

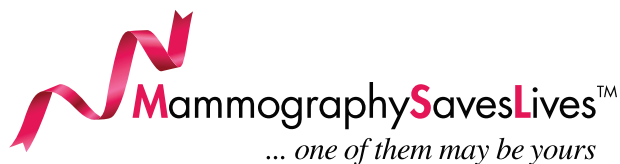
What should I do if I have dense breasts? What if I don't?

If you have dense breasts, please talk to your doctor. Together, you can decide which, if any, additional screening exams are right for you.

If your breasts are not dense, other factors may still place you at increased risk for breast cancer — including a family history of the disease, previous chest radiation treatment for cancer and previous breast biopsies that show you are high risk. Talk to your doctor and discuss your history.

Even if you are at low risk, and have entirely fatty breasts, you should still get an annual mammogram starting at age 40.

The American Cancer Society, American College of Radiology, Society of Breast Imaging and American College of Obstetricians and Gynecologists, among others, recommend that all women have yearly mammograms beginning at age 40. Women at high risk may benefit from starting earlier.



acr.org | 1-800-227-5463 | 

Resources:

For more information on breast cancer screening, visit:
MammographySavesLives.org or
Mass.Gov/dph/MammographyResults

Lahey Hospital & Medical Center's Breast Imaging Center is certified by the American College of Radiology, possesses a valid license and certification of inspection by the Massachusetts Department of Public Health, and meets the standards set by the Food and Drug Administration and the Mammography Quality Standards Act.

Breast Density

Breast Cancer Screening



Not sure if you have dense breasts? Why does it matter?

Ask your doctor which breast cancer screening options are right for you.



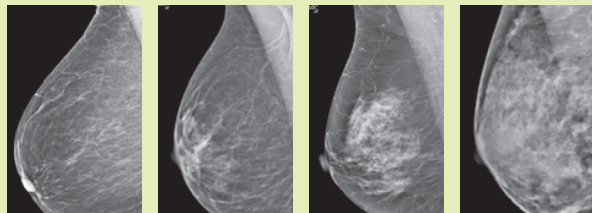
What is breast density?

Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Your breasts are considered dense if you have a lot of fibrous or glandular tissue but not much fat. Density may decrease with age, but there is little, if any, change in most women.

How do I know if I have dense breasts?

Breast density is determined by the radiologist who reads your mammogram. There are four categories of mammographic density. The radiologist assigns each mammogram to one of the categories. Your doctor should be able to tell you whether you have dense breasts based on where you fall on the density scale. (See scale below.)

Radiologists classify breast density using a 4-level density scale:



Almost entirely fatty

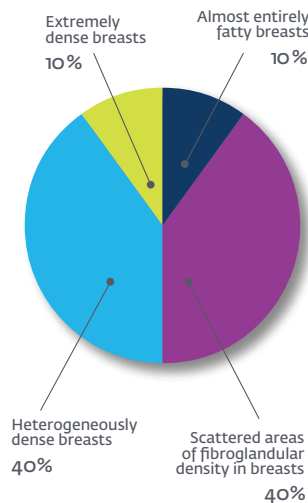
Scattered areas of fibroglandular density

Heterogeneously dense

Extremely dense

Breast density in the U.S. (See pie chart)

- 50% of women have almost entirely fatty or scattered fibroglandular breast tissue
- 50% of women have extremely dense or heterogeneously dense breast tissue



Why is breast density important?

Having dense breast tissue may increase your risk of getting breast cancer. Dense breasts also make it more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts.

If I have dense breasts, do I still need a mammogram?

Yes. A mammogram is the only medical imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue.

Are there any tests that are better than a mammogram for dense breasts?

In breasts that are dense, cancer can be hard to see on a mammogram. Studies have shown that ultrasound and magnetic resonance imaging (MRI) can help find breast cancers that can't be seen on a mammogram. However, both MRI and ultrasound, show more findings that are not cancer, which can result in added testing and unnecessary biopsies. Also, the cost of ultrasound and MRI may not be covered by insurance.

Lahey offers digital breast tomosynthesis, also known as 3D mammography. 3D mammography is a more sensitive mammogram which produces clearer and more accurate images of the breasts. Research on breast tomosynthesis has shown a significantly higher cancer detection rate in women with dense breast tissue over conventional 2D mammography.