
Scenarios for Clinicians

Content adapted from the California Breast Density Information Group, March 2013
My patient received the letter stating she has dense breasts.
Now she is wondering whether she should continue to get mammograms at all.

She should continue to get screening mammograms. The breast density law does not reflect any change in the current mammography screening recommendations by professional medical societies.

Mammograms have been shown to be effective in lowering breast cancer mortality for all breast densities. Mammography is the only screening modality that has undergone randomized controlled trials demonstrating a reduction in breast cancer mortality. There is no recommendation that it be replaced with another test in any subset of the population.

My patient received the new breast density letter.
She is concerned because she now thinks she is at high risk for breast cancer.

Reassure the patient that breast density alone has only a small impact on breast cancer risk.

She wants to know specifically how it changes her risk.

Refer to her mammogram report (different from the patient letter).

1. If her density is BI-RADS category C: Heterogeneously dense, this is associated with a minimal risk above average (RR=1.2 compared to average breast density).

2. If her density is BI-RADS category D: Extremely dense, this doubles her risk of breast cancer compared to a woman with average density breasts and has a relative risk of 4-6 compared to women with BI-RADS category A: almost entirely fat. This is a risk similar to having two first degree relatives with breast cancer.
Scenario 3

My patient received the new breast density letter. She wants to be screened with another modality instead of mammograms.

Explain that at this point in time, there is no other method that is recommended to replace the mammogram. There are certain manifestations of cancer (for example, calcifications) that are only seen on mammography. The other “screening options” referred to in the letter are in addition to, and not instead of, a routine screening mammogram.

Scenario 4

My patient has “heterogeneously dense” or “extremely dense” breasts and she also has other risk factors. She has completed a risk assessment showing her overall risk to be high (e.g., calculated >20% lifetime risk or >5% 10-year risk), or has a BRCA mutation or history of mantle radiation.

Recommend annual breast MRI and annual mammogram for screening. Screening breast MRI is typically covered by insurance for high-risk women.

If a woman is being screened annually with MRI and mammogram, no additional screening tests (such as ultrasound) are needed.

Scenario 5

My patient has “heterogeneously dense” or “extremely dense” breasts and she also has other risk factors. She has completed a risk assessment showing her overall risk to be high (e.g., calculated >20% lifetime risk or >5% 10-year risk).

MRI was recommended but the patient is unable or unwilling to have the exam.

Recommend screening ultrasound as the second-best supplementary screening test for high-risk women. Studies have shown some utility for ultrasound in high-risk women if screening MRI is not performed.
Scenario 6

My patient received the new breast density letter. She wants to get additional tests to be screened for breast cancer.

Does she have a first degree relative (mother, sister, daughter) who had pre-menopausal breast or ovarian cancer, or a male relative with breast cancer? 

Yes  

She would likely benefit from a breast cancer risk assessment. 

This could be performed by a physician with experience in breast cancer risk model selection and interpretation, or by a cancer risk assessment program.

No  

If the patient does not have other breast cancer risk factors, **reassure** her that her risk remains low. **Educate** the patient about the risks and benefits of screening MRI and ultrasound (higher cancer detection, but also higher false positive biopsy rates and short-term follow-up recommendations). Many health centers have chosen not to offer screening breast ultrasound, in part because ultrasound depicts many fewer mammographically invisible cancers than does screening MRI.

If available, digital breast tomosynthesis (DBT) is a screening test with increased cancer detection and decreased false positives compared to 2D traditional mammography. However, DBT, breast ultrasound, and screening MRI all have variable insurance coverage based on the patient’s risk and insurance plan. Assist the patient in making the best personal choice for her needs based on these factors.

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