

Breast Density Legislation Frequently Asked Questions

In January, Michigan Governor Rick Snyder signed into law a bill requiring that a patient be notified if her mammogram shows dense breast tissue. The goal of this legislation is to help raise patient awareness and better understand the limitations of traditional mammograms for patients with breast dense tissue so that those patients can discuss options and appropriateness of supplemental testing with their primary care provider.

To help primary care providers prepare for the new legislation, below are some frequently asked questions and answers.

Michigan has enacted breast density legislation that goes into effect June 1, 2015. What does this legislation require?

This legislation requires that all mammography facilities in the State of Michigan inform patients if they have dense breast tissue. Patients must be informed, in writing, that their breasts are dense and that they should discuss supplemental screening options as well as breast cancer risk reduction options with their health care provider. The bill was signed into law by Gov. Snyder on January 10, 2015 and has a specific statement that must be given to the patient.

How is breast density measured?

Currently, breast density is estimated by the radiologist who is interpreting the mammogram. The American College of Radiology uses a BIRADS lexicon to assign one of four density levels to each patient:

- a. the breasts are almost entirely fatty
- b. there are scattered areas of fibroglandular density
- c. the breasts are heterogeneously dense, which may obscure small masses
- d. the breasts are extremely dense, which lowers the sensitivity of mammography

Munson Healthcare is planning to install and implement the use of a computer software program, Volpara, which uses an algorithm to measure the volumetric density of each mammogram and assign a BIRADS category. This will reduce the variability of human interpretation.

What is the relationship between breast density and breast cancer risk?

There is evidence suggesting increased breast cancer risk in women with dense breasts, although the reasons and degree of risk are still being debated. Dense breast tissue can mask breast cancer and lower the sensitivity of mammography. In these patients, adding supplemental screening tests to their yearly mammogram may help us detect breast cancer sooner than mammography alone.

If a patient has dense breast tissue, what notification will she receive?

Currently, mammogram patients receive a letter in the mail informing them of their mammogram results. This letter will stay the same, but patients with dense breast tissue will have a statement added to their letters which the State of Michigan has written: *“Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer through a mammogram. Also, dense breast tissue may increase your risk for breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to discuss with your health care provider whether other supplemental tests in addition to your mammogram may be appropriate for you, based on your individual risk. A report of your results was sent to your ordering physician.”*

What are supplemental breast testing options and their advantages/disadvantages?

Currently, the National Comprehensive Cancer Network (NCCN) guidelines suggest screening breast

MRI for patients who are at increased risk for breast cancer, a lifetime risk equal to or greater than 20 percent. Risk models take into account personal and familial risk factors but do not account for dense breast tissue. At Munson, patients with dense breast tissue could be considered for whole breast screening ultrasound in addition to their yearly screening mammogram. Ultrasound has a higher sensitivity than mammography, but a lower specificity (increased cancer detection, but more false positive results).

A 3D mammography unit (Tomography) will be installed in early 2016, which will be available as a screening tool for patients with dense breast tissue. 3D mammograms are built of 'slices' of the breast, much like a CT scan enabling radiologists to move through the breast slice by slice. As time progresses, other more sensitive and specific ancillary tests may become available.

As each insurance company is different, patients will need to check with their carrier to see what may and may not be covered. Patients who elect to undergo screening whole breast ultrasound or other ancillary tests in addition to their yearly screening mammogram may incur additional costs. Additional diagnostic ultrasound may be warranted after the images are interpreted by the radiologist, just as this happens with mammograms.

What is Munson Medical Center's recommendation for mammogram screenings?

Munson Medical Center currently follows the American College of Radiology (ACR) and American Cancer Society (ACS) recommendation for screening mammograms, which is a yearly mammogram for all women age 40 and over. Patients with a clinical change or who are genetically positive could be seen sooner than age 40.

Patients who have a first degree relative (mother, sister) with a history of breast cancer should consider starting their screening mammograms yearly at an age 10 years younger than their relative was diagnosed, but not before age 25. Yearly clinical breast exams performed by the patient's health care provider are also recommended, as well as monthly self-breast exams by the patient.

It is important for patients to understand these ancillary screening tests are not meant to replace mammograms, but rather supplement them in specific instances.

What should primary care physicians tell their patients regarding the new breast density legislation?

Radiologists have routinely reported the patient's breast density following the BIRADS lexicon. The new legislation has been enacted to ensure patients are receiving this information if they have dense breasts. If a patient does not have dense breasts, and is of average risk status, then current American Cancer Society recommendations are for annual screening mammograms starting at age 40. If a patient is informed that they have dense breast tissue, currently screening whole breast ultrasound can be offered by the health care provider. As each insurance company is different, patients will need to check with their carrier to see what may and may not be covered. Patients who elect to undergo annual screening whole breast ultrasound in addition to their yearly screening mammogram may incur additional cost, and may undergo a "callback" for ultrasound, just like mammography.

The legislation has been put in place to inform patients when they have dense breasts, and to make them aware that mammography alone may not detect a breast cancer. No screening test is 100 percent sensitive, or specific, for detecting cancer.

If you have additional questions, please contact Hilary Tarsney, RT(R)(M); Munson Healthcare Smith Family Breast Health Center, at (231) 392-7123 or htarsney@mhc.net.