

Conversation tips for your discussion with your health care provider

You're in your 40's and would like a mammogram or

You're in your 40s and denied a mammogram:

You're in your 40s and you've decided you'd like a mammogram, but in your province women in their 40s need a requisition. Your health care provider will not give you one.

Or you're in your 40s and you've decided you'd like a mammogram. You can self-refer in your province, but your health care provider dismisses the importance of you having a mammogram.

We've designed a script to help you advocate for yourself and overcome any potential barriers while having a conversation with your health care provider.

If your health care provider says: The Canadian breast cancer screening guidelines do not recommend mammograms for women in their 40s.

Information for your response: In July 2023, The Task Force published a FAQ update and newsletter #35. The newsletter stated: We recommend that: women aged 40-49 who want to be screened for breast cancer should talk to their doctor or other health care professional. This conversation should consider the benefits and harms of screening, as well as their personal values and preferences. If a woman wants a mammogram after this discussion, she should have a mammogram.

The update stated: The CTFPHC recommends shared decision-making if a woman is interested in getting screened. If they choose to be screened, they should have access to mammography.

If your healthcare provider has not seen the publications, links can be found here:

<https://canadiantaskforce.ca/screening-updates-clinician-tools-and-more-july-2023-issue-35/>

https://canadiantaskforce.ca/wp-content/uploads/2023/07/CTFPHC_BreastCancerScreeningRecs_FAQ_v4_FINAL.pdf

If your health care provider says: You don't have a family history or other risk factors and so you don't need to start screening in your 40s.

You can respond: I'm aware that the biggest risk factor for breast cancer is being a woman and that over 80% of women diagnosed with breast cancer have no family history.

**If it applies to you, you can remind your health care provider that Black, Asian and Hispanic women are at an increased risk for breast cancer at a younger age than white women. [1]

If your health care provider says: Having a mammogram can result in a “false positive”, meaning you may be recalled for more testing. These tests can create anxiety for you.

You can respond: I understand there’s a chance that more tests will be needed after my mammogram to make sure there is no cancer, but I’m not very worried about being recalled. I understand that less than 10% of women are recalled.^[2] I’d rather be safe than sorry. I understand any anxiety I experience will be short-lived if I have a normal result. And if the result is not normal, I’d prefer to have cancer found at an early stage, rather than a later stage.

If your health care provider says: Having a mammogram can result in over-diagnosis. That means finding a cancer that if left untreated would never cause you any harm, but if detected requires treatment and surgery.

You can respond: I understand and I’m willing to accept that I may be treated for something that might never have become a problem if left untreated. Again, better safe than sorry.

If your health care provider says: This graphic shows that out of 1000 women who have a mammogram, only 1 life is saved.

Your response: I learned the Canadian Society of Breast Imaging states 2 lives are saved.^[3] I also know that finding cancer early means I may avoid harsh medical treatments like chemotherapy and mastectomy that can reduce the quality of my life.

Bottom line: As per the statements from the Task Force:
If a woman wants a mammogram after this discussion, she should have a mammogram.
If they choose to be screened, they should have access to mammography.

[1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5875337/?tool=pmcentrez&report=abstract>

[2] <http://www.bccancer.bc.ca/screening/breast/results>

[3] <https://csbi.ca/education/>