

YOUR BREAST CANCER RISK ESTIMATE

0.4%
Low 5-year Risk

12.4%
Low Lifetime Risk

YOUR GENETIC RISK FACTORS

No reported history of cancer in family
Average Risk

No Ashkenazi Jewish ancestry
Average Risk

YOUR LIFESTYLE RISK FACTORS

0 Increased Risk

3 Average Risk

1 Not Applicable

Your risk of breast cancer is low. Continue to control your lifestyle risk factors.

- Talk to your doctor about what your 5-year and lifetime breast cancer risk estimates mean. Together, determine a breast cancer screening schedule that's right for you.
- Share any future changes to your family's cancer history with your health care professional.
- None of the lifestyle factors you reported today increase your future breast cancer risk.
- Some mammogram reports sent to women mention breast density and other reports do not. Dense breast tissue can make it harder to find cancer using a mammogram.

Breast Cancer Risk Factors

Inherited genes (DNA) play a role in the risk of breast cancer. But lifestyle, habits, and health history all factor into your breast cancer risk too.

By knowing what factors increase your breast cancer risk, you may be able to:

- Lower the risk of developing the disease by changing your lifestyle or taking medication
- Increase the chance of finding a tumor very early by changing how you're screened

A health care professional can help you understand your options, as well as the risks and benefits of each.

Genetic Risk Factors	Your Risk
Cancer in family	<i>Average</i>
Ashkenazi Jewish ancestry	<i>Average</i>

Lifestyle Risk Factors	Your Risk
Weight after menopause	<i>Not Applicable</i>
Smoking	<i>Average</i>
Weekly exercise	<i>Average</i>
Alcoholic beverages	<i>Average</i>

Results

Your Breast Cancer Risk

This Profiler determines the 5-year and lifetime risks of developing "invasive breast cancer." Invasive breast cancer is a type of breast cancer that moves into normal breast tissue.

The "Gail model" determines your risk. This model uses your medical history, age, ethnic group, history of giving birth, and history of breast cancer in your mother, sisters, and daughters.

We have grouped risk numbers into categories to help you better understand your risk.

Routine Breast Cancer Screening

Early detection is a key to successfully treating breast cancer. Looking for breast cancer before there are symptoms is called screening. One of the most effective ways to screen for breast cancer is by having regular mammograms.

The age to begin screening may depend on the risk of developing breast cancer. Women at increased risk for breast cancer may need to start screening before the age of 40.

YOUR BREAST CANCER RISK ESTIMATE

0.4%

Low 5-year Risk

12.4%

Low Lifetime Risk

Talk to your doctor about what your 5-year and lifetime breast cancer risk estimates mean.

Understand your options for routine imaging tests to look for breast cancer, including mammograms.

Together, determine a breast cancer screening schedule that's right for you.

The National Cancer Institute predicts that 1 out of every 8 women born today will develop breast cancer sometime in her life.

Five to ten percent of those cases are due to inherited genes.

Results

Your Genetic Risk Factors

Breast cancer is a complex disease. It's due to DNA changes (mutations) in certain genes. These gene changes usually happen by chance and aren't inherited from a parent.

Most women who have a close relative with breast cancer will never develop the disease. But gene changes can run in families and increase breast cancer risk. A history of breast cancer on either her mother's or father's side of the family may increase a woman's breast cancer risk. This is especially true when breast cancer happens before age 40.

Ashkenazi Jews have a higher chance of inheriting a DNA change in two genes known to greatly increase the risk of breast cancer (BRCA1 or BRCA2). In this group, the risk of carrying a mutation is 1 in 40 compared to 1 in 500 in the general US population.

Women with a history of cancer in their family (see table) should talk to a trained health care professional about their genetic risk.

What to Expect in a Genetic Evaluation

Your family history of certain cancers helps determine if you should talk to a trained health care professional about your inherited risk for breast cancer. During a genetic evaluation, you may:

- Review this Results Report with a medical professional
- Explore more of your family health history
- Talk about options for screening/testing, including what the tests might show
- Ask questions to help you decide if gene testing is right for you and your family

YOUR GENETIC RISK FACTORS

No reported history of cancer in family

Average Risk

No Ashkenazi Jewish ancestry

Average Risk

If your family's cancer history changes, be sure to share the information with your health care professional.

History of Cancer in Family*	You Reported
Breast cancer in immediate family	No
Relative with bilateral breast cancer	No
Relative with breast cancer before age 50	No
Relative with breast AND ovarian cancer	No
Male relative with breast cancer	No
Ovarian cancer in immediate family	No
2 relatives with breast cancer	No
2 relatives with ovarian cancer	No
2 relatives with bowel cancer	No
1 relative with breast cancer and another relative with ovarian cancer	No
1 relative with breast cancer and another relative with bowel cancer	No
Ancestry	You Reported
Ashkenazi Jewish ancestry	None

*Based on the Family History Survey-7 (FHS-7)

This profiler is only for women who have not had invasive or non-invasive breast cancer, DCIS (ductal carcinoma in situ) or LCIS (lobular carcinoma in situ), who have not received radiation for the treatment of Hodgkin lymphoma, and who have not tested positive for known mutations in BRCA1/BRCA2 genes.

