CARING FOR OUR COMMUNITY LIKE FAMILY

Valley Breast Center

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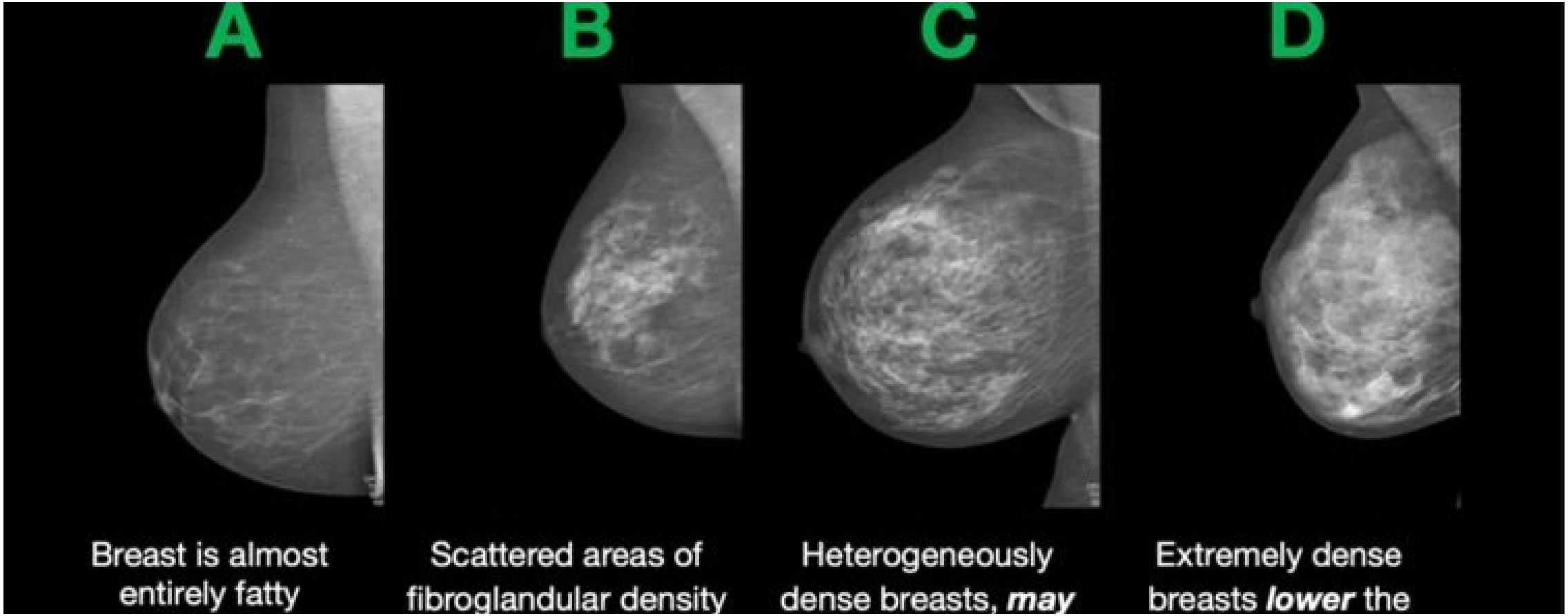
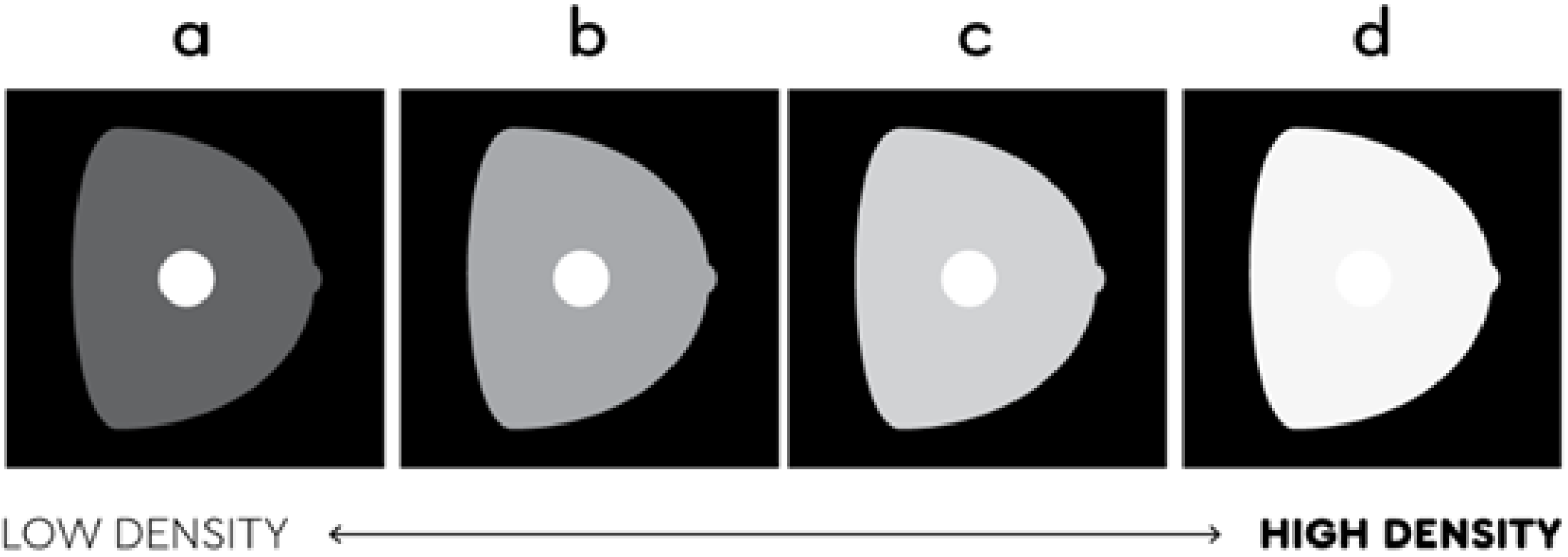
All breasts are made of fibrous/connective tissue (structure), glandular tissue (milk producing) and fatty tissue. Breast density describes how the breasts look on a mammogram, comparing how much of the tissue is fibrous/glandular compared to fatty. Breast density does not correlate entirely with age, body habitus, or breast weight, texture or firmness. Breasts can be all fatty tissue (A) or have almost no fatty tissue (D), or any combination in between. If there is more than 50% fibrous/glandular tissue, the breasts are considered dense (C and D). Changes in weight will add or remove fatty tissue from the breast but typically do not result in much change in density. Hormonal changes (pregnancy, lactation, menopause, HRT) can have a more significant impact on density, though the changes are variable and typically modest.



