



# { SCREENING FOR } BREAST CANCER

No one looks forward to having their breasts squashed between two plates, but it's worth the hassle. A mammogram is the most reliable test to catch cancer while it's at a treatable stage. Consider this your guide to starting the discussion with your doctor about what screenings to get and when.

## *GET RISK ASSESSED AT AGE 30*

What that means is talking to your doctor to figure out your risk of developing breast cancer. The goal of doing this check-in at 30 is to catch women who are high risk but don't know it and to reassure others, says Dana Smetherman, M.D., chair of the American College of Radiology Commission on Breast Imaging. If you're over 30 and haven't discussed your potential breast cancer risk factors with your physician or gynecologist, bring it up at your next checkup.

## *MOST EXPERTS SAY GET A MAMMOGRAM AT 40*

Although the U.S. Preventive Services Task Force advises women who have an average breast cancer risk to wait until age 50, many groups recommend starting at 40, including the National Cancer Institute and the American College of Obstetricians and Gynecologists. (The American Cancer Society says women should definitely start at 45.) "One out of six breast cancers occurs in people in their 40s," says Laurie Margolies, M.D., system chief of breast imaging at the Dubin Breast Center at the Mount Sinai Health System in New York.

The downside is that young women are more prone to false positives, which can lead to unnecessary tests. But every expert we interviewed for this story said they felt the pros of starting at 40 outweighed the cons.

“66  
YEARLY SCREENING  
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LAURIE MARGOLIES, M.D.



## ALL MAMMOGRAMS ARE NOT CREATED EQUAL

There are two main types: digital (2D) and full-field tomosynthesis (3D). Both allow the radiologist to enlarge the image or change the contrast to see areas more clearly. The 3D method takes pictures in slices, so it has an edge: "It decreases the number of women getting called back [unnecessarily] and increases cancer detection rates slightly," Margolies says. Insurance might not cover a 3D one (or the co-pay might be higher), although more states are mandating that they be covered. If your breasts are very dense, ask your doctor if 3D is a good way to go.

### YOU SHOULD KNOW IF YOU HAVE DENSE BREASTS

The only way to tell is via a mammogram. The letter you get after your mammogram may say, but if it doesn't, ask your doctor or the technologist at the testing center. There are four categories of density: fatty (not at all dense), scattered fibroglandular density (not dense), heterogeneously dense (fairly dense), and extremely dense.

If you do have dense breasts, it can be harder to spot abnormalities on a mammogram, and you have an increased risk of cancer, says Wendie Berg, M.D., Ph.D., professor of radiology at Magee-Womens Hospital of University of Pittsburgh Medical Center and chief scientific adviser to [densebreast-info.org](http://densebreast-info.org). Having dense breasts can affect how often you get screened and whether you'll get an ultrasound or MRI along with a mammogram. Berg also notes that density tends to decrease with age.

### GETTING CALLED BACK IS NOT UNCOMMON

"Please don't panic, because it probably won't turn out to be cancer," Smetherman says. "For every 1,000 women, about 100 will have to come back for additional images," Smetherman says. "You might have a new cyst—a little sac of fluid—or a dense area." Calcifications—calcium deposits that are quite common and not necessarily a sign of cancer—might also need a closer look.

#### [AT A GLANCE]

### WHICH TEST TO GET YEARLY

- **IF YOU'RE AT AVERAGE RISK:** a mammogram starting at 40.
- **IF YOU HAVE DENSE BREASTS:** a mammogram starting at 40, plus an MRI (if eligible) or ultrasound.
- **IF YOU'RE AT HIGH RISK:** an MRI starting at 25 and mammogram starting at 30.

“ABOUT 40 PERCENT OF WOMEN GETTING MAMMOGRAMS HAVE DENSE BREASTS.”

WENDIE BERG, M.D., PH.D.

# “RELAX ABOUT MONTHLY SELF-EXAMS.”

WENDIE BERG, M.D., PH.D.

There's no official recommendation to do breast self-exams on a schedule. That said, many breast cancers are detected by women who feel a lump. So you do want to be aware of what your breasts look and feel like so you can alert your doctor if you notice changes.

## BRCA ISN'T THE ONLY GENETIC MUTATION

Although BRCA1 and BRCA2 are the most common mutations that may raise your breast cancer risk, there are nine others. "In the past, the cost of genetic testing and our knowledge of other genes' impact on cancer risk limited our ability to test beyond BRCA1 and 2. Today most clinicians offer testing that includes BRCA1 and 2 as well as other genes," says Peter Hulick, M.D., director of the Center for Personalized Medicine at NorthShore University HealthSystem in Illinois.

You might consider genetic testing if you have a family history of breast and/or ovarian cancer. Positive results don't mean you'll develop cancer, but you'll likely need additional screenings.

## SOME WOMEN NEED MORE THAN A MAMMOGRAM

If you're at a higher risk for breast cancer, you may need one of these screenings (along with a mammogram) that take more detailed images.

■ **ULTRASOUND** This uses high-frequency sound waves to generate an image called a sonogram. Ultrasound is used in addition to mammography in women with dense breast tissue and who are at a high risk for breast cancer but are not candidates for MRI.

■ **MRI** (magnetic resonance imaging) You'll be injected with a contrast dye, which highlights cells that may be cancerous, and lie in an enclosed machine for about 30 minutes while images are taken. MRIs can pick up more cancers than a sonogram but tend to be costly and pick up more benign, noncancerous findings than mammograms, which is why an MRI is usually recommended only for women who have a high breast cancer risk.

■ **MBI** (molecular breast imaging) You're injected with a radioactive dye, and images are taken standing up. It can be an option for women who need extra screening but can't have an MRI. ■

## [A NEW SCREENING] COMING SOON

Scientists are working on developing a contrast-enhanced mammogram. "It's like an easier MRI. You're getting a mammogram, but also injecting dye to get a closer look for abnormalities," Berg says. That makes the test more sensitive than a regular mammogram. And because the technology uses mammogram machines, it would be fairly affordable.

