

TODAY'S HEALTH FOR THE EMPOWERED WOMAN

DENSE BREAST MAMMOGRAMS

Much is being made of the finding on a mammogram of the designation “dense breast tissue”. First a word about normal breast physiology. ALL women have dense breast tissue from the time of the first period until menopause because the breasts are comprised of glandular tissue for the express purpose of milk production. This is normal. A year ago two New York State legislators in a well meaning intent to protect women, proposed a bill that eventually became law that mandated that if a mammogram indicated that the breasts were dense, the ordering provider would have to discuss with the woman that this was an indicator for higher risk of cancer. RED FLAG. There is no scientific evidence that normal dense breasts raise the risk of breast cancer. It merely makes the mammogram somewhat more difficult to read and might indicate the need for a sonogram or MRI to make a more clear diagnosis. Bad information makes bad laws and this is a perfect example. When the radiologist reviews a mammogram he is looking for abnormal blood vessels, calcifications, asymmetry of the breasts and thickening that might be a sign of an abnormality that would need to be biopsied. The need for biopsy is further enhanced by a positive family history of breast cancer on the maternal side, a lump detected on exam, a positive genetic marker called BRACA and ancestry of Ashkenazi Jewish or Eastern Europe derivation. Of note: 80% of women with positive BRACA gene positive testing will get breast cancer in their lifetime but 80% of women with breast cancer do not have the gene. The difference must be understood. The American College of Ob-Gyn and the American Cancer Society recommend that mammogram testing should begin at age 40 and every year thereafter. If there is a high risk of cancer in the family or a palpable lump the mammogram can be ordered at an earlier age. There is no perfect modality for diagnosis and in the past thermo grams, sonograms and other tests purported to be accurate but mammogram is still the most cost effective gold standard. So, if a report comes back: “normal but dense breasts make reading more difficult”, this is not to be construed as a higher risk for cancer...merely a more difficult test to read. The provider under the new law must then discuss if a sonogram or MRI is indicated and should discuss with the patient the pros and cons and offer a reexamination of the breasts based on the mammogram findings. The new law is making patients and providers crazy with inexact science. Bottom line: if your mammogram indicates dense breasts, which are normal during the reproductive years, it is not a sign of breast cancer. It indicates that a more thorough exam need be done and POSSIBLE sonogram and/or MRI be ordered for clarification. These should be assessed based on other risks as outlined above. Remember that the goal of a mammogram is to possibly find a malignant or premalignant mass before the patient or provider can even palpate it. At such an early stage, biopsy, and if malignant—a lumpectomy and radiation can be effective treatment without disfiguring and emotionally scarring mastectomy. The key is to discuss all these options with either the ordering provider or the radiologist who has read the mammogram.