

KEY MESSAGES: GET SCREENED



Get Screened

Learning Objectives

After your discussion, the listeners or audience should be able to:

- Name the two most common risk factors for breast cancer,
- Name at least two differences in how breast cancer affects Black and African American women as compared to white women,
- Recall the four personal actions associated with getting screened,
- Take a personal action to talk with their doctor about which screening tests are right for them if at higher risk,
- Take a personal action to have a clinical breast exam at least every 3 years starting at age 20 and every year starting at age 40,
- Take a personal action to have a screening mammogram every year starting at age 40 if at average risk,
- Take a personal action to sign up for a screening reminder at [komen.org/reminder](https://www.komen.org/reminder), and
- Take a personal action to share the information they learned with a friend or family member.

Primary Talking Points for This Key Message

1. All women are at risk of breast cancer.
2. Simply being born a woman and getting older are the two most common risk factors in the general population.
3. Screening can detect a problem early, when the chances of survival are the highest.
4. Screening is any test designed to show signs of the disease before symptoms are present.
5. It is important for all women to get the recommended breast cancer screenings.
6. Triple negative breast cancers are more often aggressive and have a poorer prognosis (outcome) than some other types of breast cancer. See *Facts for Life: Triple Negative Breast Cancer* for more information.

Special Talking Points for the Black and African American Community

1. Black and African American women are more likely than white women to develop breast cancer under the age of 40.
2. The median age for breast cancer diagnosis in Black and African American women is 60 years compared to 64 years in white women.¹
3. Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹

Talking Points for Men	Talking Points for Younger Women	Talking Points for Older Women
<ul style="list-style-type: none"> Breast cancer impacts men as well as women. Men often have women in their lives — mothers, aunts, sisters or partners. Men can play an important role in supporting women to know their risk, get screened, know what is normal for them and make healthy lifestyle choices. 	<ul style="list-style-type: none"> Genetic factors can place women, including women under the age of 40, at higher risk of breast cancer. Black and African American women are more likely than white women to develop breast cancer under the age of 40.¹ Black and African American women are more likely than other racial/ethnic groups to develop triple negative breast cancers.¹ Most breast cancers occur in women who do not have a family history. It is important to have clinical breast exams at least every three years even if you do not have family history of breast cancer. 	<ul style="list-style-type: none"> It is important for you to talk to your doctor about the benefits of continuing to get screened. By continuing to get screened, you can be a role model for younger women in your family and community.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>Talk with your doctor about which screening tests are right for you.</p>	<ul style="list-style-type: none"> Talk with your doctor about your family health history. This information can help him/her know how to advise you regarding your own risk and screening practices that may be right for you. Your doctor will recommend screening tests for you based on your risk. Women under age 40 with a family history of breast cancer or other concerns about her breasts are advised to talk with their doctors about what tests may be right for them. Today, there are specific screening guidelines for people at higher risk. Women at higher risk should discuss their screening options with their health care providers. <p><i>See the educator resource “Start Talking: The Importance of Family Health History” and My Family Health History Tool on Komen.org</i></p>

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>If you are at average risk, have a mammogram every year, starting at age 40.</p>	<ul style="list-style-type: none"> • Mammography is a test that uses X-rays to provide an image of the breast. These images are stored on film or on a computer (which is called digital mammography) and can find tumors in the breast that can't be felt. • During the procedure each breast is pressed between two plates and an X-ray image is made. The pressure can be uncomfortable but it only lasts a few seconds. It is important to stay still during the X-ray. The technologist may say, "Hold your breath" during the exam. Take a breath in and hold it or let it out very slowly to help you stay still and calm. • Screening mammograms are offered to people who feel fine and who have no reason to suspect a breast problem. They are different from tests that are done to evaluate a problem in the breast. • A mammogram can be used as a diagnostic test for women (and men) at any age. Diagnostic tests are done to try to evaluate or explain signs or symptoms that have been noted on a screening test, like a mammogram or CBE, for example or by a woman herself. Many of the steps are the same, but they are done for a different purpose — and may include other tests. They can be used for women and men at any age. <p>For younger women:</p> <ul style="list-style-type: none"> • Women under age 40 with a family history of breast cancer or other concerns about her risk should talk with their doctors about what tests may be right for them. <p>For older women:</p> <ul style="list-style-type: none"> • There is no agreement about when women should stop getting mammograms, largely because there are few studies. Generally, women in good health and who would benefit from treatment if diagnosed with breast cancer should continue to get mammograms. • Older women should talk to their doctor each year about his/her recommendation to get a mammogram. <p>For breast cancer survivors:</p> <ul style="list-style-type: none"> • You are at risk of developing breast cancer again in the future. Follow your physician's recommendations for screening type and frequency.

