

## **DENSE BREASTS – CATEGORY C MAMMOGRAM RESULT**

### **What are dense breasts?**

- Dense breast tissue is **not** abnormal. Almost half of women have dense breast tissue.
- If you have category "c" breast tissue density, your risk is the same as the risk associated with having a second-degree relative (eg, aunt) who had breast cancer.
- If you have breast density category "d" (extremely dense), your risk is the same as having a first-degree relative with breast cancer.
- Dense breast tissue can make it challenging for the radiologist to identify abnormalities and interpret the examination; thus, mammography's accuracy is lower.
- Although your risk for developing breast cancer is modestly higher if you have dense breasts, you are not at increased risk for dying of breast cancer.

### **Calculating breast cancer risk**

- Many online tools allow you to calculate your risk for a breast cancer diagnosis (e.g., the estimated risk for a diagnosis in the next 5 or 10 years or over your lifetime).
- If your lifetime risk for breast cancer is <15%, then no additional screening beyond mammography is generally recommended.
- If your lifetime risk is 15 to 20%, the American Cancer Society suggests that you discuss your concerns and preferences with your provider to determine whether you should have additional screening with other tests. However, not all societies recommend this, and it remains an uncertain area.
- If your calculated lifetime risk is >20%, some groups recommend supplemental MRI annually (eg, alternate every 6 months with mammography and then 6 months later with MRI).

### **Screening options**

- Although screening mammography is not perfect, it is the best-studied tool we have and the only imaging tool that confers reduced deaths from breast cancer.
- 3D tomosynthesis is a newer imaging test that has been less well studied; it may have a lower false-positive and higher cancer detection rate, but the examination may incur additional cost and expose you to more radiation.

### **Additional imaging**

- Potential benefits
  - Automated whole breast ultrasound and MRI may be able to detect additional cancer that would not be seen on your mammogram.
  - Earlier detection from screening may allow less aggressive surgery, chemotherapy, and radiation therapy.

- Potential harms
  - Your risk for false-positive results increases with ultrasonography and MRI. False-positive results are when you are asked to return for additional testing but do not have breast cancer. This can be a stressful experience for some women.
  - Your risk of having a breast biopsy when you do not have breast cancer increases.
  - You will be at increased risk for overdiagnosis (breast cancer that would cause no harm during your lifetime). Because we cannot identify which cancer cases are "over-diagnosed," you may receive overtreatment (eg, unnecessary chemotherapy or surgery).
  - Your cost will be higher (especially with MRI).
  - IV gadolinium (which has uncertain long-term risks) is required for breast MRI.
- No long-term studies have provided data on breast cancer mortality for ultrasonographic or MRI supplemental screening.

### **Risk reduction strategies**

- A healthy lifestyle has been associated with lower risk for breast cancer (limit postmenopausal weight gain, maintain an exercise regimen, limit alcohol intake).
- If you are at very high risk, you may consider medications (eg, chemoprevention). This is only for women with a 5 yr risk of >3%

### **How do you decide?**

- What are your personal values and goals for screening?
- I encourage you to make an informed decision that is right for you. Please schedule a visit or phone call if you have additional questions or concerns.