National Comprehensive Cancer Network®

2026

NCCN Guidelines for Patients®

Cancer care recommendations from leading experts at the National Comprehensive Cancer Network® (NCCN®)

Breast Cancer Screening and Diagnosis



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NCCN Guidelines for Patients®

The essential guide for people facing cancer.

Based on care recommendations from leading cancer experts.

Explains high-quality cancer care provided at state-of-the-art cancer centers.

Reviewed and revised every year.

Did you know that top cancer centers across the United States work together to improve cancer care? This alliance of leading cancer centers is called the National Comprehensive Cancer Network® (NCCN®).

Because cancer care is always evolving, NCCN develops and frequently updates evidence-based cancer care recommendations used by health care providers worldwide. These recommendations are known as the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®).

The NCCN Guidelines for Patients plainly explain these expert recommendations, so you can talk with your care team about the best care for you.

These NCCN Guidelines for Patients are based on the NCCN Guidelines® for Breast Cancer Screening and Diagnosis, Version 1.2026 — March 5, 2026.

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About breast cancer screening and diagnosis

5 Why is breast cancer screening important?

5 What are the parts of the breast?

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This guide will help you learn about imaging tests used for breast cancer screening and diagnosis, when to start breast cancer screening, and what to do if you have signs or symptoms that might require further testing.

Why is breast cancer screening important?

Breast cancer screening aims to find breast cancer early. Breast cancer found earlier is often treated more successfully, reducing the risk of dying from breast cancer. This guide covers screening recommendations for people assigned female at birth. It also discusses screening and testing options for people who are pregnant or lactating (breastfeeding), and those with breast pain, nipple discharge, changes in the skin, lumps, or other symptoms that require further testing.

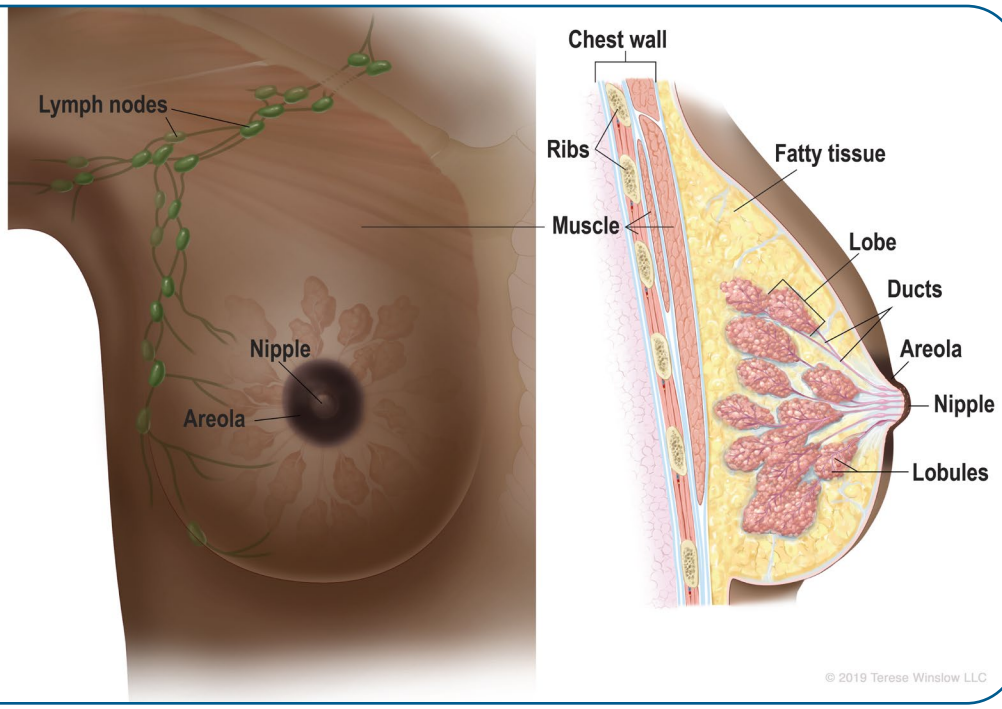
What are the parts of the breast?

The breast is made of milk ducts, fat, nerves, lymph and blood vessels, ligaments, and other connective tissue. Behind the breast is the pectoral (chest) muscles and rib bones. Muscles and ligaments help hold the breast in place.

Breast tissue contains glands that can make milk. These milk glands are called lobules. Lobules look like tiny clusters of grapes. Small tubes, called ducts, connect the lobules to the nipple. A terminal lobular unit (TDLU) consists of a lobule connected to the end of a milk duct.

The breast

The breast is made up of milk ducts, fat, nerves, blood vessels, lymph vessels, ligaments, and other connective tissue.



The ring of darker breast skin is called the areola. The raised tip within the areola is called the nipple. The nipple-areola complex is a term that refers to both parts.

Where does breast cancer start?

Most breast cancers start in cells that make up the lining (epithelial cells) in the terminal duct lobular units (TDLUs) of the breast.

The most common types of breast cancer are ductal and lobular carcinoma.

- **Ductal carcinoma** starts in the cells that line the milk ducts. Ductal carcinoma is the most common type of breast cancer.
- **Lobular carcinoma** starts in the lobules (milk glands) of the breast.

What's in this guide?

This chapter provides a brief overview of the importance of breast cancer screening.

Other chapters in the guide explain:

- Types of breast imaging tests and how doctors categorize findings on imaging tests
- How risk of developing breast cancer is calculated and when to start breast cancer screening for people at average and higher-than-average risk
- Why it's important to continue breast cancer screening during and after pregnancy and when you might need more tests
- When you should see a health care provider or get further testing

People assigned male at birth

Anyone can develop breast cancer, including people assigned male at birth. Although there are some differences between breast cancers in people assigned male and those assigned female at birth, treatment is very similar for all genders.

People assigned male at birth don't have regular mammogram screening. However, if you feel a lump, have focused breast pain, or a change in the size or shape of 1 breast, then see your health care provider and read about recommended tests in *Chapter 5: What to do when you have symptoms*.

Transgender people

Transgender people should consult their primary care physician to determine when or whether screening would be appropriate. However, if you feel a lump, have focused breast pain, or have a change in the size or shape of 1 breast, then see your health care provider and read about recommended tests in *Chapter 5: What to do when you have symptoms*.

How can I get the best care?

Advocate for yourself. You have an important role to play in your health care. Many people feel more satisfied when they actively take part in planning their care.

The NCCN Guidelines for Patients will help you play a larger role in your care. Discuss the recommendations in this guide with your care team. Ask questions about your options and share your goals and concerns.

Don’t know what to ask? You’re not alone. That’s why we include suggested questions to ask at the end of chapters.

Keep reading to find the best care for you.

How this guide can help you

Patients, doctors, and other health care professionals trust the NCCN Guidelines for Patients. This guide uses clear, everyday language to explain current breast cancer screening recommendations made by respected experts in the field. Their recommendations are based on the latest research and practices at leading cancer centers.

Your health is unique to you, so your health care should be, too. As you read this guide, you’ll learn which options are likely to provide the best results for you. And you’ll be better prepared to talk with your care team.

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Screening and diagnostic tests

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This chapter provides an overview of imaging tests used for breast cancer screening and diagnosis. It includes an explanation of BI-RADS imaging results and breast density.

Overview

In this chapter, you'll find information about mammograms and other breast imaging tests, and learn the difference between screening and diagnostic tests. You'll also find information on how tests are interpreted and what those results mean for your follow-up care.

What's the difference between screening and diagnostic tests?

- **Screening** is done on a regular basis when there are no symptoms. For example, an annual screening mammogram is done once a year to detect breast cancer or anything abnormal before you have symptoms.
- **Diagnostic tests** are done when there are signs or symptoms, such as a lump that can be felt in the breast, changes in the skin of the breast or nipple, or nipple discharge. With breast symptoms, diagnostic mammograms and breast ultrasounds are used most often. A diagnostic mammogram is also done when a finding seen on a screening mammogram needs further testing. A breast ultrasound is often performed with a diagnostic mammogram.

A radiologist is a medical doctor who interprets screening and diagnostic imaging tests. They will send a report to your health care provider. **The radiologist determines the best imaging methods according to current guidelines.**

Mammogram

A mammogram uses x-rays and a computer to make detailed pictures of the inside of your breast.



