early detection with mammography saves lives and increases treatment options. Steady declines in breast cancer mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment. Mammography is a very accurate screening tool for women at both average and increased risk; however, like any medical test, it is not perfect. Mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for younger women and women with dense breasts. For these women, digital mammography or ultrasound imaging in combination with standard mammography may increase the likelihood of detecting cancer. Mammography also results in some overdiagnoses, which is the detection of cancer that would neither have caused harm nor been diagnosed in the absence of screening. Most women with an abnormal mammogram do not have cancer. Lesions that remain suspicious after additional imaging are usually biopsied for a definitive diagnosis. For most women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at the age of 30. (For more information, see Breast Cancer Facts & Figures at cancer.org/statistics.) Concerted efforts should be made to improve access to health care and encourage all women 40 and older to receive regular mammograms. For more information on the Society’s recommendations for breast cancer screening, see page 68.

**Treatment:** Taking into account tumor size, extent of spread, and other characteristics, as well as patient preference, treatment usually involves breast-conserving surgery (surgical removal of the tumor and surrounding tissue) or mastectomy (surgical removal of the breast). Numerous studies have shown that for early breast cancer (cancer that has not spread to the skin, chest wall, or distant organs), long-term survival is similar among women treated with breast-conserving surgery plus radiation therapy and those treated with mastectomy. Women undergoing mastectomy who elect breast reconstruction have several options, including the materials used to restore the breast shape and the timing of the procedure.

Underarm lymph nodes are usually removed and evaluated during surgery to determine whether the tumor has spread beyond the breast. In women with early stage disease, sentinel lymph node biopsy, a procedure in which only the first lymph nodes to which cancer is likely to spread are removed, has a lower chance of long-term side effects (e.g., lymphedema, arm swelling caused by the accumulation of lymph fluid) and is as effective as a full axillary node dissection, in which many nodes are removed.

Treatment may also involve radiation therapy, chemotherapy (before or after surgery), hormone therapy (e.g., selective estrogen response modifiers, aromatase inhibitors, ovarian ablation), and/or targeted therapy. Postmenopausal women with early stage breast cancer that tests positive for hormone receptors...