

Localized	<ul style="list-style-type: none"> • Stage I • Stage IIa 	<ul style="list-style-type: none"> • Localized tumor (< 5 cm) • ≤ 3 nodes involved, including the sentinel lymph node 	<ul style="list-style-type: none"> • 99%
Regional	<ul style="list-style-type: none"> • Stage IIb • Stages IIIa–IIIc 	<ul style="list-style-type: none"> • Large tumor (> 5 cm) • Regional lymph node involvement • No distant metastases 	<ul style="list-style-type: none"> • 86%
Distant	<ul style="list-style-type: none"> • Stage IV 	<ul style="list-style-type: none"> • Distant metastases 	<ul style="list-style-type: none"> • 27%

Prevention

Breast cancer screening

- Women with first-degree relatives with breast cancer should begin screening 10 years before the age of the earliest diagnosis in the family.
- Physical examination plays a minor role in screening for breast cancer.

Screening recommendations for women with an average risk of breast cancer [37][38]			
Age	USPSTF [39]	American Cancer Society [40]	ACOG [41]
40–49 years	<ul style="list-style-type: none"> • The decision should be an individual one. • If the potential benefits (e.g., early diagnosis) outweigh the potential harms (e.g., radiation exposure) 	<ul style="list-style-type: none"> • 40–44 years: can choose to start annual mammography screening 	<ul style="list-style-type: none"> • Annual mammography screening and clinical breast exams
		<ul style="list-style-type: none"> • 45–49 years: should start annual mammography screening 	

Screening recommendations for women with an average risk of breast cancer [37][38]

Age	USPSTF [39]	American Cancer Society [40]	ACOG [41]
50–75 years	<ul style="list-style-type: none"> Mammography screening every 2 years 	<ul style="list-style-type: none"> 50–54 years: annual mammography screening 	<ul style="list-style-type: none"> Annual mammography screening and clinical breast exams
		<ul style="list-style-type: none"> > 55 years: mammography screening every 2 years or continue annual screening if desired 	
> 75 years	<ul style="list-style-type: none"> No sufficient data if benefits outweigh harm in this patient group 	<ul style="list-style-type: none"> Continue screening as long as the patient is physically well and expected to live for > 10 years. 	<ul style="list-style-type: none"> Can continue or discontinue mammography screening

Screening recommendations for women with a high risk of breast cancer

N/A	<ul style="list-style-type: none"> Begin screening at ~ 40 years of age 	<ul style="list-style-type: none"> Annual MRI and mammography screening, starting at age 30 	<ul style="list-style-type: none"> Clinical breast exams every 2 years Annual MRI and mammography
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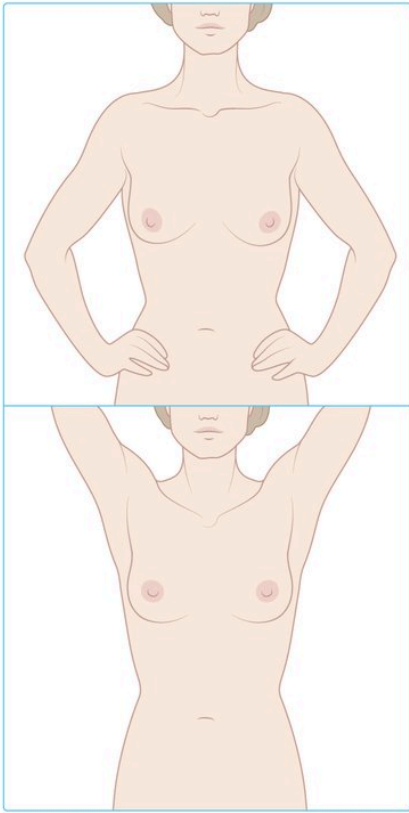
- Individuals with the following risk factors are considered at high risk:
 - Known *BRCA* mutation
 - First-degree relative with a *BRCA* mutation
 - Lifetime risk for breast cancer of about 20–25%

- Women who have a family history of breast cancer
- Women with a history of chest radiation therapy (between 10–30 years of age)
- Women with a personal or family history of familial cancer syndromes (e.g., Li-Fraumeni syndrome, Cowden syndrome)
- Women ≥ 35 years of age with previous invasive breast cancer or carcinoma in situ

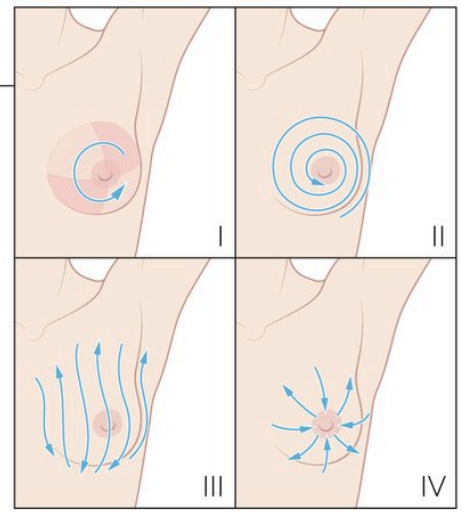
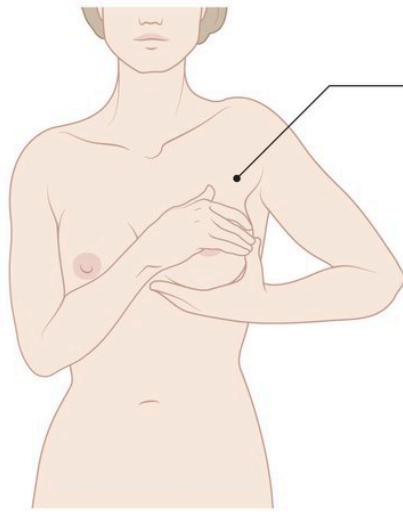
Prevention measures for high-risk individuals

- **Prophylactic surgery**
 - Bilateral prophylactic mastectomy
 - Bilateral salpingo-oophorectomy (BSO) by age 35–40 years and/or when childbearing is no longer desired
- **Alternative: chemoprevention with selective estrogen receptor modulator**
 - In high-risk premenopausal women: tamoxifen
 - In high-risk postmenopausal women
 - Tamoxifen or raloxifene
 - Aromatase inhibitors (e.g., anastrozole, exemestane): monotherapy or in sequence with SERM

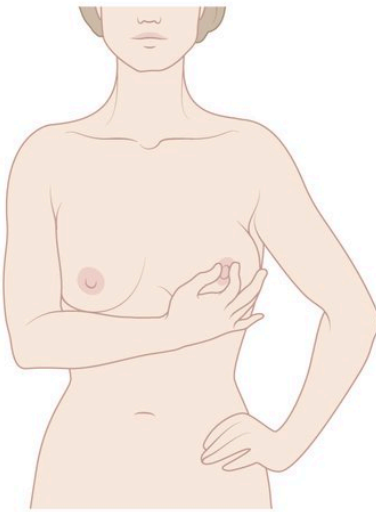
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B



C



D