General health tests

Medical history

A medical history is a record of the general state of your health. It asks about past and current health conditions. Bring a list of old and new medicines and any over-the-counter medicines, herbals, or supplements you take.

Family history

Some cancers and other diseases can run in families. Your health care provider will ask the health history of family members who are blood relatives. This information is called family history. Ask members on both sides of your family about their health issues, like heart disease, cancer, and diabetes, and at what age they were diagnosed. It's important to know their specific type of cancer, where the cancer started, if it's in multiple locations, and if they had genetic testing.

Clinical breast exam

A clinical breast exam is a physical exam of the bare breast performed by a health care provider to check for lumps or other changes. It's done while you're seated or lying down. Your provider should take time to examine the entire breast, including the armpit. You can ask a nurse or assistant to be in the room during the exam.

Health care providers

During regular health checkups and breast cancer screening, you might come in contact with the following health care providers (HCPs):

- **Primary care provider (PCP) or physician** gives a wide range of care, including prevention and treatment.
- **Advanced practice providers** are nurse practitioners, physician assistants, and certified nurse midwives who can help prevent, evaluate, examine, and diagnose human disease, including breast cancer.
- **Radiologist** is a doctor who interprets the results of mammograms, MRIs, and other imaging tests, and performs needle biopsies. The radiologist determines the best imaging methods according to current guidelines.
- **Mammogram, MRI, and ultrasound technologists** operate the mammogram unit, or MRI and ultrasound machine.
- **Genetic counselors** provide expert guidance on how your family history and DNA influence your health.
- **Breast specialist** is an expert in breast health and disease.
- **Gynecologist** is a doctor who diagnoses and treats diseases of the female reproductive organs.
- **Obstetrician** is a doctor who specializes in pregnancy and in childbirth.
- **Pathologist** is a doctor who analyzes the cells, tissues, and organs removed during a biopsy or surgery.

Mammogram

A mammogram uses low-dose x-rays to take pictures of the inside of your breast to look for cancer or other changes in breast tissue. A mammogram can be used for screening or diagnosis. A bilateral mammogram takes pictures of both breasts.

Screening mammograms are annual preventive exams—done every year to find cancers before they become large enough to be felt or cause symptoms. Diagnostic mammograms are done when there are signs or symptoms in the breast or armpit. A diagnostic mammogram is also done when a finding seen on a screening mammogram needs further testing. A screening mammogram appointment only takes about 10 to 20 minutes, while a diagnostic mammogram can be longer.

Both screening and diagnostic mammograms use:

- Low-dose x-rays to examine the breast.
- Film or digital (computer) technology. Some use 3D digital technology called digital breast tomosynthesis (DBT, or "tomo" for short).

During a mammogram, a specially trained technologist positions your breast in the mammography unit. Your breast is placed on a platform and flattened (compressed) with a clear plastic paddle. Most people experience discomfort with compression of the breast, but the discomfort is temporary. The compression helps get a better picture of the breast tissue.

The breast is compressed to:

- Even out breast thickness
- Spread out the tissue
- Hold the breast still
- Increase sharpness of the picture

You'll be asked to hold your breath for a few seconds while the pictures are taken and to change positions between images. The process is repeated for the other breast.

Types of mammograms are described next.

Screening mammogram

A screening mammogram is the only imaging test that has been found to reduce death from breast cancer. It's a test that uses low-dose x-rays to take 2 standard pictures of each breast. One picture is taken from top to bottom, and the other is taken from side to side. Together, these pictures form a single, flat image of the breast. A radiologist, a medical doctor, reviews the images and determines if you need additional imaging. If you need additional imaging, you'll likely have an ultrasound or diagnostic mammogram with tomosynthesis. About 1 out of 10 people are asked to return for more imaging, known as a callback. In most cases, the follow-up test shows nothing suspicious.

Although mammography is the most accurate method for early detection, not all cancers are found through mammography. If you feel a lump or have any other reasons for concern, you should tell your health care provider.

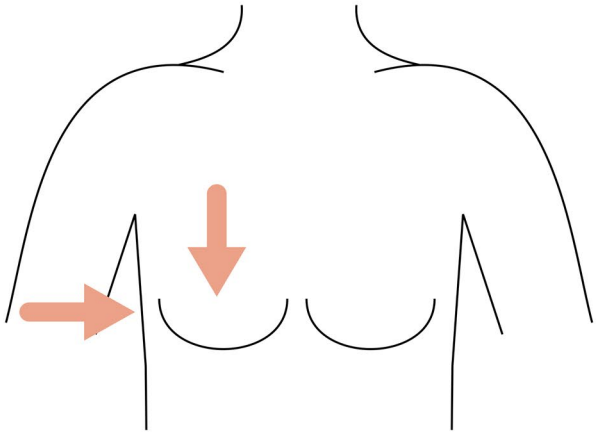
Diagnostic mammogram

Diagnostic mammograms look at specific areas of your breasts, which may not be clearly seen on screening mammograms. A diagnostic mammogram might be done after a screening mammogram or for symptoms, such as a breast lump or nipple discharge. Diagnostic mammograms may include extra specialized views. A radiologist will most likely evaluate the diagnostic mammogram while you wait so if additional breast imaging is needed, it can be done right away.

Tomosynthesis mammogram

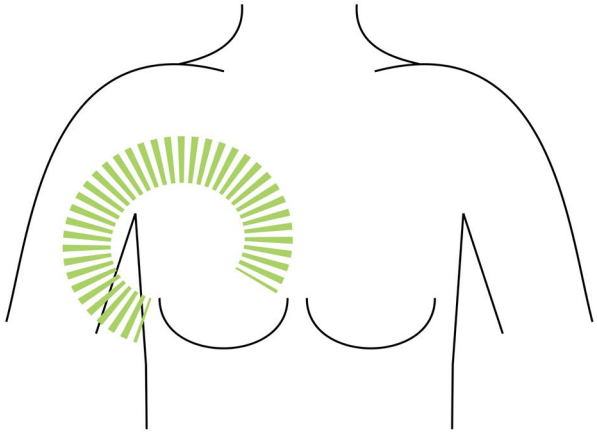
Digital breast tomosynthesis (DBT), sometimes called a 3D mammogram, is a type of mammogram that helps see small, abnormal areas of the breast more easily. The DBT machine moves in an arc over the breast—using computer technology to take and combine many thin x-ray pictures (called slices) of each breast from different angles. This creates more detailed images of the breast tissue. Tomosynthesis, or "tomo" for short, can decrease callback

What's the difference between a 2D mammogram and a 3D mammogram (tomosynthesis)?



2D mammogram

Takes 1 image from the top and 1 image from the side of the breast to create 1 flat image.



3D mammogram

Takes images from many different angles to create thin, layered views of the breast.

How are they the same?

Both types of mammography position and compress the breast between 2 plates and use low-dose x-rays.

rates (the need for additional tests) after a screening mammogram and improve cancer detection. Tomosynthesis can be used for screening or diagnostic mammograms and is recommended, if available in your area.

Contrast-enhanced mammogram

Contrast-enhanced mammography (CEM) is a new technology that uses contrast material (given through a vein in your arm) to improve the pictures of the inside of the breast. For people at increased risk of breast cancer, a contrast-enhanced screening mammogram is a possible option, although research studies are still ongoing. CEM isn't widely available.

