Dear Provider,

A new California law went into effect April 1, 2013, that requires the inclusion of breast density in the results letters to patients who have been determined to have dense breasts on mammogram. Although the breast density is already being reported in the mammogram reports, the new law will require inclusion of this information in the letters to the patients. We anticipate this will prompt additional questions from patients as they review their mammogram results.

Beginning on April, 1, 2013, the following additional verbiage will be included in the results letters to patients with heterogeneously dense or extremely dense breasts:

“Your mammogram shows that your breast tissue is dense. Dense breast tissue is common and is not abnormal. However, dense breast tissue can make it harder to evaluate the results of your mammogram and may also be associated with an increased risk of breast cancer.

This information about the results of your mammogram is given to you to raise your awareness and to inform your conversations with your doctor. Together, you can decide which screening options are right for you. A report of your results was sent to your physician.”

50% of women undergoing a screening mammography will fall into the categories requiring this verbiage – that is, they have either heterogeneously dense, or extremely dense breasts. 40% of women have heterogeneously dense breasts, and only 10% have extremely dense breasts. It is estimated that women with heterogeneously dense breasts have a 1.2 relative risk of breast cancer, while the 10% with extremely dense breasts have a relative risk of 2.

There are no evidence-based guidelines about appropriate follow-up for women with dense breasts, but the potential value of additional imaging modalities may be considered if the patient is at higher risk of breast cancer. It is important to consider a patient’s additional risk factors in order to decide whether a patient would benefit from additional imaging.

Imaging options for women with dense breasts **and** increased risk factors include:

* Screening mammography at routine intervals
* Additional modalities:
  + Screening Breast US
  + Breast MRI
  + 3D mammography (not currently available to our patients)

MRI is recommended and insurance will usually pay for women who have dense breasts **and** are at increased risk of breast cancer (greater than 20% lifetime risk of breast cancer, history of prior radiation to the chest). Breast Screening Ultrasound, whether it is handheld or automated, is currently not recommended for screening women with dense breasts who do not have an increased risk of breast cancer, but its potential role in light of the new law is evolving. 3D mammography is a new modality, and is not yet available to our patients.

While additional screening may identify occult cancers, no test has been proven to find cancers at an earlier stage than is found through routine mammography. A careful family history and consideration of other risk factors is essential in determining a patient’s overall breast cancer risk. The patient’s breast density is merely another factor to consider. Other risk factors include family history of breast cancer in first degree relatives, personal history of LCIS or DCIS, personal history of atypical ductal hyperplasia, younger age at first menses, older age at first live birth, history of multiple breast biopsies, or history of chest irradiation. Alcohol consumption and obesity may also play a role in risk, but there is not enough evidence to place them in the high risk category at this time.

I am including a link below that has an excellent educational summary regarding breast density, and also has information for patients.

<http://www.breastdensity.info>

Because 50% of women will be seeing this new information on their mammogram result, it is essential that primary care physicians educate themselves regarding this issue so that they can reassure their patients. The system will not be able to support referrals to breast clinic for every patient with these results. Likewise, the radiology department will not be able to accommodate referrals for screening ultrasound or MRI for low risk women. The value of these exams needs to be carefully considered. MRI has a 30% false positive rate when used in the screening setting. That means that if not used with caution, there will be a significant increase in unnecessary biopsies. These have significant cost, both emotionally to the patient, and to the system as it becomes overloaded with requests.

I would urge you to continue doing an annual screening breast exam, and to continue to encourage your patients to do a monthly self breast exam. Despite the growing body of evidence that suggests these screening tools are not helpful, there is little downside, and we do see patients who present with breast masses that either they were unaware of, or didn’t think were significant.

To summarize, I want to reiterate that there is no change in the wording of the mammogram report itself. Breast density is currently reported in the physician copy of the mammogram report. The only change is that this information is now being reported to the patient. Please take the time to read the information in the above link - it will help you answer most of the questions that come up from this change in reporting.

Feel free to contact me with any questions or concerns regarding this subject.

Sincerely:

Jane McCormick, MD