Lifestyle Risk Factors for Breast Cancer

Obese women who don't have menstrual periods (menopausal) have a higher risk of breast cancer. In one study, gaining more than 21 pounds after menopause was related to an increased breast cancer risk. High levels of estrogen in a larger amount of body fat may be the reason for the risk increase.

WEIGHT AFTER MENOPAUSE

Current

180 lbs.
Not Applicable

Recommended Goal

226 lbs. or less after menopause
Average Risk

For your height, 180 pounds is considered a **HEALTHY WEIGHT**.

It's not clear if current smoking is a risk factor for breast cancer.

One large study in the US did show that current smokers had a 16% higher risk of breast cancer.

One thing is clear: not smoking cigarettes and avoiding secondhand smoke has several health benefits.

SMOKING

Current

Never smoked
Average Risk

Recommended Goal

Never smoked/Quit (>1 yr.)
Average Risk

Women who don't exercise during their lives have a higher risk of cancer.

Getting 30 minutes of moderate exercise 5 days per week is all that's needed to reach the recommended goal.

WEEKLY EXERCISE

Current

Equal to 150 min. (moderate)*
Average Risk

Recommended Goal

150 min. or more (moderate)**
Average Risk

*90 moderate + 30 vigorous = 150 min. moderate
(each minute of vigorous exercise equals two minutes of moderate)

**The goal is 150 minutes of moderate exercise or an equivalent mix of moderate and vigorous minutes.

Having two or more drinks per day raises the risk of developing breast cancer by about 25 percent.

A "drink" (alcoholic beverage) equals 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of liquor.

ALCOHOLIC BEVERAGES

Current

Fewer than 2 drinks daily
Average Risk

Recommended Goal

Fewer than 2 drinks daily
Average Risk

Personal History Risk Factors for Breast Cancer

Women's ovaries make estrogen and progesterone. These are important sex hormones.

Being exposed to these "natural" hormones for a long time can increase cancer risks. Having a first menstrual period before age 12 (early menarche) and having a last menstrual period after age 55 (late menopause) both slightly increase breast cancer risk.

MENSTRUAL HISTORY

Early menarche
Increased Risk

The use of birth control (contraceptive) that has hormones can lead to many big health benefits.

But, along with its benefits, using a hormonal birth control may also slightly increase the risk of breast cancer. The details about this slight increase are complex and aren't well understood yet.

Women using a hormonal birth control should talk to their doctor about its risks and benefits.

HORMONAL BIRTH CONTROL

No hormonal birth control
Average Risk

Women who had their first full-term pregnancy at age 30 or older are at increased risk of breast cancer.

Women age 30 or older who have never had a full-term pregnancy are also at increased risk.

REPRODUCTIVE HISTORY

No births before age 30
Increased Risk

Hormone therapy can improve the symptoms and treat the physical changes some women have in the months and years following their last menstrual period (post-menopause).

Women who use hormone therapy may have a higher risk of breast cancer. This risk appears to go down 5 years after stopping hormone therapy.

POSTMENOPAUSAL HORMONE THERAPY

No therapy in past 5 years
Average Risk

Personal History Risk Factors for Breast Cancer

The risk of breast cancer increases with age. Most breast cancer develops slowly over time and is diagnosed after age 50.

Looking for breast cancer before there are symptoms (called screening) can improve outcomes in some age groups. Follow your doctor's recommendations for screening.

AGE

Age 49 or younger
Low Risk

There is strong evidence that women who breastfeed have a lower risk of breast cancer.

Their risk is lowered 4.3% for every 12 months of breastfeeding, in addition to 7% for each birth.

BREASTFEEDING HISTORY

Have breast-fed a child
Decreased Risk

Women who have had breast biopsies have an increased risk of breast cancer. This risk increases if the results showed "atypical hyperplasia."

Breast biopsies themselves do not cause cancer. The increased risk is due to breast changes that made the biopsies necessary.

BREAST BIOPSY

No breast biopsy
Average Risk

NOTICE: Health assessments are based on averages from studies of large groups of people. Your situation may be different. It is important to discuss your personal situation with your health care provider. This assessment is not intended to replace medical advice from your health care provider, but rather help you set health goals and make healthy lifestyle decisions.

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OUR HOSPITALS

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Mt. General Memorial Regional Medical Center

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Mt. General Memorial Community Hospital

4110 South Virago Parkway, Rush City, MN 59545

(555) 555-3100

Mt. General Memorial North Franklinburg Hospital

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