Other breast imaging tests

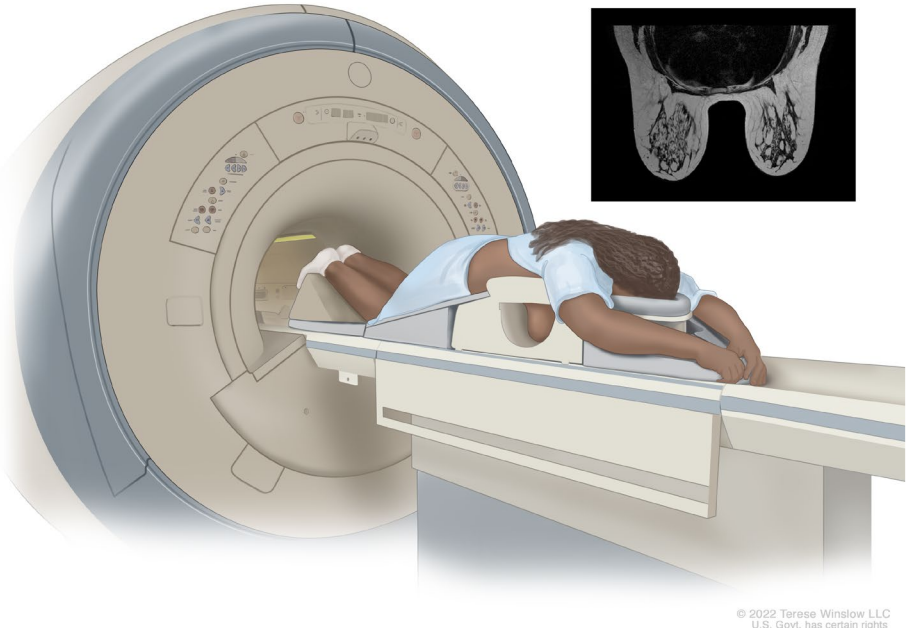
Breast MRI

An MRI scan uses radio waves and powerful magnets to take pictures of the inside of the body. MRI doesn't use radiation. If needed, MRI is used in addition to a mammogram. If you're at high risk of breast cancer, an annual breast MRI and annual screening mammogram might be recommended. Because of the very strong magnets used in the MRI machine, tell the technologist if you have any metal in your body.

For a breast MRI, contrast material is used to improve the pictures of the breast. It's given through a vein, typically in the hand or arm.

Breast MRI

In a breast MRI, you're positioned face down with your arms overhead. A breast MRI might be performed in addition to a screening mammogram.



Breast ultrasound

An ultrasound uses high-energy sound waves to form pictures of the inside of the body. Gel is applied to your bare breast, and a wand-like probe (transducer) is held and moved around your breast and near your armpit.

Ultrasound is frequently used without a mammogram for diagnosis of breast symptoms in people under 30 years of age or with a mammogram in people 30 years of age and over.

Molecular breast imaging

Molecular breast imaging, such as breast-specific gamma imaging or a Sestamibi scan, isn't a common breast screening imaging test. Molecular breast imaging uses a radioactive tracer (given through a vein in your arm) and a special camera to find breast cancer. It may improve detection, but the whole-body radiation dose is much higher than that of standard mammograms.

Mammogram results

Mammography uses low-dose x-rays to create black-and-white images of breast tissue. The digital images created by mammography appear on a computer screen. This is called a mammogram. A medical doctor trained to interpret imaging tests, called a radiologist, reviews the images and writes a report. Mammogram results, or findings, are described using the Breast Imaging Reporting and Data System (BI-RADS). Some of the terms below might be used in addition to BI-RADS imaging results explained starting on page 15.

Calcifications

Calcifications are tiny, white deposits of` calcium in the breast that can be seen on a mammogram. Most calcifications seen on a mammogram aren't breast cancer. Calcifications are very common. There are 2 types:

- **Macrocalcifications** in large deposits or scattered in the breasts are not usually cancer.
- **Microcalcifications** are specks of calcium that may be found in an area of rapidly dividing cells. Microcalcifications grouped close together may be a sign of cancer.

Distortion

Distortion is when an area of the breast tissue appears on a mammogram at an odd angle, fuzzy, or misshapen (disorganized), particularly when compared to the other breast or prior imaging tests. This may just be due to how the breast was positioned during the mammogram. It might also be from a previous injury, a procedure done on the breast, or breast cancer.

Masses

A mass is an area of abnormal tissue. A mass could be solid, fluid-filled, or a combination of both. A mass might be seen with or without calcifications. Some masses can be followed over time with regular mammograms or ultrasounds to see if they change, but others may need to be biopsied.

Asymmetries

Asymmetries are white areas seen on a mammogram that look different from the normal breast tissue pattern, particularly when compared to the other breast. Different types of asymmetries include focal asymmetry, developing asymmetry, and global asymmetry. Further imaging is likely needed to get a better look at the area.

Dense breasts

Your mammogram report includes an assessment of your breast density. Breast density is how much fibrous and glandular tissue is in your breasts compared to fatty tissue. The denser your breasts, the harder it can be to see abnormal areas on mammograms. This is because dense breast tissue is layered and patterned in a way that can hide small masses or tumors in the breasts. Breast density can change over time. If you have dense breast tissue, it might be recommended for you to have additional screening. More information on breast density can be found on page 17.

BI-RADS

The Breast Imaging Reporting and Data System, or BI-RADS, is a standard system used in the United States to describe mammogram results. It also classifies breast density into groups.

A radiologist categorizes your mammogram results using the BI-RADS numbered system of 0 through 6. BI-RADS also classifies your breast density using a lettered system of A through D. Talk to your health care provider about your mammogram results and any next steps.

These same BI-RADS categories can also be used to describe the results of a breast ultrasound or breast MRI.

BI-RADS 0: Incomplete – More imaging needed

This finding means more imaging is needed to determine a final BI-RADS category. A diagnostic mammogram with tomosynthesis and/or ultrasound will be done.

BI-RADS 1: Negative

BI-RADS 1 means the test is negative for cancer. This is a normal test result. Benign findings (calcifications, cysts, etc.) might be present but may not be mentioned in the report. You should continue with annual mammogram screening.

BI-RADS 2: Benign (not cancer)

BI-RADS 2 is also a negative (normal) test result, but this report contains information describing one or more specific benign findings, such as calcifications, cysts, breast changes from a biopsy or implants, etc. This category ensures that radiologists who look at the mammogram in the future won't mistake the benign finding as suspicious. You should continue with annual mammogram screening.

BI-RADS 3: Probably benign – Follow-up within a short time frame

A finding in this category has a very low (no more than 2 percent, or 2 in 100) chance of cancer and isn't expected to change over time. However, it's recommended you have follow-up imaging (ultrasound, diagnostic mammogram with tomosynthesis, or MRI) in

6, 12, and 24 months to evaluate whether the finding is stable. Breast experts agree that it's very safe to perform follow-up imaging to see if the area changes over time. This approach helps avoid biopsies for findings that are most likely benign (not cancer). But if the area does change over time, a biopsy may be needed, and it still allows for early diagnosis.

BI-RADS 4: Suspicious – Biopsy should be done

A BI-RADS 4 finding doesn't look like cancer but could be cancer and can have a wide range of suspicion levels. For these reasons, this category is often divided further:

- **4A:** Finding with a low likelihood of cancer. A low likelihood is more than 2 percent (2%) but no more than 10%, or about 2 to 10 out of 100.
- **4B:** Finding with a moderate likelihood of cancer. A moderate likelihood is more than 10% but no more than 50%, or about 10 to 50 out of 100.
- **4C:** Finding with a high likelihood of cancer, but not as high as category 5. A high likelihood is more than 50% but less than 95%, or about 50 to 95 out of 100.

A biopsy is recommended for a BI-RADS 4 finding.

BI-RADS 5: Highly suggestive of malignancy – Biopsy should be done

This finding has a high chance (at least 95%, or 95 out of 100) of cancer.

A biopsy is strongly recommended for a BI-RADS 5 finding.

BI-RADS results

0 **BI-RADS 0 means more imaging tests are needed to determine the final BI-RADS category.**

1 **BI-RADS 1 is a negative (normal) result.**

2 **BI-RADS 2 is a benign (not cancer) finding.**

3 **BI-RADS 3 is a probably benign finding. Follow-up is needed within a short time frame.**

4 **BI-RADS 4 is a suspicious abnormality, and a biopsy should be done.**

5 **BI-RADS 5 is highly suggestive of cancer, and a biopsy should be done.**

6 **BI-RADS 6 is a biopsy-confirmed cancer.**

BI-RADS 6: Known biopsy – Proven malignancy

Imaging may be used in this way to see how the cancer is responding to treatment, and this category is used only for findings on a mammogram (or ultrasound or MRI) that have already shown to be cancer based on a biopsy.

BI-RADS breast density

Breast tissue can be either dense or not dense. Fibroglandular density describes how much of your breast tissue is considered fatty or dense. A breast that has scattered fibroglandular tissue has slightly more fatty tissue than dense tissue.

- **Non-dense breasts** are almost entirely fatty or have scattered areas of fibroglandular density.
- **Dense breasts** are heterogeneously dense or extremely dense. About half of all females of screening age have dense breast tissue. Dense breast tissue can make it difficult to see small masses on mammography.

