

You're in your 40s and decided you want 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.

You can respond: I understand that is the recommendation but it also states, that the decision whether or not to have a mammogram is a woman's and that depends on the values she places on any possible benefits and harms.[\[1\]](#) Therefore, based on my values, this is my decision and I've decided to get a mammogram.

If you need a further response: You can use this quote from the Task Force vice-chair, "The new guidelines are intended for an empowered position, which puts the decision-making in the hands of the individual woman in terms of what she prioritizes."[\[2\]](#) Based on a woman's values and preferences, the decision to undergo screening is conditional on the relative value **a woman** places on possible benefits and harms from screening.

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 75% of women diagnosed with breast cancer have no risk factors.

**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.[\[3\]](#)

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.[\[4\]](#) 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.^[5] 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.

As stated in the Canadian guideline, the decision to have a mammogram is yours and therefore you have a right to have a mammogram in your 40s, no matter what province you live in.

[1] <https://canadiantaskforce.ca/guidelines/published-guidelines/breast-cancer-update/>

[2] <https://www.ctvnews.ca/health/mammogram-guidelines-now-consider-women-s-personal-values-not-just-age-risk-1.4211240>

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

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

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