Women with extremely dense breast tissue have a slightly higher risk of getting breast cancer than women with all fatty breast tissue. Breast cancers can be more difficult to detect in women with dense breast tissue.



Additional Imaging

In women with dense breast tissue, ultrasound and MRI can help detect cancers which might be too hard to see on a mammogram. There are pros and cons to both. Ultrasound finds 10-20% more cancers than mammography (up to ~80%), is relatively cheap and often more accessible. MRI finds up to 95% of invasive breast cancers but is more costly and requires contrast and an IV. Both lead to an increase in biopsies, the majority of which will have benign results (increased sensitivity, but poor specificity). The WA State breast density notification law does not require insurance companies to cover additional screening for average risk women.

How will my patient get their results? What happens when there is a concerning finding on screening or diagnostic imaging?

Images are interpreted by our radiologist typically within 2 business days. Patients may receive their results via MyChart, email or USPS. If anything of concern is found on a screening mammogram, a representative of the Breast Center will reach out to the patient the following business day to schedule the recommended additional imaging.

Once diagnostic or additional imaging is completed, the reading radiologist or performing technologist will inform the patient of results/recommendations prior to them leaving the Breast Center. If biopsy is recommended for your patient, it will be scheduled at that time. Biopsies are typically scheduled within 1 week. Appropriate orders will be pended to the ordering provider if needed.

If biopsy results are benign, the Breast Center team will inform the patient. If positive, they will be scheduled with the ARNP from the High Rish Screening and Genetics clinic to discuss in detail.

Questions

Ultrasound if indicated?	Yes
Reason for exam?	Breast lump or mass
Clock Position/Area of concern left breast?	6 O'Clock Left
Is the patient pregnant?	No
Does the patient have a history of breast cancer?	No
Are there any special instructions?	No special instructions
May the Radiologist perform a Procedure if indicated?	Yes
May the Radiologist change the order if indicated?	Yes
Release to patient	Immediate