BI-RADS breast density categories are described below.

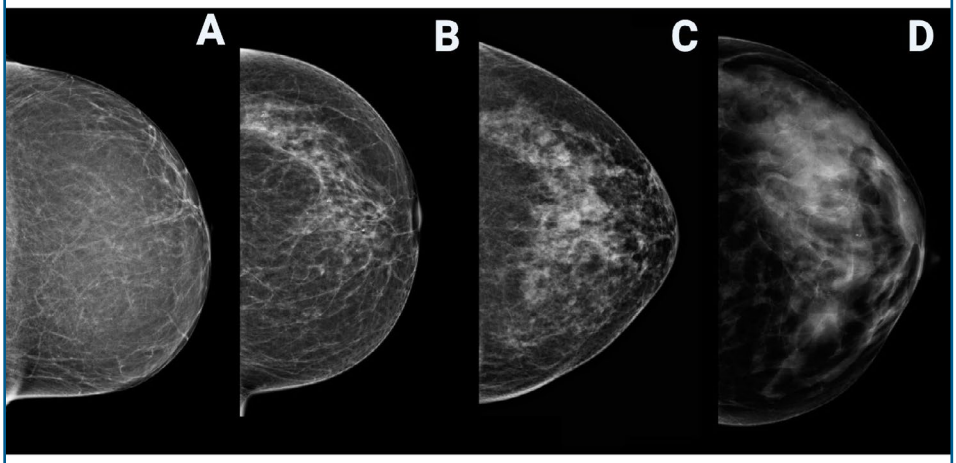
- **Category A: Almost entirely fatty** – Almost all fatty tissue.
- **Category B: Scattered areas of fibroglandular density** – A mix of dense and fatty tissue, but mostly fatty.
- **Category C: Heterogeneously dense** – A mix of dense and fatty tissue, but mostly dense.
- **Category D: Extremely dense** – Almost all dense tissue.

Having dense breast tissue isn't abnormal but may make it harder to see breast cancer or other changes in the breast on a mammogram. It also increases the risk of breast cancer. Therefore, people with dense breasts might benefit from additional screening tests.

Breast density

Mammogram results include information on breast density. People with heterogeneously dense (category C) or extremely dense (category D) breasts might benefit from extra imaging with a breast MRI or ultrasound.

https://commons.wikimedia.org/wiki/File:Comparison_of_BI-RADS_classification_to_mammography_sensitivity_and_percent_of_women_unde-over_45.jpg#file



Key points

- Screening is done on a regular basis when there are no symptoms.
- Diagnostic tests are done when there are signs or symptoms, or there's a finding on a screening mammogram or other imaging tests that needs clarification.
- A clinical breast exam is a physical exam of the bare breast performed by a health care provider to check for lumps or other changes.
- Both screening and diagnostic mammograms use low-dose x-rays to examine the breast. They may use film or digital technology.
- The Breast Imaging Reporting and Data System, or BI-RADS, is a standard system used to describe mammogram results and breast density.
- BI-RADS categories can also be used to describe the results of a breast ultrasound or breast MRI.
- Dense breast tissue is associated with an increased risk of breast cancer. People with dense breasts may benefit from additional screening tests.

Questions to ask

- Do I have dense breasts? What does this mean?
- Should I have imaging tests in addition to a mammogram on a regular basis?
- How do you decide if I should have a breast ultrasound or breast MRI? Can I have these tests at the same time?
- Who can I talk to about my BI-RADS results?
- Should I have a biopsy?

What's next?

The next chapter explains the role of risk and other factors in determining when you should start breast cancer screening mammograms.

3

When to start breast cancer screening

20 What is breast cancer risk and how is it calculated?

22 Screening recommendations for women at average risk

22 Screening recommendations for women at higher-than-average risk

27 Key points

27 Questions to ask

Breast cancer risk is your chance of developing breast cancer. This chapter discusses the difference between average and increased risk and at what age it's recommended to start screening mammograms. Screening mammograms are done for people assigned female at birth who don't have any signs or symptoms of breast cancer.

The purpose of breast cancer screening is to detect breast cancer at its earliest, most treatable stages. See your health care provider (HCP) regularly for checkups and to discuss breast cancer screening recommendations. You might be asked to see your HCP more than once a year based on your risk factors for developing breast cancer. Know your breasts, and immediately report any changes to your HCP. As your family cancer history changes, keep your HCP updated. This is important.

What is breast cancer risk and how is it calculated?

Breast cancer risk is your chance of developing breast cancer. Everyone has some risk. However, some people are at higher-than-average (increased) risk.

Breast cancer risk is calculated using risk assessment models. These models are tools that help determine if you're at average or increased risk of developing breast cancer. This information suggests the best time to start breast cancer screening.

Being diagnosed with breast cancer at an older age doesn't mean you don't have an inherited predisposition for developing breast or other cancer types. Many factors are considered to determine the likelihood of a cancer predisposition syndrome in a family, such as age at diagnosis, type of breast cancer, family history of cancer, and ethnic background.



Commonly used breast cancer risk assessment models include:

- BRCAPRO
- Tyrer-Cuzick Model (International Breast Cancer Intervention Study, or IBIS)
- CanRisk which uses the Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm (BOADICEA)
- Breast Cancer Risk Assessment Tool (BCRAT, or the Gail model)
- Breast Cancer Surveillance Consortium (BCSC) Invasive Breast Cancer Risk Calculator
- Some models may also be used to estimate the risk of *BRCA* mutations

Ask your health care provider which model they're using to determine your risk level. A model isn't 100 percent accurate, and it can't replace personalized care. That's why it's important to take an active role in your health by having regular conversations with your HCP, asking questions, and saying something if you notice changes in your breasts or health.

Individuals should have a breast cancer risk assessment by 25 years of age. Your HCP should share information regarding potential benefits, risks, and limitations of breast screening. Shared decision-making between you and your HCP is encouraged.

What's your risk level?

Breast cancer risk is largely based on personal health history and family history of cancer. The goal is to undergo a risk assessment by 25 years of age. A risk assessment determines when it's recommended you start annual screening mammograms. Your risk of developing breast cancer will be rated as average or increased risk.

Your level of breast cancer risk can also be calculated based on the following information:

- Your age, race, and ethnicity.
- Breast density based on mammography in people who have undergone prior mammography.
- Age you had your first menstrual period (menarche).
- If you've been pregnant or given birth, and at what age.
- Number of blood relatives (parents, brothers, sisters, children, aunts, uncles, grandparents) on both sides of your family with breast cancer and other cancers, such as ovarian, tubal, uterine, pancreatic, and prostate cancers. What is/was the cancer cell type? At what age were they diagnosed?
- If you've had a breast biopsy, and if so, how many and when? Do you have a copy of the results?
- If you or any close blood relatives had genetic testing. What were the results?
- If you had a breast biopsy that showed atypical hyperplasia or lobular carcinoma in situ.

Screening recommendations for women at average risk

Average risk means you have no known genetic predisposition, or family or personal health history that suggests you're at increased risk of developing breast cancer. It's recommended you have annual screening mammograms with tomosynthesis starting at 40 years of age. However, based on certain risk factors or if your family cancer history information changes, your HCP might recommend you start annual screening mammograms sooner.

25 to 39 years of age

See your HCP for a checkup every 1 to 3 years. This should include breast cancer risk assessment and a breast exam.

40 years of age and over

See your HCP for a checkup every year. This should include ongoing breast cancer risk assessment and, if not recently done, a breast exam. Have an annual screening mammogram with tomosynthesis.

There's no upper age limit for screening mammograms if you're healthy and are expected to live more than 10 years. This means that screening mammograms can continue throughout your entire life unless you and your health care provider decide otherwise.

Annual screening mammograms should start at 40 years of age for people at average risk.

Screening recommendations for women at higher-than-average risk

If you're at higher-than-average (increased) risk of developing breast cancer, see your HCP at least once a year (annually). You might be asked to see your HCP more often. Keep your HCP up-to-date about any changes in your health or your family history. Your risk might be reassessed based on this information.

