

UPMC

LIFE CHANGING MEDICINE



Personalized Breast Screening

Your Care. Our Commitment.

Welcome

UPMC is committed to caring for the breast health needs of patients at all ages. We have Personalized Breast Screening that is based on age, breast density, and risk. Decisions on routine screening or diagnostic evaluations are made between the patient and their doctor.

We screen for breast cancer so that it can be found before there are any symptoms. When cancer is found in its early stages, treatment is more effective, which improves the chances for survival. Getting screened every year saves lives.

Do I need a mammogram (breast x-ray)?

Breast cancer can develop in both women and men. Due to a higher rate of breast cancer occurring in women, there are screening guidelines. While breast cancer is rare in men, it does happen. The lifetime risk of getting breast cancer is about 1 in 1,000 for men in the U.S. The most common sign of breast cancer in men is a painless lump or thickening in the breast or chest area. However, if changes in the breast, chest area, or nipple are noticed, see a doctor right away.

All women should have an annual mammogram starting at age 40. Of 1,000 women who have a yearly mammogram, about 1 in 8 are found to have breast cancer each year (this number can vary based on age and other risk factors such as personal history of breast cancer, family history of breast cancer, benign breast disease, and breast density).

If you have breast implants, or even if there are no new problems, such as discharge, change in breast size, nipple inversion, or a new lump, you should still get screened. After the screening mammogram, there is about a 10% chance of being called back for imaging. Most women who are asked to come back for more testing do not have breast cancer.

What screening options can help find cancer?

The standard of screening for breast cancer is mammography. A prescription for a screening mammogram or tomosynthesis is not needed. Tomosynthesis (3D mammography) is available throughout UPMC. Other tests that aid mammography in finding breast cancer include breast ultrasound and magnetic resonance imaging (MRI). These tests will require a prescription from your doctor.

- **Screening Mammography**
 - > Routine screening exam by a technologist.
 - > It will take about 30 minutes.
 - > Screening is a benefit that is covered by insurance.
- **Tomosynthesis (3D Mammography)**
 - > This test finds more types of cancer in all kinds of breast densities, not just dense breasts.
 - > Around 2 to 3 more invasive cancers (a cancer that has spread outside the milk ducts) are found for every 1,000 women screened.
 - > It is an imaging tool that uses low-energy x-rays to make a 3D image of the breasts.

- > While a normal mammography takes pictures of the breast from 2 angles, up and down and left to right, tomosynthesis takes many pictures from many angles.
- > The radiation dose is the same as a mammogram.
- > This exam can be performed at the same time as your yearly mammogram.
- > There may be a copay for this test. Check with your insurance provider.
- Diagnostic Mammogram
 - > Is done when there are problems such as a lump, nipple discharge, nipple inversion, a change in skin color/texture, or a change in size/shape of the breast.
 - > May also be done as a second exam to be further looked at by a radiologist.
 - > It will take about 2 to 3 hours because additional images, such as ultrasound or 3D, may be needed.
 - > You will get your results before you leave.
 - > The test results will let the radiologist know if you need more evaluation.
 - > There may be a copay for this test. Check with your insurance provider.
- Ultrasound
 - > Only suggested for women with dense breast tissue.
 - > Around 3 to 4 invasive cancers are found for every 1,000 women screened.
 - > There is no radiation exposure.
 - > This test takes about 30 minutes extra to do after your mammogram.



- There may be a copay for this test. Check with your insurance provider.
- MRI (Magnetic Resonance Imaging)
 - Suggested for women who have a higher risk of cancer (more than a 20% lifetime risk), no matter what type of breast density, and also those with dense breasts who were diagnosed with breast cancer before menopause and treated with breast cancer therapy.
 - An additional 10 cancers are found for every 1,000 women screened. About 7 of those cancers are invasive.
 - There is a less than 5% chance of being asked to do more testing based on an MRI.
 - There is no radiation exposure.
 - This test uses an intravenous (into the vein) injection of contrast (a dye to help the radiologist see the image better).
 - Some women cannot have an MRI due to pacemakers and other conditions.
 - Women with claustrophobia (fear of closed spaces) may need mild sedation.
 - An MRI lasts about 30 minutes.
 - There may be a copay for this test. Check with your insurance provider.

Breast Density Screening Options

Pennsylvania law requires that we tell you about your breast density on every mammogram report. This will help you to make choices about your health care that are best for you.

What does breast density mean?

Breasts are made up of a mixture of fatty and dense breast tissue. Dense tissue is normal, and it is made up of milk-producing glands and supportive tissues. Breasts are dense if there is a lot of dense breast tissue and not much fat.

If my breasts feel lumpy, does that mean that they are dense?

No. The density shown on your mammogram often has nothing to do with how your breasts feel. Many lumpy breasts have mostly fatty tissue in them and not a lot of dense breast tissue.

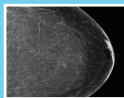
How do I know if I have dense breasts?

A radiologist will decide this based on your mammogram results. The report that the radiologist sends to your doctor and the results letter that you receive will state your breast density. There are 4 categories of breast density:

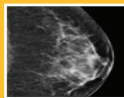
- 1. Fatty.** Your breast is made of mostly fatty tissue with little to no dense tissue.
- 2. Scattered fibroglandular.** You have some dense tissue but more fatty tissue.
- 3. Heterogeneously dense.** Your breast has more dense tissue than fatty tissue.
- 4. Extremely dense.** Your breast is made of mostly dense tissues with little to no fatty tissue.

4 Categories of Breast Density

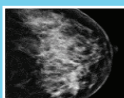
1. Fatty



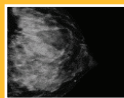
2. Scattered fibroglandular



3. Heterogeneously dense



4. Extremely dense



Why do I need to know if I have dense breasts?

When breast tissue is dense, it is hard to see certain cancers on a mammogram. There are other imaging tests that can help to find cancers not seen on a mammogram. Dense tissue can also raise the risk of getting breast cancer.

How do I know my risk of breast cancer?

Your lifetime risk of breast cancer depends on your age, personal medical history, and family medical history. About 75% of all women who get breast cancer have no known risk factors. There are other factors to consider, as well as those listed below, in determining risk. We suggest that you talk about this with your doctor.

Normal Risk (less than 15% lifetime risk of breast cancer): This applies to most women aged 40 and older without any personal or family history.

Intermediate Risk (15%-20% lifetime risk of breast cancer):

- Personal history of breast cancer without the other high-risk criteria listed below.
- History of high-risk breast lesion (including lobular carcinoma in situ, atypical lobular hyperplasia, atypical ductal hyperplasia, and/or flat epithelial atypia).
- Family history of breast cancer not meeting high-risk criteria (see below).

High Risk (more than 20% lifetime risk of breast cancer based on family history)

Think about getting an MRI if you are younger than 70 years of age and:

- Have a first-degree relative (mother, father, sister, brother, or child) who was diagnosed with breast cancer at age 45 or younger.
- Have multiple relatives on the same side of the family who were diagnosed with breast cancer at age 50 or younger.
- Have a male relative diagnosed with breast cancer at any age.
- Your family is of Ashkenazi Jewish heritage and has had breast or ovarian cancer.

- Know of a BRCA mutation in your family, but you have not been tested.
- You have a BRCA 1 or BRCA 2 mutation. If so, start receiving an MRI screening at age 25.
- You had chest radiation therapy, such as Hodgkin's lymphoma, before you were 30 years old, and the treatment was at least 8 years ago.

What do I do next?

Please speak with your doctor to decide if you need to have more imaging tests.



Notes



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