

We all probably know someone who has endured breast cancer. It's a disease that affects millions of families every year. Yet, prevention for this disease is still based on decades old science and technology. It's time to rethink the process, and tailor screening recommendations based on the patient's individual needs. Each woman is unique, and we think her journey through screening should be equally custom.



1 in 8 woman will get breast cancer within their lifetime

9

It is estimated that more than 2.2 million new cases of breast cancer occurred among women worldwide in 2020 (most recent data available).

-Reliant on Mammograms-~

Mammograms are the current method of screening for breast cancer, but there is no globally accepted standard for when to start screening and how often to be screened. This topic is currently under debate.



Once a Year If you're a 40 year old woman in the US, you may get a mammogram once a year.



In France, you won't start mammograms until 50, and then you may go every 2 vears.



Every Three Years In the UK, you'll wait until 50, and then you may only go once every 3 years.



Never

If you're a 40 year old woman in Switzerland, you might not go for a mammogram at all due to the lack of evidence on the benefits vs. harms.

Mammograms can lead to "false positive results" that incorrectly suggest a woman has breast cancer, leading to unnecessary biopsies and stress. In addition, mammograms can miss the fastest growing, most deadly breast cancers. These issues leave many doctors wondering if there is a better approach to screening.



On average, about 1 in 10 women will be called in for further testing after a mammogram, but more than 90% of these women do not have cancer.





False positives from mammograms every 2 years

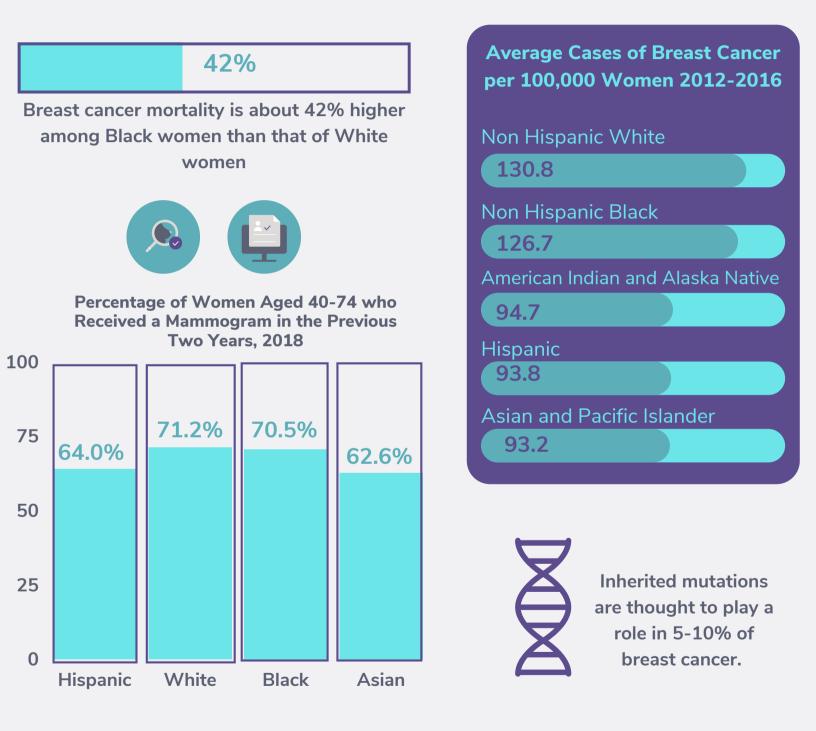
The chance of receiving a false positive mammogram is 61% with annual screening, and 42% with biennial screening.



Breast cancer deaths in younger women were not substantially reduced through annual screening compared with biennial screening.

Breast Cancer Across Communities

Breast cancer affects all people. But due to social, environmental, and hereditary factors, certain groups are impacted more than others. For example, breast cancer is the leading cause of cancer-related death among Hispanic women, and the second-leading cause of cancer-related deaths among White, Black, Asian or Pacific Islander, and American Indian or Alaska Native women in the United States.



Increase the chance of finding breast cancer early, when it's easier to treat:

- Know how your breasts normally look and feel.
- Talk to your doctor right away if you notice changes in your breast.
- Talk to your doctor if you have a higher risk, including a family history of cancer

-The Wisdom Movement-~

The WISDOM Study wants to try something different. What if instead of screening every woman the same, we assess each woman's risk and create a personalized screening plan just for her based on personal risk and lifestyle factors?

How it Works

PERSONALIZED RISK ASSESSMENT

Fill out a personalized risk assessment, with questions on family history and other demographics.



Participants have the option of joining the Annual Study Group, or the Personalized Study Group.

Those who join the Personalized Group will complete a saliva based genetic test and learn their genetic risk for breast cancer.



Receive your WISDOM Study recommendation about your breast cancer risk, and when and how often to have your mammogram.

-Join The Movement- \sim

Over 37,000 women have already joined the WISDOM Study to learn about their breast health and contribute to breast cancer screening research. To learn more about the benefits of WISDOM and to join today, visit www.thewisdomstudy.org!

Who is Eligible



- You identify as a woman
- You live anywhere in the US
- You have never had breast cancer





If you are not eligible, please share the study information with your family and friends and encourage them to join!





- https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/caac.21660
- https://www.komen.org/breast-cancer/risk-factor/understanding-risks/
- https://www.cdc.gov/nchs/fastats/mammography.htm
- https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2777518#ied210004r4
- https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2777518#ied210004r6
- https://institut-curie.org/dossier-pedagogique/breast-cancer-france-screening-program-women-between-50-and-74-years-age
- https://www.cancerstatisticscenter.cancer.org
- https://smw.ch/article/doi/smw.2018.14603
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6525304/
- https://thermography-sc.com/why-mammography-screening-is-being-abolished-in-switzerland/
- https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html
- https://www.urmc.rochester.edu/news/publications/health-matters/mammograms-facts-on-false-positives
- https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/mammograms/getting-called-back-after-a-mammogram.html
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6941147/#R3
- https://pubmed.ncbi.nlm.nih.gov/15061598/
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4562209/
- https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/resources/infographics/takeaction_infographic_aa.htm