You might be at an increased risk of developing breast cancer if you had or have:

- A personal or family history that suggests a possible or known genetic predisposition toward breast and other cancers. You may be referred to a genetic counselor or other cancer genetics expert to assess if your family has a genetic predisposition. Genetic testing may be recommended for you and/or another family member(s).
- A residual lifetime risk of 20 percent (20%) or greater, when calculated using a risk assessment tool based on comprehensive family history, such as BRCAPRO, Tyrer-Cuzick, BOADICEA/CanRisk, or BCSC. Residual lifetime risk is your chance of developing breast cancer based on the

number of years of life that remain and other risk factors.

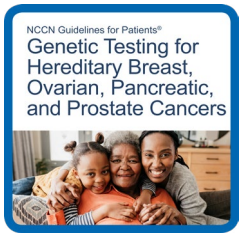
- Radiation therapy to breast tissue between 10 and 30 years of age.
- 5-year risk of invasive breast cancer of 1.7% or greater in people 35 years of age and over (using the Gail model).
- 5-year risk of invasive breast cancer of 1.7% or greater (using an imaging-based model).
- Atypical ductal hyperplasia (ADH), lobular carcinoma in situ (LCIS), or atypical lobular hyperplasia (ALH).
- Dense breast tissue (heterogeneously or extremely dense breasts) found on mammograms.

Family history of cancer suggests a genetic predisposition

If you have a known family history of breast cancer or family history that suggests a genetic predisposition to breast cancer, or there's a known genetic mutation, then you may be referred to a genetic counselor or other health care professional who's an expert in cancer genetics. A genetic counselor may recommend genetic testing for you or another family member. Screening recommendations are based on genetic testing and counseling.

Family cancer information can change. Share any changes to your health or your family cancer history with your health care provider.

For more information, read *NCCN Guidelines for Patients: Genetic Testing for Hereditary Breast, Ovarian, Pancreatic, and Prostate Cancers*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



We want your feedback!

Our goal is to provide helpful and easy-to-understand information on cancer. Take our survey to let us know what we got right and what we could do better.
NCCN.org/patients/feedback

Residual lifetime risk is 20% or more

Individuals should have a breast cancer risk assessment by 25 years of age. If your residual lifetime risk is 20 percent (20%) or more, based on models using a comprehensive family history, then see your HCP for a checkup every 6 to 12 months.

- Annual mammogram screening with tomosynthesis for people at increased risk might begin as early as age 30 but should begin no later than age 40.
- Annual breast MRI for people at increased risk might begin as early as age 25 but should begin no later than age 40. If breast MRI isn't available or you can't have an MRI, talk to your HCP about options, such as contrast-enhanced mammography, molecular breast imaging, or whole-breast ultrasound.

You might be referred to a genetic counselor or other health professional with expertise and experience in cancer genetics, or a breast specialist. You may not know the details for every family member. Recording what you know for any family member is helpful.

A comprehensive family history includes first-, second-, and third- degree relatives.



You

First-degree relatives	Birth parents, full siblings, biological children
Second-degree relatives	Grandparents, aunts and uncles, half siblings, nieces and nephews, grandchildren
Third-degree relatives	Great grandparents, great aunts and uncles, half aunts and uncles, cousins, half nieces and nephews, grand nieces and nephews, great grandchildren

Radiation therapy to the breast area between 10 and 30 years of age

If you had radiation therapy to the chest or breast area between 10 and 30 years of age, screening starts 8 years after radiation therapy ended, but not before age 25.

If you're under 25 years of age, then see your HCP for a checkup every year.

If you're 25 years of age or over, then:

- See your HCP for a checkup every 6 to 12 months.
- Get an annual screening mammogram with tomosynthesis.
- Get an annual breast MRI. Other options might include contrast-enhanced mammography, molecular breast imaging, or whole breast ultrasound.

Increased risk of invasive breast cancer using the Gail model or imaging-based models

If you have a 5-year risk of developing invasive breast cancer of 1.7% or greater, then:

- See your HCP for a checkup every 6 to 12 months.
- Get an annual screening mammogram with tomosynthesis, if possible.
- Consider an annual breast MRI. Other options might include contrast-enhanced mammography, molecular breast imaging, or whole-breast ultrasound.

Ask your health care provider how you can reduce your risk of developing breast cancer.

If you have or had ADH, LCIS, or ALH

A diagnosis of atypical ductal hyperplasia (ADH) or a lobular neoplasia, such as lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH), is associated with high risk of developing cancer in either breast. If you have or had any of these, then:

- See your HCP for a checkup every 6 to 12 months.
- Get an annual screening mammogram with tomosynthesis. Mammograms should start at the age you are diagnosed, but not before 30 years of age.
- Consider an annual breast MRI to begin when diagnosed but not before 25 years of age. Contrast-enhanced mammography, molecular breast imaging, or whole-breast ultrasound might be an option for people who can't have an MRI.

Increased risk

1. **Family history of cancer that suggests a possible or known genetic predisposition to breast and other cancers**
2. **Residual lifetime risk of 20% or greater as defined by models that use comprehensive family history**
3. **Previous radiation therapy to breast area between ages 10 and 30**
4. **People age 35 or over with a 5-year risk of invasive breast cancer equal to or greater than 1.7% (calculated using the Gail model)**
5. **5-year risk of invasive breast cancer equal to or greater than 1.7% (calculated using an imaging-based risk assessment model)**
6. **Atypical ductal hyperplasia (ADH), lobular carcinoma in situ (LCIS), or atypical lobular hyperplasia (ALH)**
7. **Dense breasts on mammography with no other increased risk factors**

Dense breasts with no other risk factors

Dense breast tissue is associated with an increased risk of breast cancer. If you have dense breast tissue (heterogeneously or extremely dense breasts) as seen on mammography and don't meet any other increased risk category, the recommendations are described below.

For heterogeneously dense breasts:

- See your HCP for a checkup every 6 to 12 months.
- Get an annual screening mammogram with tomosynthesis. Mammograms should start no later than age 40, but not before age 30.
- Talk with your HCP about any screening tests in addition to mammography that might be appropriate for you.

For extremely dense breasts:

- See your HCP for a checkup every 6 to 12 months.
- Get an annual screening mammogram with tomosynthesis. Mammograms should start no later than age 40, but not before age 30.
- Get a breast MRI with and without contrast starting at age 50 but possibly starting at age 40.
- If you can't have an MRI, consider contrast-enhanced mammography, molecular breast imaging, or whole-breast ultrasound.

Key points

- Breast cancer risk is your chance of developing breast cancer. Everyone has some risk.
- Breast cancer risk is calculated using a risk assessment model. Ask your health care provider (HCP) what model they're using to calculate your risk.
- Tools such as BRCAPRO, Tyrer-Cuzick, BOADICEA/CanRisk, and BCSC calculate risk based on comprehensive family history. A comprehensive family history includes first-, second-, and third-degree relatives.
- Screening mammograms are done for people who don't have any signs or symptoms of breast cancer.
- Annual screening mammograms are recommended to start at 40 years of age for people at average risk of developing breast cancer.
- For people at higher-than-average (increased) risk, annual screening mammograms may start at 30 years of age, and annual breast MRIs may start at 25 years of age.

Questions to ask

- What's my risk of developing breast cancer? Am I at average or increased risk?
- Based on my risk level, when should I start yearly screening mammograms?
- If I have an increased risk, will I have both a screening mammogram and a breast MRI every year?
- I don't know my family health history. How will this affect my breast cancer risk assessment?
- Why might I be at increased risk of developing breast cancer even though it doesn't run in my family?

What's next?

You should continue to get annual screening mammograms while pregnant or breastfeeding. Certain breast changes are normal during and after pregnancy. Learn more in the next chapter about pregnancy-associated breast cancer and why it's important to continue annual screening mammograms.

4

Screening during pregnancy and breastfeeding

29 Overview

30 During pregnancy

30 During breastfeeding

31 Key points

31 Questions to ask

Pregnancy-associated breast cancer (PABC) is breast cancer that occurs during pregnancy, while breastfeeding, or within 1 year of giving birth. It's important to continue taking care of your breast health during pregnancy and breastfeeding. Contact your health care provider about new or unusual changes to your breasts.

Overview

Changes in the breast are normal during pregnancy and breastfeeding (lactation). However, these changes can make it harder to detect small breast cancers. This is why it's important to continue taking care of your breast health. Delayed diagnosis of breast cancer during pregnancy or breastfeeding does happen. This may result in more advanced cancer, larger tumors, and a higher chance of breast cancer spreading to lymph nodes in your armpit.

