

RSNA Statement on Screening for Breast Cancer Updated: 5/25/2022

The Radiological Society of North America (RSNA) is committed to excellence in patient care through education and research.

- It is widely acknowledged by major organizations, including the American Cancer Society, that screening mammography saves lives. The goal of breast cancer screening is to find cancer at a small size and early stage before it is large enough to cause symptoms or has spread elsewhere in the body. By finding cancers early, we reduce morbidity and mortality from this disease.
- Large, randomized controlled trials of mammography screening have demonstrated that the progression of breast cancer can be interrupted and that the death rate can be reduced using mammography. Since 1990, the breast cancer death rate in the U.S., which had been unchanged for the preceding 50 years, has decreased by 43%, primarily due to screening mammography, according to 2015 National Cancer Institute Surveillance, Epidemiology, and End Results (SEER) data.
- Cancers in younger women tend to be more aggressive and faster growing than those diagnosed in older women. It is important to begin annual screening mammography at age 40 to detect cancers in time to treat these women and produce the best patient outcome with the fewest long term side effects. Starting annual screening at age 40 saves the most lives.
- Recent American College of Radiology (ACR) and Society of Breast Imaging (SBI) [breast cancer screening guidelines](#) have recognized that African-American women are at high-risk for the disease and should be screened as such. It is recommended that women have a risk assessment at age 30 to identify if screening earlier than age 40 is required.
- Other imaging tests such as ultrasound and MRI are not generally recommended by themselves for routine breast screening but may be additionally indicated depending on many risk factors, including breast density. ACR and SBI recently added the recommendation that breast MRI should be added as a screening test in women with previous diagnosis of breast cancer.
- Mammography is not a perfect test. It has limitations, particularly in women with dense breast tissue. Not all cancers can be detected with mammography. Some women will have additional imaging examinations or biopsies for suspicious areas detected on screening mammography that turn out not to be cancer. Despite the limitations, screening mammography is a very effective test and a valuable tool in the fight against breast cancer.
- Mammography uses low-dose protocols in accordance with the “As Low As Reasonably Achievable (ALARA)” principle.
- In conclusion, yearly screening mammography beginning at age 40 is a statistically proven and effective imaging method of reducing mortality from breast cancer. Patients should speak to their physicians about any concerns or questions about when they should initiate screening with mammography and also discuss risk factors that may predispose them to higher breast cancer risk. It is important to remember that most breast cancer occurs in women with no known risk factors and that annual screening starting at age 40 saves the most lives.

RSNA is a strong advocate for quality, safety, equity and strict adherence to appropriateness criteria in medical imaging and radiation oncology. Through its peer-reviewed journals and education programs, RSNA continually informs radiologists, medical physicists, radiation oncologists and other radiology professionals of the latest technologies and research developments designed to optimize dose and improve patient safety.