



BREAST CANCER SCREENING

What Native Women Need to Know!

WHY BREAST CANCER SCREENING?

Breast Cancer screening guidance is changing.

Our health history, risk, preferences and access to care, are all things we have to consider!

Family History - Who in my family has had breast, ovarian, pancreatic or prostate cancer?

Personal History - Have I had a previous biopsy, cancer, or chest radiation?

Breast Density - WHAT DOES THIS MEAN? (keep swiping...)

Risk - Should I talk to my provider about my health history and if that means I may be at risk for breast cancer? (swipe away...)

MY PROVIDER SAID I HAVE DENSE BREASTS?

Dense breasts are more common than you think:

ASK- What does that mean for my breasts and screening?

ASK - Is 3D mammography appropriate? Do I change my screening plan?

TALK - Talking through all your questions should feel normal.

Having dense breasts could mean an MRI or ultrasound is needed in addition to your routine mammogram to better find cancer.

Deep Breath....this does not automatically mean cancer!



ALL THAT SAID, WHAT DO YOU NEED TO KNOW?

Your breast cancer screening plan should be based on your risk.

NOT just your age!



Breast cancer screening is not a one-size-fits-all

Knowing your breasts
is knowing your health.



CURRENT BREAST CANCER SCREENING RECOMMENDATIONS



25-39 Family history? Talk to your health care provider about screening which can begin as early as 25.

40-49 Most mammograms begin at age 40. Talk to your health care provider to begin screening.

50-74 How often you screen depends on the recommendation you follow and your individual situation.

75+ Talk with your health care provider about if continuing screening makes sense for you.



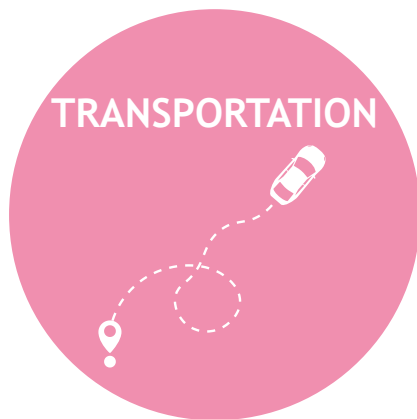
HOW DO SCREENING RECOMMENDATIONS DIFFER?

Organization	Average-Risk Approach
United States Preventative Task Force	40-74 every 2 years
American Collge of Obstetricians & Gynecology	Start at 40; every 1-2 years
American Cancer Society	40-44 option; annual 45-54; every 2 years or annual 55+



You have a voice in your health care.
Ask questions, speak up, and ask for the screening you need, even if your health care provider doesn't recommend it.

BUT, SCREENING ONLY WORKS WHEN YOU HAVE ACCESS TO IT



HARD TO GET TO
YOUR APPOINTMENT?
TALK TO YOUR
HEALTH CARE
PROVIDER ABOUT
RIDE ASSISTANCE



WORRIED ABOUT THE
COST? ASK YOUR
HEALTH CARE
PROVIDER ABOUT
WAYS TO GET
SCREENED



LEAN ON
YOUR FAMILY AND
FRIENDS, FIND THOSE
WHO HAVE COMPLETED
SCREENING,
ASK THEM ABOUT IT
AND WHAT TO EXPECT



A TRUSTED HEALTH
CARE PROVIDER
CAN ANSWER
YOUR QUESTIONS
AND HELP YOU GET
SCREENED AND
FOLLOW-UP CARE

The question
isn't only:

**"Are you getting screened?"
BUT ALSO**

**"What is making screening possible,
or impossible?"**

RECAP: CARE FOR YOURSELF

Our stories are medicine.

Knowing your family history, staying connected, and having conversations about cancer can help us take action together.

Know your story.

Learn your family cancer history.

Know your risk.

Ask whether your personal or family history changes your screening needs.

Know your options.

Ask which screening schedule and type are right for you.

Get screened.

If screening is recommended for you, make a plan.



THE AICAF LENS

National guidelines provide a starting point.

Native communities need information that also considers culture, community, access, trust and lived experience.



Know your story. Listen to your body. Share what you learn.

Take the next step for your health and bring your relatives along with you.

Mammograms can help find breast cancer early, when treatment can be most effective. Talk with a trusted health care provider about your family history, your breast health, and the screening plan that is right for you.



#INDIGENOUSPINK
#HONORYOURHEALTH
#SCREENINGSAVESLIVES

**FOR MORE INFORMATION VISIT
AICAF.ORG OR YOUR LOCAL CLINIC.**

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