Pregnancy-associated breast cancer (PABC) is breast cancer that occurs:

- During pregnancy
- While breastfeeding
- Within 1 year of delivery

While rare, PABC is the most common invasive cancer diagnosed during pregnancy. See your health care provider (HCP) regularly for checkups. Contact your HCP for any new or worsening changes.

Breast cancer screening for pregnant and lactating people is similar to that for non-pregnant and non-lactating people with

Mammograms are safe during pregnancy and breastfeeding

If it's time for your annual screening mammogram and you're pregnant or breastfeeding, don't skip it! It's safe to have a mammogram and it's important to continue to take care of your breast health.



some exceptions. For example, due to safety concerns, breast MRI isn't performed during pregnancy, but it can be safely used in people who are lactating. Breast ultrasound and mammography can be safely performed during pregnancy.

This section discusses screening recommendations during pregnancy and breastfeeding. It also provides information on signs and symptoms that you should report to your HCP.

During pregnancy

Clinical breast exams and breast cancer screening mammograms can and should continue on a yearly basis during pregnancy. Mammograms contain a very low level of radiation and are considered safe during pregnancy.

Normal changes happen in the breast, skin, and nipple during pregnancy. However, if you notice anything new or unusual, contact your HCP. A mammorgm and/or ultrasound may be done for changes in the skin of the breast or the breast itself, such as persistent or focused pain, a lump, suspicious nipple discharge, pitting or dimpling of the skin, skin thickening, swelling, or redness. A contrast-enhanced breast MRI is not recommended during pregnancy.

Know your breasts and immediately report any changes to your health care provider.

During breastfeeding

Clinical breast cancer exams and screening mammograms can and should continue during breastfeeding (lactation). If you're at increased risk of developing breast cancer, then a breast MRI may be done.

Nursing or breast pumping before a mammogram is recommended.

Normal changes happen in the breast, skin, and nipple during breastfeeding (lactation).

Contact your doctor if you notice any new or unusual changes to your breast or armpit, or if:

- Your breast is warm to the touch, painful, or red in color.
- Your breast skin appears thickened with large pores (peau d'orange).
- You have breast pain that's persistent and focused or concentrated in 1 area. Generalized breast pain isn't a suspicious symptom. Breast pain that comes and goes isn't typically associated with breast cancer, although it can be related to non-breast causes.

Nipple changes

Contact your HCP if you have new, suspicious nipple discharge, such as bloody or clear discharge, or if your nipple:

- Retracts or pulls in (inverts)
- Changes shape
- Becomes tender and not in relation to your menstrual cycle
- Has skin changes, such as scaling, itchiness, and redness

Key points

- An annual clinical breast exam and mammogram are recommended during pregnancy and breastfeeding.
- Mammograms contain a very low level of radiation and are considered safe during pregnancy.
- Nursing or breast pumping before a mammogram is recommended.
- Breast MRI isn't recommended during pregnancy but may be performed during breastfeeding.
- Changes in the breast, skin, and nipple during lactation or breastfeeding are normal. However, if you notice anything new or unusual, contact your health care provider.



Take our survey and help make the NCCN Guidelines for Patients better for everyone!

NCCN.org/patients/comments

Questions to ask

- How will you make me comfortable during the mammogram if I am pregnant or breastfeeding?
- Which of my doctors should I call if I notice breast changes?
- How long should I wait before I call the doctor if I notice any changes in the breast, nipple, or skin of the breast?

What's next?

If you find a lump, have constant breast pain localized to one area, or notice other changes in your breast, see your health care provider. Read the next chapter to learn what tests might be done.

5

What to do when you have symptoms

33 Signs and symptoms

33 Breast pain

34 Lump in the breast and other changes

34 Lump in or near the armpit

34 Breast implant-related symptoms

35 Breast skin changes

35 Nipple changes

36 Nipple discharge

37 People assigned male at birth

38 Biopsy

39 Key points

40 Questions to ask

This chapter is for people with signs or symptoms that suggest the need for further testing. Certain conditions are difficult to diagnose. If possible, see a breast specialist for any unusual symptoms or skin or nipple changes.

Signs and symptoms

A sign can be seen by someone else like your health care provider (HCP). A symptom is something only you can feel. If you have any signs or symptoms that might suggest breast cancer or another cancer or disease, you may have more tests as needed. These are called diagnostic tests because they help diagnose a disease or condition. It's important to tell your HCP if something doesn't feel or look right and has been that way for a few days. Don't wait to say something!

Signs and symptoms that might suggest further testing:

- Breast pain that is focused or concentrated in 1 area
- Lump, mass, or nodules can be felt in the breast
- Lump or swelling in or near the armpit (axilla)
- Breast implant-related symptoms
- Skin changes
- Nipple discharge

Breast pain

Breast pain is common in people assigned female at birth. Pain in both breasts or pain that comes and goes is considered benign and not typically associated with breast cancer. However, persistent, localized pain should be discussed with your HCP. Breast pain may be

"As a 4-time breast cancer survivor and *BRCA2*-genetic mutation carrier, it's important to me to help educate and support my sons, family, and anyone who has a higher risk of developing cancer."



monitored to see if it persists, it's severe, and if there are changes in skin, or other symptoms, such as a lump or nipple discharge. For pain that's focused or concentrated in 1 area, you may have an ultrasound. A mammogram might also be done if you're 30 years of age or over and you haven't had a recent mammogram. Depending on the test results, further testing might be needed.

Lump in the breast and other changes

If you or your HCP feels something in your breast, such as a lump, mass, nodules, or skin thickening, or your breast has changed shape or size, then for people

- **Under 30 years of age,** an ultrasound is preferred as a diagnostic test. However, your doctor may wait and observe any changes for 1 to 2 menstrual cycles before ordering an ultrasound.
- **30 years of age or over,** a diagnostic mammogram with tomosynthesis and ultrasound are recommended.

Depending on the mammogram and/or ultrasound results, you might return to annual mammogram screening or have a core needle biopsy, additional physical exams, or more frequent mammograms and/or ultrasounds. You have an important role to play in monitoring your breast health and should let your HCP know if you notice any new changes.

Lump in or near the armpit

Both a diagnostic mammogram with tomosynthesis and ultrasound are done for a lump or mass in or near the armpit (axilla). If you're under 30 years of age, a mammogram might be done if the ultrasound results are unclear or if cancer is suspected. Depending on the imaging test results, a biopsy and MRI are possible.

Breast implant-related symptoms

People with breast implants have a very small risk of developing breast implant-associated anaplastic large cell lymphoma (BIA-ALCL). BIA-ALCL is mostly seen in textured breast implants about 7 to 9 years after implant surgery. The main symptoms are persistent swelling, or a lump or pain around the breast implant. Since BIA-ALCL is very rare, only people with symptoms have further testing.

If it's been more than 1 year since breast implant surgery and you're having symptoms related to the implants, then your health care provider should consult with a team of medical experts with experience in implant-related problems. If BIA-ALCL is suspected, then you'll have further testing.

A sign can be seen by someone else, like a nurse or doctor. A symptom is something only you can feel.

Breast skin changes

Skin changes include puckering, dimpling, rash, or redness. Some people have a rash or redness of the nipple and the surrounding skin. The skin might look like an orange peel, or the texture might feel different.

Some skin changes might be a sign of inflammatory breast cancer (IBC). Skin changes around the nipple may be a different condition known as Paget disease of the breast. Since these diseases are difficult to diagnose, you might be referred to a breast specialist.

Possible inflammatory breast cancer

In inflammatory breast cancer (IBC), cancer cells block lymph vessels in the skin of the breast. This causes the breast to look red and swollen and feel warm to the touch. Often, there's no lump that can be felt during a breast exam or seen on a mammogram.

Possible signs of IBC:

- Peau d'orange (pitted or dimpled appearance of skin)
- Skin thickening
- Edema (swelling caused by excess fluid in body tissue)
- Erythema (reddening of the skin, usually in patches)

If IBC is suspected, the radiologist will recommend a diagnostic mammogram with tomosynthesis. An ultrasound might also be done. If the BI-RADS results are category 1, 2, or 3, you might have a breast MRI. For BI-RADs category 4 or 5, a core needle biopsy of the breast is recommended.

