

## Transgender Breast Cancer Screening

For transgender and gender-nonconforming individuals, breast cancer screening recommendations are based on the sex assigned at birth, risk factors, and the use of hormones.

In average-risk transfeminine (male-to-female) individuals 40 years of age or older with 5 or more years of hormone use, digital breast tomosynthesis (DBT) (<https://www.radiologyinfo.org/en/info/tomosynthesis>) or mammographic screening (<https://www.radiologyinfo.org/en/info/mammo>) may be appropriate. In transfeminine individuals at higher than average risk 25 to 30 years of age or older with 5 or more years of hormone use, DBT or mammographic screening is usually appropriate. In average-risk transfeminine individuals with little to no hormone use (less than 5 years), no test is appropriate. In transfeminine individuals at higher than average risk 25 to 30 years of age or older with little to no hormone use, DBT or mammographic screening may be appropriate.

For transmasculine (female-to-male) individuals with bilateral mastectomies ("top surgery") of any age or risk, no test is appropriate. In average-risk transmasculine individuals who are 40 years of age or older with breast reduction or no chest surgery, DBT or mammographic screening is usually appropriate. In intermediate-risk transmasculine individuals 30 years of age or older with breast reduction or no chest surgery, DBT or mammography screening is usually appropriate, and breast ultrasound (<https://www.radiologyinfo.org/en/info/breastus>) or breast MRI (<https://www.radiologyinfo.org/en/info/breastmr>) with and without intravenous contrast may be appropriate.

In high-risk transmasculine individuals who are 25 to 30 years of age or older with breast reduction or no chest surgery, DBT, mammographic screening, or breast MRI with and without contrast are usually appropriate, and breast ultrasound may be appropriate.

*For more information, please see the Breast Cancer Screening (<https://www.radiologyinfo.org/en/info/screening-breast>) page.*

— By Ryan Lockhart and Aya Kamaya, MD. This information originally appeared in the *Journal of the American College of Radiology*.

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