

BREAST DENSITY

Your mammogram will also include an assessment of breast density. Breast density is based on how fibrous and glandular tissues are distributed in your breast vs. how much of your breast is made up of fatty tissue. Dense breasts are not abnormal, but are linked to a higher risk of breast cancer. Dense breast tissue can make it harder to find cancer on a mammogram. Additional tests may be required for patients in high risk groups.

WHAT DOES A DOCTOR LOOK FOR IN A MAMMOGRAM?

Mammograms are interpreted by radiologists. The doctor reading your mammogram will look for small changes that could be a sign of cancer. These changes include:

Calcifications: tiny mineral deposits within the breast tissue - which include macro and micro calcifications. Macro-calcifications are most likely due to aging breast arteries or old injuries. Micro-calcifications can be more concerning, but do not mean cancer is present. If micro-calcifications have a suspicious look and pattern, a biopsy may be recommended.

Mass: areas that look abnormal and can be many things, like a cyst or a non-cancerous tumor.

RADIATION EXPOSURE AND MAMMOGRAMS

Modern mammography machines use low radiation doses to produce breast x-rays that are high in image quality. On average the total dose for a typical mammogram with 2 views of each breast is about 0.4 mSv (a mSv is a measure of radiation dose). Older mammography units delivered higher doses and led to concerns about radiation risks. These older machines are no longer used.

To put dose into perspective, people in the US are normally exposed to an average of about 3 mSv of radiation each year just from their natural surroundings (known as background radiation). The dose of radiation that a woman gets during a screening mammogram of both breasts is about the same amount of radiation she would average from her natural surrounds over about 7 weeks.

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MAMMOGRAMS AND RELATED PRODUCTS

WHAT IS A MAMMOGRAM?

Mammograms produce a black and white image of breast tissue. This image is read by a radiologist. In the US, most mammograms are digital. A newer type of mammography is known as a breast tomosynthesis, or 3D mammography. This procedure takes multiple images that are combined by a computer to produce a three-dimensional picture, which allows doctors to see the breast more clearly.

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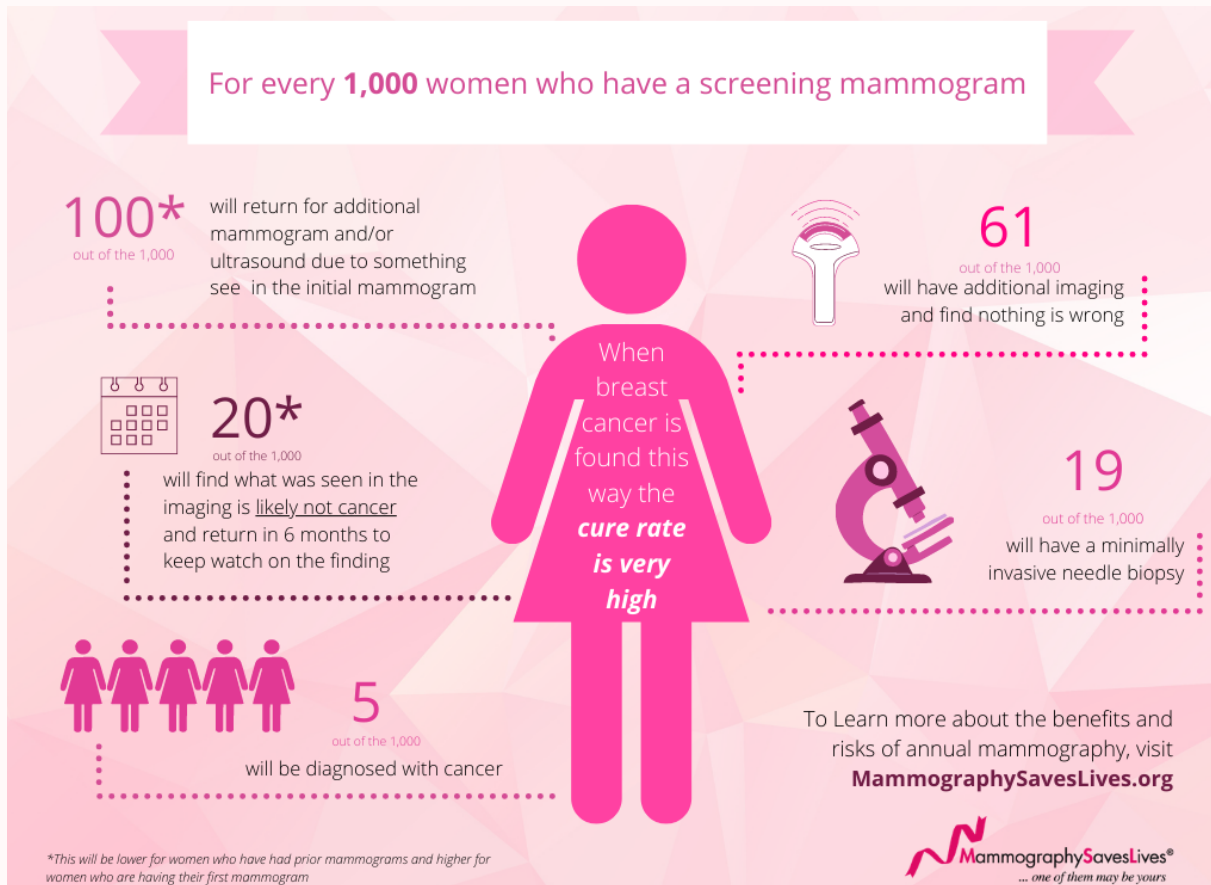


WHAT ARE THE LIMITATIONS OF A MAMMOGRAM?

Although mammograms detect breast cancers too small to be felt, treating a small tumor does not always mean it can be cured. A false positive or false negative result can be possible. Screening mammograms do not find one in five breast cancers. False positives are more common in women that have dense breasts, are younger, or taking estrogen.

WHAT SHOULD I EXPECT WHEN HAVING A SCREENING MAMMOGRAM?

- You will have to undress above the waist and the facility will give you a wrap to wear.
- A technologist will position your breasts for the mammogram. *You and the technologist are the only ones in the room for this.*
- The process takes around 20 minutes and breast compression only lasts a few seconds.
- You may feel some discomfort when your breasts are compressed. For some women, this may be painful.
- All mammogram facilities are required to send you a summary of your results within 30 days. *Tanner Clinic will typically have your results between 7-10 days.*



GETTING CALLED BACK AFTER A MAMMOGRAM

Getting called after a screening mammogram is common and doesn't mean you have cancer. Often, it means additional pictures or an ultrasound need to be done to look at a specific area more carefully. Less than 10% of women who are called back for more tests are diagnosed with breast cancer.