For more information on inflammatory breast cancer, see *NCCN Guidelines for Patients: Inflammatory Breast Cancer*, available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.



Possible Paget disease of the breast

In Paget disease, abnormal cells are found in the nipple. This can cause nipple irritation or bleeding, scaly rash, and skin ulcers. If Paget disease is suspected, then a diagnostic mammogram with tomosynthesis is recommended. An ultrasound might be done, too.

Nipple changes

Inverted or retracted nipples pull inward toward your breast instead of sticking out. For some people this is normal. However, if there is a new change to your nipple, let your HCP know.

If you have an inverted or retracted nipple without a lump or other symptoms, then for people

- **Under 30 years of age,** a breast ultrasound will be done.

- **30 years of age or over,** a diagnostic mammogram with tomosynthesis and ultrasound will be done.

Depending on the BI-RADS result, you might return to annual mammogram screening or have a core needle biopsy, additional physical exams, or more frequent mammograms and/or ultrasounds. You might be referred to a breast specialist, and a breast MRI might be done.

Nipple discharge

When fluid that isn't milk comes from the nipple, it's called nipple discharge. Nipple discharge is common, and in most cases, unrelated to breast cancer.

For example, nipple discharge can occur:

- During pregnancy following breast stimulation
- In people with certain thyroid conditions
- In people taking medicines, such as estrogen, oral contraceptives, opiates, and certain blood pressure medicines
- Due to inflammation of the breast duct that isn't related to cancer

Nipple discharge is normal during breastfeeding (lactation). Some people who are lactating can express small amounts of yellow, green, or milky discharge if they squeeze the nipples. This is called expressed discharge.

What's the difference between a screening and diagnostic mammogram?

A mammogram is a picture of the inside of your breast made using x-rays. During a mammogram, the breast is pressed between 2 plates while you stand in different positions.

Screening mammogram

- Done on a regular basis when there are no signs or symptoms of breast cancer. Results take a few days.

Diagnostic mammogram

- Used for people with symptoms, such as a lump, pain, skin thickening or nipple discharge, or those whose breasts have changed shape or size.
- An ultrasound is often used with a diagnostic mammogram.
- Also used to take a closer look at an abnormal area found in a screening mammogram.
- A radiologist evaluates the diagnostic mammogram while you wait so if additional testing is needed, it can be done right away.

Both screening and diagnostic mammograms use low-dose x-rays to examine the breast. They may use 2D or 3D technology. A 3D mammogram is also known as digital breast tomosynthesis (DBT), tomosynthesis, or "tomo" for short.

However, it's abnormal when the nipple discharge is

- Spontaneous – Occurs without squeezing or dried discharge is seen on your bra or other clothing
- Bloody or clear
- From a single duct opening on 1 nipple

If you have abnormal nipple discharge without other symptoms, then for people

- **Under 30 years of age,** a breast ultrasound will be done. A diagnostic mammogram with tomosynthesis also might be done.
- **30 years of age or over,** a diagnostic mammogram with tomosynthesis and breast ultrasound will be done.

Depending on the mammogram and/or ultrasound results, you might have a core needle biopsy, additional physical exams, more frequent mammograms and/or ultrasounds to monitor the symptom. You might be referred to a breast specialist, and a breast MRI might be done.

Milky discharge

For milky discharge in both breasts (bilateral), you might have an endocrine (hormone) workup. Milky discharge is generally normal in pregnancy. Mammograms and breast ultrasounds are not typically performed for milky discharge.

People assigned male at birth

People assigned male at birth don't typically have routine screening mammograms. However, males can develop breast cancer and those with a *BRCA2* gene mutation might have routine screening mammograms.

Gynecomastia

Gynecomastia is the abnormal growth of breast tissue in people assigned male at birth. There might be concern if 1 breast appears enlarged. This is called asymmetrical gynecomastia. It's common for gynecomastia to be asymmetrical. If it isn't clear you have gynecomastia, then a diagnostic mammogram with tomosynthesis and possible ultrasound may be done.

Lump or nipple changes

If you have bloody nipple discharge or signs that can be felt, such as a lump, then an

"I was shocked that I, a 54-year-old male, could have breast cancer."



ultrasound will be done in addition to the diagnostic mammogram with tomosynthesis. A core needle biopsy might also be done. Your condition will be monitored, and you might be asked to return to your health care provider for regular testing. Consider seeing a breast specialist.

Biopsy

A biopsy removes a sample of tissue from your body for testing. A pathologist examines the biopsy for cancer and writes a report called a pathology report.

There are different types of biopsies. Some biopsies are guided using mammography, ultrasound, or MRI. The main tumor and other areas may be biopsied. Other tumors or areas may also be biopsied. You may have tissue removed from the breast, lymph nodes, or both.

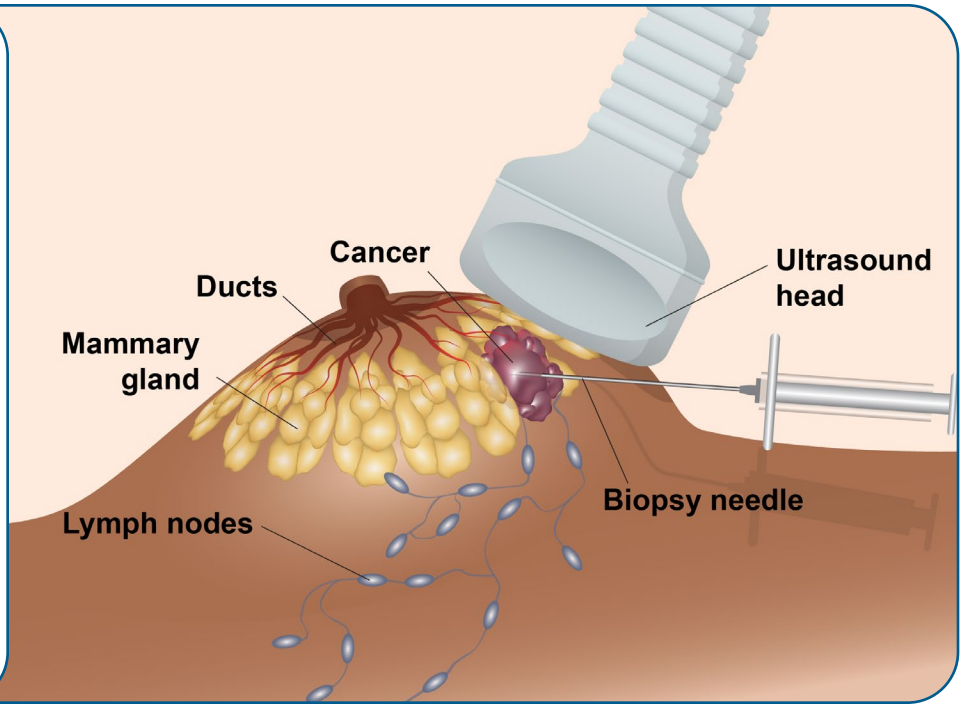
Types of biopsies include:

- **Fine-needle aspiration** and **core needle biopsy** use needles of different sizes to remove a sample of tissue or fluid.
- **Vacuum-assisted core biopsy** uses suction through a needle to remove the sample.
- **Excisional biopsy** removes the entire abnormal area. This isn't the preferred type of biopsy, but it may be necessary if other methods aren't possible or the biopsy results don't match the expected findings. An excisional biopsy is usually done using anesthesia in an operating room.

Before a biopsy, the area is injected with numbing medicine. A core needle biopsy removes several tissue samples, but usually through the same area on the breast. The samples are small. The needle is often guided into the tumor with imaging. When

Biopsy

In a biopsy, a sample of tissue is removed. There are different types of biopsy. This image shows an ultrasound-guided needle biopsy.



mammography is used during a biopsy, it's called a stereotactic needle biopsy.

One or more clips may be placed near the breast tumor during a biopsy. The clips are small, painless, and usually made of metal. They mark the site for future treatment and imaging. The clips stay in place until surgery. If the area biopsied is benign, the clips remain in place to mark the biopsy site in future imaging. The clips cause no problems, even if they're left in place for a long time. You'll be able to go through airport security and have an MRI.

