

## Breast Screenings at a Glance



Technology	What is it?	Benefits	Risks and limitations	Recommendations & Need to Know
Mammogram	<p>X-ray images of breast tissue to detect and evaluate breast abnormalities, most often in women with no breast symptoms.</p> <p>A “screening” mammogram looks for or “screens” for medical conditions before any symptoms are visible.</p> <p>A diagnostic mammogram evaluates a breast change or a suspicious finding from a screening mammogram.</p>	<p>The best available imaging device for women at normal risk.</p> <p>Low-cost and free mammograms are offered nationwide if you need help paying for one; many community health centers provide discounted screenings during October—Breast Cancer Awareness month; visit the CDC’s Breast and Cervical Cancer Early Detection Program: <a href="http://www.cdc.gov/cancer/NBCCEDP">www.cdc.gov/cancer/NBCCEDP</a></p>	<p>Can indicate problem when there is none (false-positive).</p>	<p>Women age 40 and older should have a screening mammogram every year.</p> <p>Schedule it around the same time as a breast exam by your health care professional.</p> <p>Ask if your health care professional and the radiologist should communicate.</p> <p>Check with your mammography center ahead of time to understand steps to take to help make your mammogram as successful as possible.</p>

<p>Digital Mammogram</p>	<p>Just like digital cameras, a digital mammogram collects and uploads images into a computer; they can be easily manipulated and viewed and shared by health care professionals who are off site.</p>	<p>Can provide a more accurate image of dense breasts.</p> <p>Blocks out fat so only breast tissue is viewed; can also erase breast tissue from image so only fat is viewed.</p> <p>Radiologist can magnify different areas to inspect; can make subtle differences in tissue images easier to identify.</p> <p>No developing time is necessary for images, so it takes less time.</p> <p>Most helpful in evaluating dense breast tissue in women in their 40s.</p>	<p>More expensive; may not be covered by insurance; not available in all areas.</p> <p>For women over 50 who don't have dense breasts, regular mammograms have been shown to be just as good as digital mammograms.</p>	<p>Check with your mammography center ahead of time to understand steps to take to help make your mammogram as successful as possible.</p>
<p>Clinical Breast Exam (CBE)</p>	<p>A visual and physical exam of the breast by a health professional.</p>	<p>This screening should be part of your regular physical. It can be performed by a variety of health care professionals—your ob/gyn or primary care provider, for example.</p> <p>Exam should include instruction to help you become familiar with your own breasts, how to examine them and what's normal for you.</p>	<p>Can miss cancers too small to be felt.</p> <p>Not a complement to mammogram in women too young for mammogram.</p>	<p>May be of some benefit to perform prior to mammogram so that if a suspicious area is found, the mammogram may focus on that area.</p>
<p>Breast Self-Exam (BSE)</p>	<p>Step-by-step approach to examine the look and feel of your breasts.</p>	<p>All women age 20 and older should do a BSE periodically.</p> <p>Free and convenient; research has shown BSE plays a small role in finding breast cancer compared with finding a lump by chance; Doing BSE regularly is a good way to know how your</p>	<p>Some women are so concerned with doing it "right" or may be uncomfortable with touching their breast so they may not do</p>	<p>Perform periodically at same time each month, three to five days after menstruation has stopped, on same day each month; examine yourself from several angles both visually and physically.</p>

		breasts feel and look.	it regularly or at all.	
Magnetic Resonance Imaging (MRI)	A large scanner containing a magnetic field through which pulses of radio frequency radiation are projected. The test can show differences in tissue and bone structure to help identify masses. During an MRI scan, you lie in an enclosed tube-like area, while the radio waves are pulsed around you.	<p>May be recommended for women who have already been diagnosed with breast cancer or who are at high risk.</p> <p>Can reveal tumors too small to detect through physical examination; can identify breast cancer and further define abnormalities identified on mammography or ultrasound or missed by mammography.</p>	<p>High rate false-positives; expensive and not readily available; requires interpretation by a radiologist.</p> <p>Lying in an enclosed MRI scanner can be claustrophobic; a mild sedative may help, and some medical centers have room-size equipment available.</p>	<p>Not a screening device except for high-risk women; performed along with mammography.</p> <p>Facilities that can do an MRI-guided breast biopsy at time of exam in the event of abnormal findings are helpful, but not always available.</p>
Ultrasound	A device sends high-frequency sound waves into the body; the waves are reflected back from organs and tissues, creating a picture of the internal organs; can show tumors and guide doctors doing biopsies or treating tumors.	Uses no radiation; can determine a cyst from solid tissue; adds another dimension to imaging possible with mammography; only way to tell if a suspicious area is a cyst without using a needle to withdraw fluid.	High rate false-positives; does not pick up small details like an x-ray can; of limited use in breasts with fatty tissue; quality depends on the experience of person using the equipment.	Should not be used for routine screening; best for investigating one lump or suspicious area already detected by physical exam or mammography; most effective in dense breasts.

According to the American Cancer Society, the following information will help you determine your risk category. Ask your health care professional for guidance.

Women at high risk include those who:

- have a known BRCA1 or BRCA2 gene mutation
- have a first-degree relative (mother, father, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation and have not had genetic testing themselves
- have a lifetime risk of breast cancer of 20 percent to 25 percent or greater, according to risk assessment tools that are based mainly on family history
- had radiation therapy to the chest when they were between the ages of 10 and 30 years

Women at moderately increased risk include those who:

- began menstruation early (at age 12 or younger) or had a late menopause (age 55 or older)
- have a personal history of breast cancer, ductal carcinoma in situ (DCIS), lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH) or atypical lobular hyperplasia (ALH)
- have extremely dense breasts or unevenly dense breasts when viewed by mammograms