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Advanced Radiology℠

Breast Imaging at Advanced Radiology

Mammography

Mammography uses low-dose x-ray to image tissue inside the breasts, and aids in the early detection and diagnosis of breast disease. While different organizations have differing recommendations regarding mammography, Advanced Radiology supports the guidelines of the American College of Obstetrics and Gynecology and the American College of Radiology that recommend women have a mammogram performed annually beginning at age 40.

All mammograms at Advanced Radiology are interpreted by subspecialized and fellowship-trained breast Radiologists.

Screening vs. Diagnostic Mammography

Patients are sometimes confused about the difference between "screening" and "diagnostic" exams, particularly when it comes to mammography.

Annual Screening Mammography is for patients without signs and/or symptoms of breast disease, discomfort, or past findings requiring follow-up.

Due to documented signs and/or symptoms, or the results of a previous exam, Advanced Radiology may determine it would be best to perform a diagnostic study. We will contact your referring physician to discuss. A prescription from your physician is required for a diagnostic mammogram.

Diagnostic Mammography is performed:

1) as a follow-up to a screening exam that requires more information and imaging;

2) as a follow-up to previous findings to document changes or stability; or

3) for a patient with clinical signs and/or symptoms of possible breast disease, a history of breast cancer, or other factors that make a diagnostic exam necessary (based on the opinion of the referring physician);

4) for a patient with a history of breast cancer.

Diagnostic mammography captures as many images as needed to fully analyze your breast(s) and may include additional images of an area of possible concern or documented abnormality.

A prescription from your physician is required for a diagnostic mammogram.

Insurance Coverage

Covered-in-full means a benefit is paid entirely by your plan. In other words, it's free for you! Some examples may include an annual physical, an annual flu shot, many immunizations, or an annual mammogram.

Connecticut state law requires that screening mammography charges be "covered" IF your insurance plan includes preventative benefits. Although your insurance plan may "cover" screening mammography, the charges for tomosynthesis may be put towards your plan's deductible or co-insurance if that has not yet been met. Any balance may be your responsibility - please check with your insurance carrier. Insurance plans will not cover more than one screening mammogram in a twelve-month period. (Insurance information is under Billing review).

Covered benefits are paid for according to your plan's rules for cost-sharing. If you have a deductible, you'll pay your bill at the negotiated rate and it will count toward your deductible and out-of-pocket maximum. If you have met your deductible but not your max, you might owe a co-pay or co-insurance. How much you'll pay depends on your plan and the services you received.

Every plan is different. Please speak with your health insurance provider to learn the specifics of your plan.

What if I get called back?

Being called back after a screening mammogram is common, and it does not mean you have breast cancer. In fact, fewer than 1 in 10 women called back for more tests are found to have cancer. Often, it just means additional imaging is needed to get a more precise look at an area of concern.

Being called back is more common after your first mammogram, or when there are no previous mammograms for comparison. It's also more common for women who have not yet gone through menopause.

In short, callbacks are not necessarily a cause for concern. In the majority of cases, it simply ensures that your exam is thorough.

What if I have dense breasts?

Dense breast tissue refers to the appearance of breast tissue on a mammogram. It's a normal and common finding. On a mammogram, fatty tissue (non-dense) appears dark and transparent. Dense breast tissue appears as a solid white area, which makes it more difficult to see through.

The radiologist who analyzes your mammogram determines the ratio of fatty tissue to dense tissue and assigns a level of breast density. Levels of density are described using a results reporting system called Breast Imaging Reporting and Data System (BI-RADS). The levels of density are:

- **A:** Breasts are almost entirely composed of fat. About 1 in 10 women has this result.
- **B:** Scattered areas of density, but the majority of the breast tissue is non-dense. About 4 in 10 women have this result.
- **C:** The majority of the breast tissue is dense. About 4 in 10 women have this result.
- **D:** Nearly all of the breast tissue is dense. About 1 in 10 women has this result.

In general, women with breasts that are classified as heterogeneously dense or extremely dense are considered to have dense breasts. About half of women undergoing mammograms have dense breasts.

Having dense breasts can increase the chance that breast cancer may go undetected by a mammogram. It may also increase your risk of breast cancer.

If you have dense breasts, our radiologists recommend additional or supplemental testing, including breast ultrasound and breast MRIthe addition of screening breast ultrasound which has been shown to find an additional 2-4 cancers/1000 compared with mammography alone.