Biopsy results

Histology is the study of the anatomy (structure) of cells, tissues, and organs under a microscope. It's used to make diagnosis and treatment decisions. Your pathology report will contain information about tumor histology and grade (how abnormal the tumor looks).

Depending on the biopsy results, you may or may not need additional testing, more frequent exams, or imaging. If cancer is found, you'll be referred to cancer treatment. Your health care provider will discuss next steps.

Key points

- A sign can be seen by someone else like your health care provider. A symptom is something only you can feel, like pain. If you have any signs or symptoms that might suggest breast or another cancer or disease, then you will have more tests.
- Some skin changes might be a sign of inflammatory breast cancer (IBC) or Paget disease. Because these diseases are difficult to diagnose, you might be referred to a breast specialist.
- If IBC is suspected, then a diagnostic mammogram and possibly an ultrasound will be done. An MRI might be done, too. A biopsy will likely be needed.
- If Paget disease is suspected, then a diagnostic mammogram and possibly an ultrasound will be done. A biopsy will likely be needed.
- Nipple discharge is common, and in many cases unrelated to breast cancer.
- People assigned male at birth with a *BRCA2* gene mutation might have routine screening mammograms.

Questions to ask

- What imaging tests do you recommend and why?
- What type of biopsy will I have and how will you make me comfortable?
- Who will explain the imaging or biopsy results to me?
- How can I prepare for imaging testing or a biopsy?
- Can you recommend a breast specialist?

What's next?

The next chapter provides information about resources and where you can get support.



Let us know what you think!

Please take a moment to complete an online survey about the NCCN Guidelines for Patients.
NCCN.org/patients/response

6
Other resources

42 What else to know

42 What else to do

42 Where to get help

43 Questions to ask

Want to learn more? Here's how you can get additional help.

What else to know

This guide helps you know your options so you can make informed decisions and improve your breast care. But it's not the only resource that you have.

Ask for as much information and help as you need. Many people are interested in learning more about:

- Their personal or family risk of developing breast cancer and other cancers
- How to decrease risk of developing breast cancer and other cancers
- Types of risk assessment tools
- Finding a genetic counselor
- Finding a doctor who's an expert in breast cancer

What else to do

Your health care center can help you with next steps. It often has on-site resources to help meet your needs and find answers to your questions. Health care centers can also inform you of resources in your community.

In addition to help from your providers, the resources listed in the next section provide support for many people like yourself.

Where to get help

Look through the list below and visit the provided websites to learn more about these organizations.

Bone & Marrow Cancer Foundation
bonemarrow.org

Breast Cancer Alliance
breastcanceralliance.org

Breastcancer.org
breastcancer.org

Brem Foundation to Defeat Breast Cancer
bremfoundation.org

CanCare, Inc.
cancare.org

Cancer*Care*
cancercare.org

Cancer Hope Network
cancerhopenetwork.org

DenseBreast-info.org
densebreast-info.org

DiepC Foundation
diepcfoundation.org

FORCE - Facing Our Risk of Cancer Empowered
facingourrisk.org

GPAC Global Patient Advocacy Coalition
gpacunited.org

GRACE
cancergrace.org

HIS Breast Cancer Awareness
hisbreastcancer.org

Imerman Angels
imermanangels.org

Inflammatory Breast Cancer Research Foundation
ibcresearch.org

Sharsheret
sharsheret.org

Triage Cancer
triagecancer.org

Unite for HER
uniteforher.org

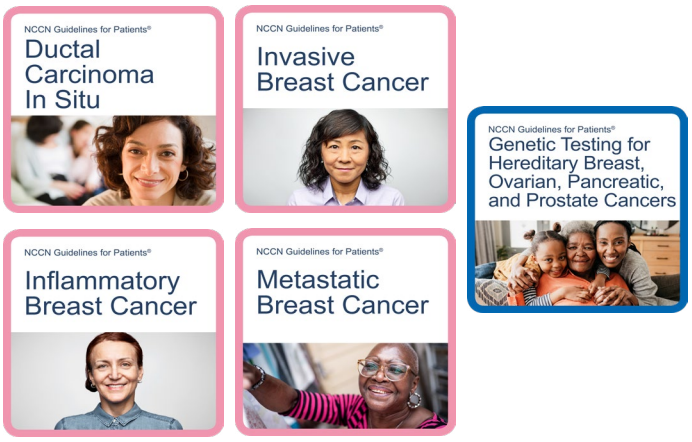
Young Survival Coalition (YSC)
youngsurvival.org

Questions to ask

- Who can I talk to about help with housing, food, and other basic needs?
- What help is available for transportation, childcare, and home care?
- What other services are available to me and my caregivers?
- How can I connect with others and build a support system?
- Who can I talk to if I don't feel safe at home, at work, or in my neighborhood?

Breast cancer resources

More information on breast cancer care is available at NCCN.org/patientguidelines and on the NCCN Patient Guides for Cancer app.





Words to know

areola
A darker, round area of skin on the breast around the nipple.

atypical ductal hyperplasia (ADH)
A benign (not cancer) condition in which there are more cells than normal in the lining of breast ducts and the cells look abnormal under a microscope. Having atypical ductal hyperplasia increases the risk of developing breast cancer in the future.

atypical lobular hyperplasia (ALH)
A benign condition (not cancer) in which there are more cells than normal in the breast lobules and the cells look abnormal under a microscope. Having atypical lobular hyperplasia increases the risk of developing breast cancer in the future.

axillary lymph node
A small disease-fighting structure that is near the armpit.

biopsy
A procedure that removes fluid or tissue samples to be tested for a disease.

BI-RADS
The Breast Imaging Reporting and Data System, or BI-RADS, is a standard system used in the United States to describe mammogram findings and results and classifies breast density into groups. BI-RADS can also be used to describe the results of a breast ultrasound, breast MRI, and contrast-enhanced mammogram.

calcification
Deposits of calcium in the tissues.

clinical breast exam
A physical exam of the breast performed by a health care provider to check for lumps or other changes.

contrast
A substance put into your body to make clearer pictures during imaging tests.

core needle biopsy
A procedure that removes tissue samples with a hollow needle.

diagnostic mammogram
Pictures made from x-rays focused on specific areas inside the breasts.

duct
A tube through which milk travels to the nipple.

ductal carcinoma
A cancer derived from cells that line small, tube-shaped vessels (ducts).

genetic counseling
Expert guidance on the chance for a disease that is passed down in families.

gynecomastia
Abnormal growth of breast tissue in people assigned male at birth.

hereditary breast cancer
Breast cancer likely caused by abnormal genes passed down from biological parent to child.

histology
The structure of cells, tissue, and organs as viewed under a microscope.

lobule
A gland in the breast that makes breast milk.

lobular carcinoma
Breast cancer that starts in cells that line the milk glands (lobules).

lobular carcinoma in situ (LCIS)
Abnormal cells found inside the breast lobule that increases the risk of developing breast cancer in the future.

lobular neoplasia
A benign condition in which abnormal cells are found in the lobules of the breast that increases the risk of developing breast cancer in the future. Types of lobular neoplasia include atypical lobular hyperplasia (ALH) and lobular carcinoma in situ (LCIS).

lymph
A clear fluid containing white blood cells.

lymph node
A small, bean-shaped disease-fighting structure.

magnetic resonance imaging (MRI)
A test that uses radio waves and powerful magnets to make pictures of the inside of the body.

mammogram
A picture of the inside of the breast using x-rays.

nipple discharge
Fluid that isn't milk coming from the nipple.

pathologist
A medical doctor who evaluates or checks cells and tissues removed during a biopsy or surgery.

radiation therapy (RT)
A treatment that uses high-energy rays.

radiologist
A medical doctor who interprets the results of mammograms, MRIs, and other imaging tests.

residual lifetime risk
Chance of developing breast cancer in your lifetime based on the number of years of life that remain and other risk factors.

screening mammogram
X-rays of the breasts taken to check for breast cancer in someone without signs or symptoms of cancer.

technologist
Person trained to operate an imaging machine (for example, mammogram, ultrasound, or MRI) to produce images of the breasts.

ultrasound
A test that uses sound waves to take pictures of the inside of the body.

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This patient guide is based on the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast cancer Screening and Diagnosis Version 1.2026. It was adapted, reviewed, and published with help from the following people:

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