Patient received letter

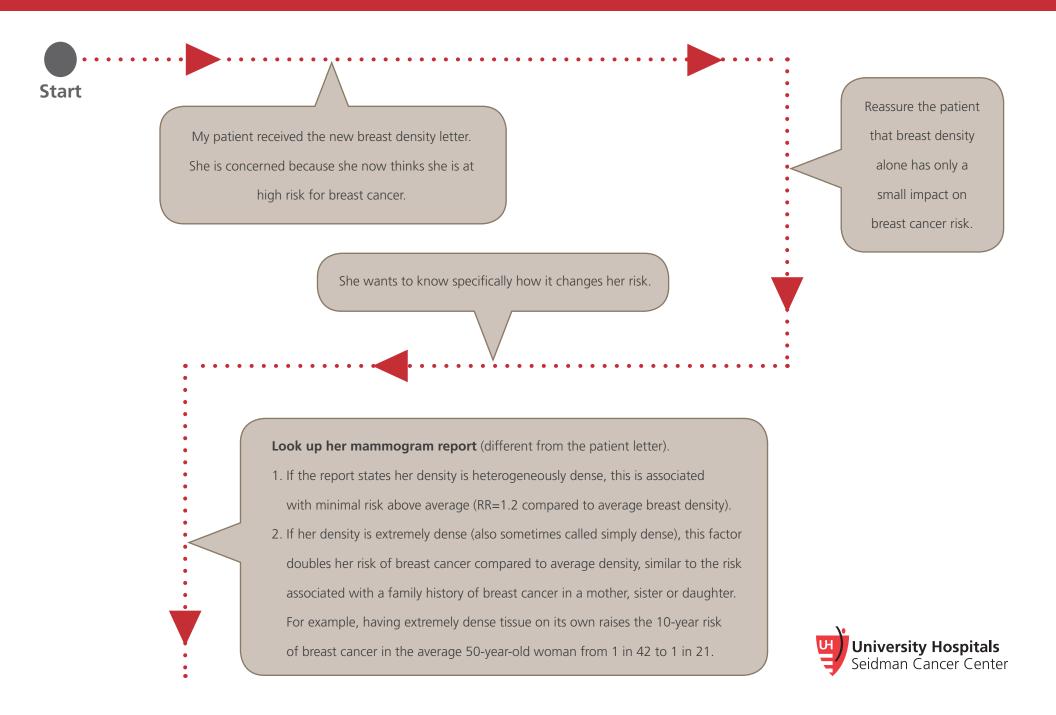


My patient received the letter stating she has dense breasts. Now she is wondering whether she should continue to get mammograms at all.



She should continue to get screening mammograms. The breast density law does not reflect any change in the current mammography screening recommendations by professional medical societies. Mammograms have been shown to be effective in lowering breast cancer mortality for all breast densities.

Patient thinks she is at high risk for breast cancer



Patient wants to be screened with something other than mammogram

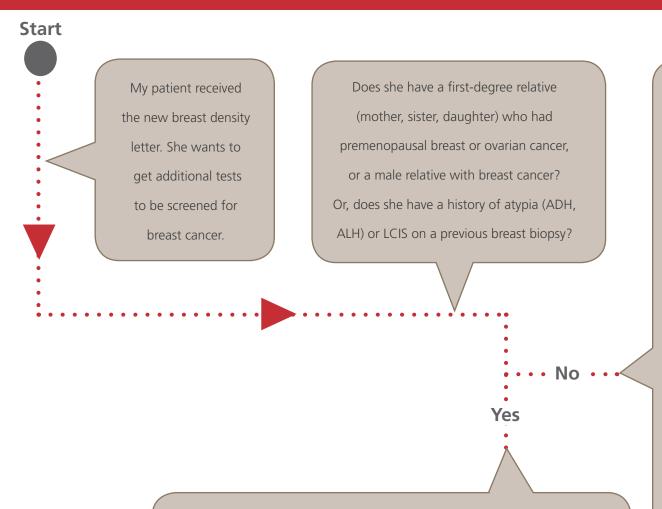


My patient received the new breast density letter. She wants to be screened with another modality instead of mammograms.

Explain that at this point in time, there is no other method that is recommended to replace the mammogram. There are certain manifestations of cancer (for example, calcifications) that are only seen on mammography. The other "screening options" referred to in the letter are in addition to, and not instead of, a routine screening mammogram.



Patient wants additional tests to be screened for breast cancer



She would likely benefit from a breast cancer risk assessment. This could be performed by a physician with experience in breast cancer risk model selection and interpretation. This is available at the UH Center for Breast Cancer Prevention (216-844-BRST) at UH Cleveland Medical Center, UH St. John Medical Center and UH Chagrin Highlands Health Center.

If the patient does not have other breast cancer risk factors, reassure her that her risk remains low. Tomosynthesis is an additional screening test with current results showing an increase in cancer detection and decreased false positives. Tomosynthesis has been shown to increase cancer detection in women with dense breast tissue. Educate the patient about the risks and benefits of screening MRI and ultrasound (higher cancer detection, but also higher false positive biopsy rates and short-term follow-up recommendations). UH offers screening tomosynthesis, ultrasound and MRI. Explain that she should check with her insurance carrier to confirm coverage of additional tests. Assist the patient in making the best personal choice to meet her needs based on these factors. using a shared decision-making process.



Patient has heterogeneously dense or extremely dense breasts



My patient has "heterogeneously dense" or "extremely dense" breasts and she also has other risk factors. She has completed a risk assessment showing her overall risk to be high (e.g., calculated >20 percent lifetime risk or >5 percent 10-year risk), or has a BRCA mutation or history of mantle radiation.

Recommend annual breast MRI and annual mammogram for screening. Screening breast MRI is typically covered by insurance for high-risk women. If a woman is being screened annually with MRI and mammogram, no additional screening tests (such as ultrasound) are needed. Because of the patient's high risk, she would likely benefit from a breast cancer risk assessment. This could be performed by a physician with experience in breast cancer risk model selection and interpretation. This is available at the Center for Breast Cancer Prevention (216-844-BRST) at UH Cleveland Medical Center, UH St. John Medical Center and UH Chagrin Highlands Health Center.



Patient has heterogeneously dense or extremely dense breasts and has other risk factors



My patient has "heterogeneously dense" or "extremely dense" breasts and she also has other risk factors. She has completed a risk assessment showing her overall risk to be high (e.g., calculated >20 percent lifetime risk or >5 percent 10-year risk).

I recommended an annual MRI, but the patient has claustrophobia, pacemaker, contrast allergy, limited insurance coverage plan or other reasons why she does not want to have an MRI.

Recommend the addition of tomosynthesis to her routine mammogram and/or screening ultrasound as supplementary screening tests for high-risk women. Studies have shown some utility for ultrasound in high-risk women if screening MRI is not performed. Because of the patient's high risk, she would likely benefit from a breast cancer risk assessment. This could be performed by a physician with experience in breast cancer risk model selection and interpretation. This is available at the Center for Breast Cancer Prevention (216-844-BRST) at UH Cleveland Medical Center, UH St. John Medical Center and UH Chagrin Highlands Health Center.

