

All of Montclair Radiology sites are certified by the American College of Radiology.



The American Cancer Society, American College of Radiology, Society of Breast Imaging and American College of Obstetricians and Gynecologists, among others, recommend that all women have yearly mammograms beginning at age 40. Women at high risk may benefit from starting earlier.

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to
Women's
Health...*

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- Breast Ultrasound
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*Mammography
and
Breast Density*

About Your Mammogram

You have just had a screening or routine mammogram. The results will be forwarded to your doctor promptly and soon after you will receive a letter which indicates the results as well.

What if I am called to return for additional imaging?

In a small percentage of studies, it is necessary to recall the patient for additional views of the breast and perform a diagnostic or problem solving mammogram. Sometimes when a radiologist reviews the screening study it is necessary to see a certain area in the breast at a different angle or with a different magnification to clarify a questionable finding. On occasion other breast imaging studies such as ultrasound or breast MRI may also be used to complete the evaluation. The additional imaging assures that there is nothing to be concerned about. It sheds more light on a potentially significant finding.

Are additional images considered part of my screening?

No. Additional mammographic images are different from the images taken as part of your screening. They may be magnified views of a certain area or at different angles.

A breast ultrasound may be recommended, or a Breast MRI. All findings are then reviewed to get a comprehensive workup and rule out any questionable areas. Radiologists have multiple tools to use to be able to find abnormalities earlier when they are very small.

If you need a diagnostic mammogram, breast ultrasound, or breast MRI, we will contact you and arrange for you to return at your convenience. Please note that the recommendation for a diagnostic or problem solving mammogram does not imply that the technologist did a poor job on the screening study. All screening studies are checked for technical adequacy before the patient leaves the office. It is up to the radiologist to recommend a diagnostic study if there is a questionable area on the screening mammogram and as noted above, most often the area in question turns out not to be a source of concern.

About Breast Density

What is breast density?

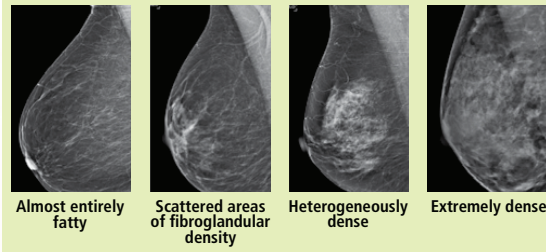
Breasts are made up of a mixture of fibrous and glandular tissue and fatty tissue. Your breasts are considered dense if you have a lot of fibrous or glandular tissue but not much fat. Density may decrease with age, but there is little, if any, change in most women.

How do I know if I have dense breasts?

Breast density is determined by the radiologist who reads your mammogram. There are four categories of mammographic density.

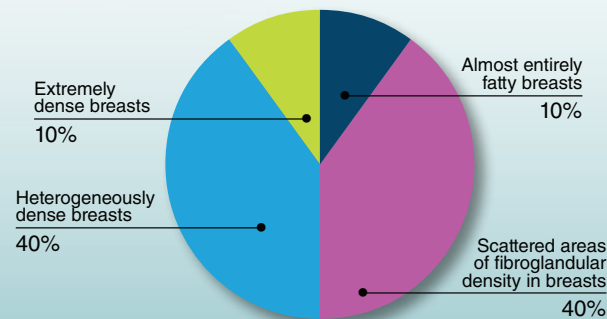
The radiologist assigns each mammogram to one of the categories. Your doctor should be able to tell you whether you have dense breasts based on where you fall on the density scale.

Radiologists classify breast density using a 4-level density scale:



Breast density in the U.S.

- 10% of women have almost entirely fatty breasts
- 10% have extremely dense breasts
- 80% are classified into one of two middle categories



Why is breast density important?

Having dense breast tissue may increase your risk of getting breast cancer. Dense breasts also make it more difficult for doctors to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts.

If I have dense breasts, do I still need a mammogram?

Yes. A mammogram is the only medical imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue.

Are there any tests that are better than a mammogram for dense breasts?

In breasts that are dense, cancer can be hard to see on a mammogram. Studies have shown that ultrasound and magnetic resonance imaging (MRI) can help find breast cancers that can not be seen on a mammogram. However, both MRI and ultrasound show more findings that are not cancer, which can result in added testing and unnecessary biopsies. Also, the cost of ultrasound and MRI may not be covered by insurance.

What should I do if I have dense breasts? What if I don't?

If you have dense breasts, please talk to your doctor. Together, you can decide which, if any, additional imaging exams are right for you. If your breasts are not dense, other factors may still place you at increased risk for breast cancer — including a family history of the disease, previous chest radiation treatment for cancer and previous breast biopsies that show you are high risk. Talk to your doctor and discuss your history. Even if you are at low risk, and have entirely fatty breasts, you should still get an annual mammogram starting at age 40.

Will my additional imaging be covered by my insurance?

New Jersey is the 14th state to enact breast density notification legislation. The insurance bill, S792, was signed into law on January 23, 2014, and also requires insurers* to provide additional imaging for women with extremely dense breast tissue. Please contact your individual carrier to find out if your additional imaging will be covered and if you will have any out of pocket costs.

*Requires insurers to cover additional imaging for women who have dense breasts. Additional testing would be covered according to the provisions of your individual plan. Please contact your carrier to find out what your out of pocket expenses will be.

