outcomes for two groups of 1,000 women. One group starts screening regularly at age 40 and the other group starts at age 50.

The group that starts screening at age 40 has fewer deaths, but also has more false-positive results, more unneeded biopsies and more over-diagnosis. The group that starts screening at age 50 is likely to experience fewer harms from breast cancer screening.

You can talk to your family doctor, nurse practitioner or a Health811 navigator about this information to help you make an informed decision about breast cancer screening.

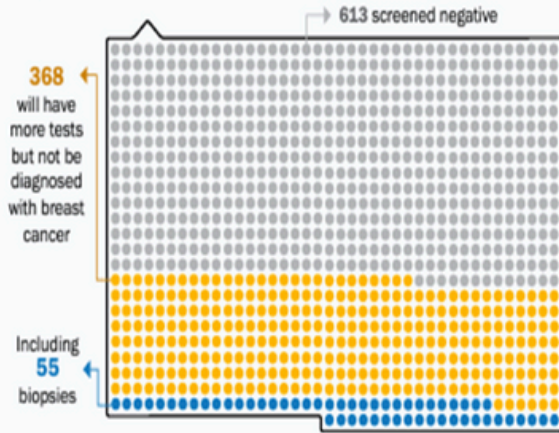
Note: The numbers in this graphic are taken from a model of breast cancer screening programs in the United States. These results may not apply to Canadian populations due to the differences between our health care systems.

Source: Cancer Care Ontario (<https://www.cancercareontario.ca/en/types-of-cancer/breast-cancer/screening/ages-40-49-what-you-need-to-know>)

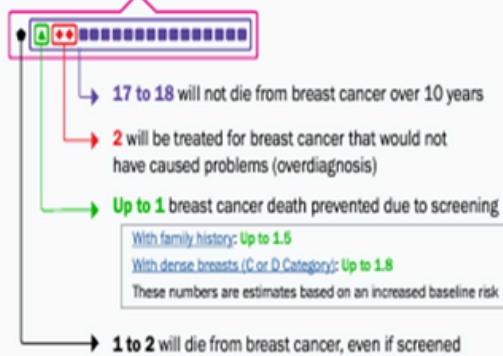
Benefits and Harms of Breast Cancer Screening Over 10 Years

Screening (Mammogram) for 1000 people ages 40-49

981 not diagnosed with breast cancer



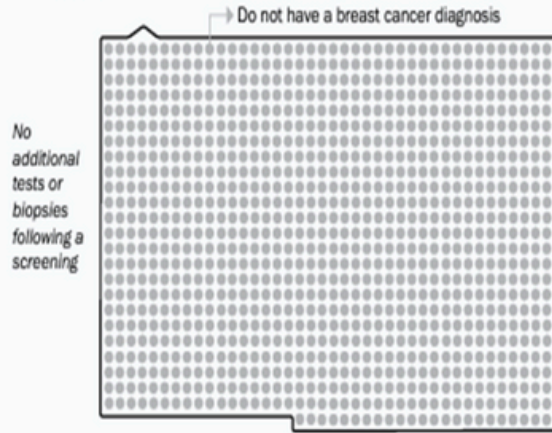
19 diagnosed with breast cancer



Note: Women in both the screened and unscreened groups may need testing if they experience symptoms. Rounded figures presented are estimates of the available evidence. For a full breakdown, please review the [full draft recommendations](#).

No screening for 1000 people ages 40-49

983 not diagnosed with breast cancer



17 diagnosed with breast cancer



Source: Canadian Task Force on Preventive Health Care (2024). https://canadiantaskforce.ca/wp-content/uploads/2024/09/Breast-Cancer-Update-Draft-Recommendations_v4.pdf

Average Risk Screening Guidelines

Should my patient get a screening mammogram?

Patient Characteristics	Recommendation	Referral
Age 39 and younger	Routine screening mammogram is not recommended for those at average risk.	
Age 40 to 49	Screening mammography is available every two years. Benefits and harms of screening should be discussed with patients to support an informed decision.	No referral required. Patients will not receive an invitation letter to book an appointment. Patients interested in receiving a mammogram can call 1-855-584-8228 to book their screening mammogram. Patients who are pregnant or breastfeeding are eligible to book an appointment.
Age 50 to 74	Routine screening mammogram every two years.	No referral required. Patients will receive a letter every two years to remind them to make their appointment. Patients can call 1-855-584-8228 to book their screening mammogram.
Age 75 and older	Screening mammography is available every two years. Benefits and harms of screening should be discussed with patients to support an informed decision.	No referral required. Patients will not receive an invitation letter to book an appointment. Patients interested in receiving a mammogram can call 1-855-584-8228 to book their screening mammogram.
Special Considerations		
Symptomatic	Perform a clinical breast exam to aid with assessment.	Refer to a diagnostic centre for a diagnostic mammogram, ultrasound and/or surgical consultation.
Breast implants	Not eligible for a screening mammogram.	Refer to a diagnostic centre for screening.
New breast cancer diagnosis	Not eligible for a screening mammogram.	Refer to a surgeon for consult. Referral to the Saskatchewan Cancer Agency is required either by the healthcare provider or surgeon.
Post-breast cancer diagnosis	Eligible for screening mammogram five years post-diagnosis and breast cancer free.	No referral required. Patients can call 1-855-584-8228 to book their screening mammogram.
Pregnancy and/or breastfeeding	Screening mammogram is considered safe. Benefits and harms including increased discomfort and decreased test sensitivity should be discussed with patients to support and informed decision.	No referral required. Patients interested in receiving a mammogram can call 1-855-584-8228 to book their screening mammogram.