**Breast MRI  
New American Cancer Society (ACS) Recommendations**

Women who are at **high risk** for breast cancer based on certain factors should get a [breast MRI](https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/breast-mri-scans.html) and a mammogram every year, typically starting at age 30. This includes women who:

* Have a lifetime risk of breast cancer of about 20% to 25% or greater, according to risk assessment tools that are based mainly on family history (see below)
* Have a known [*BRCA1* or *BRCA2* gene mutation](https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/breast-cancer-risk-factors-you-cannot-change.html) (based on having had [genetic testing](https://www.cancer.org/cancer/breast-cancer/risk-and-prevention/genetic-testing.html))
* Have a first-degree relative (parent, brother, sister, or child) with a *BRCA1* or *BRCA2* gene mutation, and have not had genetic testing themselves
* Had radiation therapy to the chest when they were between the ages of 10 and 30 years
* Have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

The American Cancer Society recommends against MRI screening for women whose lifetime risk of breast cancer is less than 15%.

There’s not enough evidence to make a recommendation for or against yearly MRI screening for women who have a higher lifetime risk based on certain factors, such as:

* Having a personal history of breast cancer, [ductal carcinoma in situ (DCIS)](https://www.cancer.org/cancer/breast-cancer/about/types-of-breast-cancer/dcis.html), [lobular carcinoma in situ (LCIS)](https://www.cancer.org/cancer/breast-cancer/non-cancerous-breast-conditions/lobular-carcinoma-in-situ.html), [atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)](https://www.cancer.org/cancer/breast-cancer/non-cancerous-breast-conditions/hyperplasia-of-the-breast-ductal-or-lobular.html)
* Having “extremely” or “heterogeneously” [dense breasts](https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/breast-density-and-your-mammogram-report.html) as seen on a mammogram

If MRI is used, it should be in addition to, not instead of, a screening mammogram. This is because although an MRI is more likely to find cancer than a mammogram, it may still miss some cancers that a mammogram would find.

Most women at high risk should begin screening with MRI and mammograms when they are 30 and continue for as long as they are in good health. But this is a decision that should be made with a woman's health care providers, taking into account her personal circumstances and preferences.

Learn more at <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

Needed edits:

On the breast MRI form I would change the part which refers to contrast--I would delete the part of the sentence which states 'for some MRi scans' since we always use it.

The part that mentions high risk. Could we slip in somewhere that it's considered at 20% or greater lifetime risk? Doesn't have to be in there and the link is good.

On the mammo page I think it overall is very good. I might reword the part that talks about how mammo can be slightly uncomfortable as I think that's sort of baked into a patient's expectations. I would keep the last sentence after dropping the word however. Might need a little different wording as well.