Actions Listeners/Audience Can Take Related to the Breast Self-Awareness Key Message	Additional Talking Points for Each Action
<p>If you are at average risk, have a Clinical Breast Exam (CBE) at least every 3 years starting at age 20, and every year starting at age 40.</p>	<ul style="list-style-type: none"> • CBEs are physical exams done by a health care provider. They are often included as part of a well-woman physical exam. • A CBE can be provided in addition to mammography. Using mammography and clinical breast exam together is more accurate than either screening test used alone.
<p>Sign up for a screening reminder at komen.org/reminder.</p>	<ul style="list-style-type: none"> • The screening reminder can help you to remember when it is time to get your next breast cancer screening.

1. "Cancer Facts & Figures for African American/Black people 2022-2024," American Cancer Society (2022).

GET SCREENED: A PERSONAL STORY



A Personal Story

Janine, age 49, was accompanying her best friend, Carol, to a diagnostic mammogram appointment. Carol had recently received an abnormal reading during her annual screening mammogram and was scared and did not want to go to this follow-up diagnostic imaging appointment alone. While they were sitting in the waiting room, Janine began looking through some informational brochures. She was surprised to see that she should have a mammogram annually starting at age 40. She had a clinical breast exam whenever she saw her primary care doctor, which was only about once a year. Her doctor had never mentioned getting a mammogram and she assumed she didn't need one if she didn't have a family history of breast cancer. She asked Carol what prompted her to have the screening mammogram in the first place. Carol said that her doctor was very adamant that she have a routine mammogram yearly since she was 40, and that she was now very glad to have had that advice. Carol asked Janine when she had last had a mammogram and Janine said she never had. Carol was very surprised and encouraged Janine to schedule one right away. Carol was so shaken to hear that Janine had never had a mammogram that she brought it up to the radiologist during her exam. Together, the radiologist and Carol talked about the risk factors and recommended screenings. The radiologist emphasized that most people who develop breast cancer have no family history. They both asked if Janine would make an appointment for a mammogram before she left the office. Janine agreed to and also vowed to make sure to ask her doctor yearly about getting a mammogram.

Carol's diagnostic mammogram showed a benign (non-cancerous) lump that did not need to be removed; both Janine and Carol wept with joy. A couple of weeks later, Carol was back in that office, but this time to accompany Janine to her first mammogram. Now every year, Janine and Carol schedule their mammograms at that office on the same day so they can support each other and after, go out for a nice lunch to celebrate their health.

Educational Materials You Can Use

- 5 Lifestyle Practices for Better Breast Health*
- 5 Things to Know about Breast Cancer Screening*
- 7 Tips For Being Your Own Best Advocate*
- Breast Health: Learn the Facts
- Breast Self-Awareness Messages for African Americans
- Everything You Need to Know If You Need a Follow-up Test*
- Facts for Life: Mammography
- Facts for Life: Racial & Ethnic Differences
- Facts for Life: Triple Negative Breast Cancer
- How To Get Good Health Care That's Affordable (And Good)*
- How To Take Charge of your Breast Health*
- Know Your Normal*
- Know Your Risk Factors postcard**
- Know Your Risk of Breast Cancer*
- Mammogram FAQ's: Here's What to Expect*
- Men Can Get Breast Cancer tri-fold brochure
- Poster set for African Americans
- Questions to Ask Your Doctor About Breast Health*
- Start Talking: The Importance of Family Health History*
- Take Care: Young Black and African American Women Talk About Breast Cancer
- What Do Genes Have To Do With Breast Cancer?*

*:indicates a material from the *Know Your Girls*TM marketing campaign aimed at young African American women.

Questions You Can Ask Your Listener/Audience to Evaluate Your Success

1. Did you learn anything about breast health today that you did not know before? Please select only one answer.

Yes

No

Not sure

2. Will you share the breast health information you received today with a family member or friend?

Please select only one answer.

Yes

No

Not sure

3. What are the two most common risk factors for breast cancer?

1. _____

2. _____

4. Please name at least two differences in how breast cancer affects Black and African American women as compared to white women?

1. _____

2. _____

3. _____

5. At what age should women begin to get clinical breast exams at least every three years? Please select only one answer.

20

30

40

65

6. At what age should women at average risk of breast cancer begin to get annual mammograms? Please select only one answer.

20

30

40

65

7. If you are a woman, will you talk to your doctor about what breast cancer screening tests are right for you? Please select only one answer.

Yes

No

Not sure

Not a woman

8. If you are a woman, do you plan to schedule any breast cancer screening tests in the future? Please select only one answer.

Yes, a clinical breast exam

Yes, a mammogram

Yes, both a clinical breast exam and a mammogram

Yes, but not sure which type

No, I do not plan to schedule a screening

Not a woman