Ultrasound

Breast Ultrasound uses high-frequency sound waves to generate images the radiologist and technologist can view in real time. Breast ultrasound is often used in addition to a mammogram to evaluate a breast lump or area of concern found on a previous exam. Breast ultrasound is also frequently used in women with dense breasts as an additional screening tool (it should not, however, replace mammography).

Breast Elastography allows our radiologists to measure and map the softness or hardness of tissue. It can help differentiate between malignant (cancerous) and benign (non-cancerous) tissues. Elastography technology provides clear, distinct imaging that can help identify previously unseen lesions and may reduce the number of unnecessary biopsies.

Magnetic Resonance Imaging (MRI)

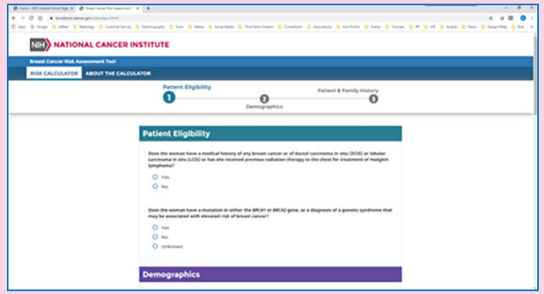
Breast MRI is not a replacement for mammography, but is used in conjunction with mammography to further detect and evaluate tissue abnormalities. MRI is especially valuable in determining the extent, size, and location of breast cancer. It is also the most sensitive method for evaluating breast implants. Women at high risk for breast cancer, particularly those who have a known BRCA1 or BRCA2 gene mutation, may benefit from routine annual breast MRI exams. Breast MRI is non-invasive, pain-free, and usually takes about 30 minutes.

Fast Breast MRI is a faster and more affordable breast MRI. It is available for women with dense breasts and an average lifetime risk for breast cancer who desire an additional screening tool in combination with mammography. Fast Breast MRI has been shown to be effective in detecting small invasive breast cancers that may not be visible on mammography.

Estimating Your Breast Cancer Risk

The National Cancer Institute offers an online risk assessment tool based on a statistical model. The tool uses a woman's own personal information to estimate risk of developing invasive breast cancer over specific periods

bcrisktool.cancer.gov/calculator.html



Fast Breast MRI is not intended to replace mammography. Based on extensive review, the American College of Radiology (ACR) still recommends annual mammography beginning at age 40 as the gold standard for breast cancer screening.

Fast Breast MRI is a new exam, growing in popularity, It is not currently covered by insurance and would be an out-of-pocket expense for all patients who choose to have this exam.

Breast Biopsy

It is not always possible to tell from imaging tests whether a finding is benign or cancerous. A breast biopsy is performed to remove a small tissue sample for further analysis. If the results of that analysis are positive, the surgeon can use the information obtained in the biopsy to plan a course of treatment. The biopsy can be performed surgically or, more commonly, using less invasive image guidance, either Ultrasound or mammography. Image guidance is used to determine the exact location of the tissue to be examined, and to guide the needle during the procedure. Image guided breast biopsies are performed on an outpatient basis with minimal preparation.

Stereotactic Breast Biopsy (SBB) uses 3D Breast Tomosynthesis to locate the breast abnormality and remove a tissue sample for further examination. SBB is less invasive than surgical biopsy, leaves little to no scarring and can be an excellent way to evaluate calcium deposits or tiny masses that are not visible on ultrasound.

Ultrasound-Guided Breast Biopsy (UGBB) uses ultrasound technology to help locate an abnormality and remove a sample for further examination. It is less invasive than surgical biopsy, leaves little or no scarring, and does not involve exposure to ionizing radiation. There are times when your doctor may decide that ultrasound guidance for biopsy is appropriate even for a mass that can be felt.

Cancer Risk and Supplemental Imaging

Women at high risk (greater than 20% lifetime risk) should have a routine breast MRI and a mammogram every year. Women at moderately increased risk (15% to 20% lifetime risk) should speak with their healthcare provider about the benefits of supplementing their annual mammogram with breast MRI.

Supplemental screening options

Ultrasound detects an additional two to four cancers per 1,000 women screened. Due to its lower cost and greater accessibility, ultrasound has been recommended as supplemental screening for women with dense breasts at average risk.

Breast MRI detects an additional 16-23 cancers per 1,000 women screened. Due to its increased sensitivity, conventional breast MRI has been recommended as supplemental screening for women at high risk. Fast Breast MRI has been developed specifically as an affordable form of supplemental screening for average risk women with dense breasts, with a shorter scan time than conventional breast MRI and cost that is comparable to ultrasound.

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