cancer, should consider counseling to determine if genetic testing is appropriate. Prevention measures, such as surgery or chemoprevention drugs, may be possible for individuals with breast cancer susceptibility gene mutations, although not all women who have these mutations will develop breast cancer. Compared to women in the general population, who have a 7% risk of developing breast cancer by age 70, the average risk for \textit{BRCA1} and \textit{BRCA2} mutation carriers is estimated at 55%-65% and 45%-47%, respectively. Mutations in the \textit{PALB2} gene appear to confer risk similar to \textit{BRCA2} mutations.

Factors associated with a decreased risk of breast cancer include breastfeeding for at least one year, regular moderate or vigorous physical activity, and maintaining a healthy body weight. Two medications – tamoxifen and raloxifene – have been approved to reduce breast cancer risk in women at high risk. Raloxifene appears to have a lower risk of certain side effects, such as uterine cancer and blood clots; however, it is only approved for use in postmenopausal women.

\textbf{Early detection:} Breast cancer screening for women at average risk includes clinical breast exam and mammography. Mammography can often detect breast cancer at an early stage, when treatment is more effective. Numerous studies have shown that early detection with mammography saves lives and increases treatment options. \textit{Steady declines in breast cancer mortality among women since 1989 have been attributed to a combination of early detection and improvements in treatment.} Mammography will detect most breast cancers in women without symptoms, though the sensitivity is lower for women who are postmenopausal and have dense breasts. 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 (95%) of the 10% of women who have an abnormal mammogram do not have cancer. Lesions that remain suspicious after additional imaging are usually biopsied for a definitive diagnosis. For some 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. (See Breast Cancer Facts & Figures at cancer.org/statistics for more information.) 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 52.

\textbf{Treatment:} Taking into account tumor characteristics, including size and extent of spread, as well as patient preference, treatment usually involves either 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 (without spread to the skin, chest wall, or distant organs), long-term survival is similar for