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Your recent mammogram shows your breast tissue is dense. This is a common finding that is not abnormal; however, dense breast tissue can also make it more difficult to diagnose breast cancer. Please carefully review the information on the back of this letter.

If you decide you would like to discuss your risks and possible further testing, you must make an appointment with one of our West Ridge OB/GYN providers.

Prior to your appointment, please complete the questionnaire below and bring this form with you to your office visit.

This will be helpful in calculating your lifetime risk of developing breast cancer and in considering whether or not more screening may be useful for you.

1. How old were you at the time of your first menstrual period?
 - a. 7-11
 - b. 12-13
 - c. >13
 - d. Unknown

2. How old were you at the time of your first live birth of a child?
 - a. No births
 - b. <20
 - c. 20-24
 - d. 25-30
 - e. >30
 - f. Unknown

3. How many 1st degree relatives have had breast cancer (mothers, sisters, daughters)?
 - a. 0
 - b. 1
 - c. >1
 - d. Unknown

4. What is your race/ethnicity?
 - a. White
 - b. African American
 - c. Hispanic
 - d. Asian or Pacific Islander
 - e. American Indian or Alaskan Native
 - f. Unknown

5. Have you ever had a breast biopsy?
 - a. Yes
 - b. No

- 5a. If yes, how many breast biopsies have you had?
 - a. 1
 - b. More than 1

- 5b. Has your biopsy ever shown atypical hyperplasia?
 - a. Yes
 - b. No
 - c. Not sure

Understanding Breast Density

With the passage of the new breast density law in New York State, your mammogram report will now inform you if you have dense breast tissue.

What is breast density?

Breast density refers to the amount of fibroglandular tissue seen on a mammogram. The fibroglandular tissue appears as white opaque area, and the dark black area is fatty tissue. Every breast has a combination of these two types of tissues and this is unique to each individual. A breast exam cannot accurately assess breast density.

Radiologists grade breast tissue as one of four breast density categories depending on the volume of fibroglandular tissue compared to fatty tissue: fatty, scattered tissue, heterogeneously dense, or extremely dense. If your mammogram report states that you have dense breast tissue, it means that greater than 50% of your breast tissue is fibroglandular.

The dense white tissue is the tissue that contains ducts and lobules. Breast density can vary with time and hormonal status. Pregnancy and lactation will increase the density of breast tissue. For some women, breast density will decrease after menopause. Weight fluctuations can also affect the density of breast tissue.

Why is breast density important?

Dense breast tissue is **not** an abnormal finding. However, breast cancer detection in dense tissue can be more difficult. A cancerous mass can appear "white" on a mammogram, and if white dense breast tissue surrounds it, cancer may be harder to see. In addition, some small studies suggest that increased breast density may increase the risk for breast cancer. The data showing this is limited at this time.

What should I do if my mammogram report says I have dense tissue?

There are no medical guidelines indicating what type of additional testing, if any, should be performed for women when mammograms detect dense breasts.

You can discuss this further with your health care provider who can review your results and calculate your lifetime breast cancer risk. Your breast cancer risk is impacted by factors such as family history, age, race, genetic predisposition, smoking, radiation history, and hormone exposure.

- ❖ In general, the American Cancer Society advises women with a greater than 20% lifetime risk of breast cancer to have both yearly mammograms and MRI examinations.
- ❖ In women with an intermediate risk less than 20%, breast ultrasound can be considered for supplemental testing, though this has not been proven to improve outcomes.
- ❖ Alternatively, women may choose no further testing beyond mammography, or may have a low calculated lifetime risk of less than 10%, where further screening beyond the annual mammogram is not clearly helpful.

If you want an assessment to calculate your lifetime breast cancer risk, you may schedule an appointment with your West Ridge OB/GYN provider.

What does screening breast ultrasound involve?

Screening breast ultrasound is performed on both breasts and works by utilizing sound waves. It can be performed with a handheld instrument by a technologist. There are also automated breast ultrasound machines available which perform the ultrasound in an automated fashion. This screening test can take between 30-60 minutes to perform.

What are the benefits and drawbacks of breast ultrasound?

Current studies have demonstrated that breast ultrasound will detect approximately three additional cancers per thousand patients with an otherwise normal mammogram. Breast ultrasound can find many solid masses which may or may not be cancerous, but require biopsy for definitive diagnosis.

A drawback with screening ultrasound is the high false positive rate. In other words, more masses will be found & therefore more biopsies will be done, compared to the number of cancers found. According to recent medical literature, approximately one cancer is found for every 20 breast biopsies. This is in contrast to mammography, where approximately one cancer is found for every 3-4 biopsies.

There is **no** evidence from randomized controlled clinical trials that additional screening with ultrasound saves lives, improves outcomes, or adds days to a patient's life.

Will my insurance cover supplemental breast ultrasound?

The law enacted in New York State does not require that insurance cover screening breast ultrasound examinations. However, at this time, many insurers have indicated that they will cover breast ultrasound. If your plan has a deductible, it will not be automatically covered unless the deductible is met prior to the ultrasound.