

Breast Screening Guide



Your life is our life's work.



Introduction

This breast screening guide will walk you through a range of breast screening techniques, including mammograms. A mammogram is an x-ray image of the breast and surrounding tissue. It offers a reliable way to detect any signs of cancer and is an essential tool for women to maintain good breast health. Yearly mammograms are recommended for most women as preventive care before any symptoms develop.

Mammography remains the gold standard screening technique for breast cancer, offering a non-invasive, inexpensive and effective way to catch the disease early. Mammograms can detect tumors less than one centimeter in size before they're able to be felt. This can greatly improve the odds of a successful recovery.

Detecting breast cancer early is crucial in providing more treatment options with successful outcomes. Making mammograms a regular part of your health care routine can not only give you peace of mind, but could potentially save your life.

When Should I Get Screened?

Mercy recommends women get mammograms every year starting at age 40. Women 75 and older should continue getting screened if they're in good health and expect to live 10 or more years.

For women with a family history of breast cancer, screening may begin earlier or include other tests, such as breast ultrasounds or MRIs. Every year, you should discuss screening options with your primary care doctor to decide what's best moving forward.

Types of Mammograms

Commonly, there are two types of mammograms for women to choose from:

- Screening mammogram checks for breast cancer in women showing no signs or symptoms of cancer
- Diagnostic mammogram checks for breast cancer after a lump or other symptom of cancer has been found





Types of Mammograms Screening Mammogram

A screening mammogram is a routine, yearly exam for women with no breast problems or concerns. During a mammogram, four images are taken of your breasts at different views and angles. You can expect results within a few days.

If you're having mammograms taken yearly, we'll compare your results to prior images to look for any changes. If you're new to Mercy, we may ask you to send us images from your last mammogram to compare against.

It's normal to expect some natural changes to your breasts as you age, but changes can also be cancerous. If a concerning change is detected, your radiologist will recommend additional testing to get more information.

Diagnostic Mammograms

A diagnostic mammogram is for women who have noticed a change in their breasts, such as a new lump, pain or skin changes. They can also be done if an abnormality is found on your routine screening mammogram.

During a diagnostic mammogram, more images are taken at different angles. Diagnostic mammograms require an order from your Mercy doctor.

If you've had a lumpectomy for breast cancer, diagnostic mammograms are done for three years following your surgery.

Mammogram Results

The majority of screening mammograms won't show any areas of concern. Your Mercy doctor may come across non-cancerous masses in the breast in the form of calcifications, fibroadenomas and cysts. When an abnormality is detected in the image, additional testing may be requested.

Additional Tests

In some cases, additional testing is needed to gather more information about your particular medical condition. These tests may include:

- Breast MRIs
- Breast ultrasounds
- Automated breast ultrasounds
- Contrast-enhanced mammography



Additional Tests Breast MRI

Breast MRIs use magnets to make more detailed images of your breast. They can be used to screen women who are at higher risk for developing breast cancer. This type of imaging is usually done in addition to screening with a mammogram or ultrasound.

Breast MRIs can also evaluate the extent of breast cancer after a positive diagnosis or reexamine abnormalities detected on a mammogram. They require you to lie on your stomach. An intravenous contrast dye is used to enhance any areas of abnormality.

We may recommend breast MRIs as a diagnostic exam if you have breast implants or nipple discharge.

We also offer an **abbreviated breast MRI** as a supplemental screening tool that typically takes less than 10 minutes.

Breast Ultrasound

Breast ultrasounds use sound waves to look through your breast tissue from the skin down to the chest wall. They're often used in addition to mammograms and provide a greater level of detail on the specific characteristics of a mass. They cannot detect calcifications, which are signs of early-stage breast cancer easily seen on mammograms.



Additional Tests Automated Breast Ultrasound

An Automated Breast Ultrasound (ABUS) uses sound waves to create 3D pictures of your breast tissue. ABUS is FDA-approved when used in combination with mammograms in women who have dense breast tissue and no prior interventions.

For women who have dense breast tissue and may not qualify for a breast MRI, ABUS can be used as a screening tool in addition to mammograms every six months. This way, you never go more than six months without some type of checkup.

ABUS can't be used if your breasts are too thick or you have implants.

