

THE FULL SCOOP

The Full Scoop Healthcare Team Risk Assessment

Use this information as a helpful guide to support informed and shared decision-making.

Risk		Notes to Discuss with Your Provider
	Check if concerned	
Age	☐	Most breast cancers occur in women over age 50, but those with high-risk factors may begin screening earlier, sometimes in their 20s. (1)
Gender	☐	Being biologically female is the strongest risk factor, with an average lifetime risk of ~13%. This risk is increasing about 1% globally each year. (2)
Height	☐	Cancer incidence increases with increasing adult (~16% per 10 cm of height) (3)
Familial Factors		
Family history 1 st degree	☐	A first-degree relative (parent, sibling, child) with breast, ovarian, prostate (especially aggressive), or colon cancer increases your risk. (4)
Family history 2 nd degree	☐	Second-degree relatives (grandparents, aunts/uncles) can also contribute, especially when multiple family members are affected. (5)
Some Genetic Mutation factors	☐	Mutations in BRCA1, BRCA2, PALB2, and other genes, along with polygenic risk scores, significantly affect breast cancer risk. (6)
Race/ethnicity	☐	Black women under age 40 have higher rates of aggressive breast cancers. (7) Ashkenazi Jewish ancestry carries higher prevalence of BRCA mutations. (8)

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Reproductive and Hormonal Factors		
Age at 1 st birth	☐	Breast cancer risk increases by 3% for each year older a woman is when she first gives birth. (9)
Age at menarche, 1 st birth	☐	Starting your period before age 12 is linked to a modestly higher breast cancer risk, due to longer lifetime exposure to estrogen. (10) A collaborative meta-analysis of nearly 120,000 women found a 5%–9% increase in risk per year younger at menarche. (11)
Breastfeeding	☐	Breastfeeding offers protective benefits: about a 4.3% reduction in risk for each 12 months breastfed, plus an additional 7% reduction per child. (12)
Hormonal Contraceptives	☐	Using hormonal contraceptives slightly increases breast cancer risk while in use; however, risk returns to baseline about 10 years after stopping. (13)
HRT	☐	The WHI study showed a possible link between combined estrogen and medroxyprogesterone acetate (MPA) use and increased breast cancer risk, but its findings may not apply to all women. While the risk may be real for some, newer evidence suggests it could be lower or even absent for others, depending on timing, type, and duration of use. (14 , 15 , 16 , 17)
Menopause	☐	Early menopause (before ~45) is linked to lower risk. Late menopause (after ~55) increases risk due to prolonged hormone exposure. (18)

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Medical History		
Breast Density	☐	Women with dense breast tissue have a significantly higher risk of breast cancer, estimated at 1.4 to 6 times that of women with low breast density. (19 , 20)
Prior biopsy	☐	Previous biopsies, especially those showing atypical hyperplasia or lobular carcinoma in situ (LCIS), raise risk. (21)
Metabolic Factors		
Diabetes	☐	Type 2 diabetes and insulin resistance are associated with increased breast cancer risk. (22)
Thyroid	☐	Some studies link thyroid dysfunction (particularly hypothyroidism or autoimmune thyroiditis) with breast cancer risk, though evidence is still evolving. (23)
Lifestyle Factors		
Alcohol	☐	Alcohol is a known carcinogen. Even low levels can increase breast cancer risk. (24)
BMI	☐	A low BMI in premenopause and a high BMI postmenopause are increased risk factors. (25)
Occupation	☐	Night shift work (26), and/or occupational exposure to chemicals (organic solvents (27), petroleum, etc. are associated with higher risk (28).
Physical inactivity	☐	Physical activity reduces postmenopausal breast cancer risk. Sedentary behavior increases risk via estrogen metabolism, inflammatory markers, and insulin resistance. (29)
Poor nutrition	☐	Diets high in processed foods and saturated fats are linked to increased risk through inflammation and weight gain. (30)
Smoking	☐	Tobacco use increases breast cancer risk by promoting DNA damage and inflammation. (31)

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Environmental Factors		
Chemicals	☐	Some endocrine disrupting chemicals <i>maybe</i> linked to increased breast cancer risk, particularly when exposure happens during vulnerable life stages and when the chemicals mimic estrogen or interfere with hormonal signaling. (32)
Pollutants	☐	Exposure to some air pollutants have been linked to increased breast cancer risk through mechanisms like systemic inflammation, oxidative stress, and hormone disruption. (33)
Radiation	☐	Medical or environmental radiation exposure, especially during childhood or adolescence, increases long-term risk. (34)

Disclaimer: Some of the risk factors included in this resource are not currently part of standard clinical risk assessment models or formal screening guidelines but are supported by evidence-based research. They are presented to support clinical awareness, guide more personalized risk discussions, and inform shared decision-making. This resource may also be helpful for patients who seek a more detailed understanding of their potential risk factor, particularly when such risks may be cumulative or interact with other known factors.