Contrast-enhanced Mammography

A contrast is a substance used to increase the visibility of parts of the body on an image. In contrast-enhanced mammography, you'll receive a contrast by IV before your mammogram. This contrast brings abnormal areas of the breast more into focus.

Contrast-enhanced mammography can be used to evaluate the extent of breast cancer in recently diagnosed women. It may also be used in higher-risk women who aren't candidates for breast MRIs.



Potential Outcomes

Once you return for your additional imaging, you'll likely experience one of these three outcomes:

- We recommend you **resume your yearly screenings**, if everything looks okay
- We recommend **six-month follow-ups** for two years to keep an eye on things
- We recommend a **tissue biopsy** to remove cells from a suspicious area of the breast to see if any cancer is present

Safe and Effective

Some women have concerns about levels of radiation in mammography. But modern-day mammography involves very little radiation. In fact, you receive less radiation from a mammogram than you would on many domestic flights. The distance x-rays need to travel through the breast has decreased over time, which means less radiation is used to get a high-resolution image.

Although most results are very accurate, it's important to consider the possibility of a false negative or false positive:

- A **false negative** is when breast cancer goes undetected, usually hiding behind normal breast tissue
- A **false positive** is when a non-cancerous abnormality is found that may look like cancer, resulting in more tests



What Are Dense Breasts?

Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Your breasts are considered "dense" if you have a lot of fibrous or glandular tissue but not much fat.

Breast density refers to the way your breast tissue appears on your mammogram. The denser your breast, the harder it is to identify cancer. That's because dense tissue looks white on screen, just like cancer does.

Density may decrease with age, but not always. Breast tissue in younger women tends to be denser than in older women who have been through menopause.

Factors that can affect your breast density include:

- Age
- Family history
- Being pregnant
- Estrogen hormone therapy
- Hormones

On its own, breast density is not a major risk factor for breast cancer. However, having dense breasts may slightly increase your risk. Your overall risk is based on many factors, like your age, whether you've had breast cancer before and if an immediate family member has ever been diagnosed.

Breast Imaging and AI

Mercy uses innovative AI technology to improve the effectiveness of our breast imaging services. AI integration has been proven to enhance readings of 2D and 3D mammography exams, making it easier for our radiologists to detect breast cancer as early as possible. This new technology supports our radiology teams, streamlines caregiving and improves overall outcomes.

Hereditary Breast Cancer

5-10% of breast cancers are hereditary and can be traced to a mutation in your genes. Mercy has partnered with CancerlQ to use genetic testing to help patients determine if they have a higher risk for developing breast cancer. If you're interested in learning more, talk with your Mercy doctor for more information.

Can I get a mammogram if...

	I've had breast cancer surgery	l've had mastectomy	l have implants	l am nursing
Yes	~	(on your remaining breast)	~	(if over the age of 40 or high risk)
Frequency	Six months after treatment for affected breast and one year after treatment for both breasts	Annually	Annually	Annually
Mammography Type	Screening and/or diagnostic	Screening	Screening	Screening
Guidance	Your Mercy care team will discuss your follow-up treatment plan with you.	See your doctor yearly for routine exams of your remaining breast.	To avoid implant rupture, we'll use just enough compression to hold your breast in place.	Pumping within one hour before your screening will help us get a clear image.



Where Can I Get a Mammogram?

Mercy has more than 40 imaging centers across Missouri, Oklahoma and Arkansas. Some Mercy communities have mobile mammography vans to serve even more women.

You can schedule a screening mammogram by visiting mercy.net/YourMammo.

To schedule with a mobile mammography van, call your nearest Mercy Breast Center.

Diagnostic mammograms can't be scheduled without your doctor's authorization.

We're Here to Help

Getting the right care at the right time is crucial, but sometimes things stand in the way. Many challenges stop patients from seeking proper care when they need it most, such as cost of treatment, transportation, paid time off and not having a primary care provider. If you're experiencing any of these or having trouble getting the care you need, reach out to the Mercy Breast Center in your area for help.

Your health is our number one priority, and we hope it's yours too. Breast screenings save lives. Please talk to your primary care doctor if you have any questions or need more information, and put a screening on your calendar today.

