Breast Density

State Law: Need to Provide Notification About Dense Breasts
The Sixty-fourth Legislative Assembly passed House Bill No. 1370. This bill was signed into law and required that a facility at which mammography examinations are preformed provide written patient notification in the event that they categorize a patient as having heterogeneously dense breasts or extremely dense breasts. This law was effective through June 30, 2017. It is expected that this process has been integrated into normal clinical practices. The report or letter sent to the patient should include the following:

- The patient has dense breast tissue.
- Dense breast tissue may make it more difficult to detect cancer on a mammogram.
- Dense breast tissue may increase the patient’s risk of breast cancer.

A typical notification should look like this:

*Your recent mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. Dense breast tissue can make it harder to detect cancer on a mammogram. Dense breast tissue may also increase your breast cancer risk. This information about the result of your mammogram report is given to you to raise your awareness. Use this report when you talk to your doctor about your own risks for breast cancer, which includes your family history. At that time, ask your doctor if more screening tests might be useful based on your individual circumstances.*

Dense Breast Background Information

- Breasts are made up of lobules, ducts, and fatty and fibrous connective tissue. Breasts are seen as dense if they have a lot of fibrous or glandular tissue and not much fatty tissue.
- There are four levels of breast density.
  A. Almost entirely fatty – breasts are almost entirely composed of fat.
     About 10 percent of all women have breasts considered to be “fatty.”
  B. Scattered areas of fibro-glandular density – there are some scattered areas of density, but the majority of breast tissue is not dense.
     About 40 percent of all women have breasts with scattered fibro-glandular tissue.
  C. Heterogeneously dense – there are some areas of non-dense tissue, but the majority of the breast tissue is dense.
     About 40 percent of all women have heterogeneously dense breasts.
  D. Extremely dense – nearly all the breast tissue is dense.
     About 10 percent of all women have extremely dense breasts.
*Breasts which are (C) heterogeneously dense or (D) extremely dense are considered “dense breasts.”*
- Having dense breasts is common and not abnormal.
- The tissue composition of every breast is different and can differ during a woman’s own lifetime. Women should know their own breast density and understand the limitations of mammography for their breast type.

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Dense Breast Background Information (continued)

- Reasons for dense breasts
  ◦ It is unclear why some women have a lot of dense breast tissue and others do not.
  ◦ Women may be more likely to have dense breasts if:
    * They are younger. Breasts tend to become less dense as women age, though some women may have dense breast tissue at any age.
    * They are premenopausal. Premenopausal women are more likely to have dense breasts.
    * They have taken hormone therapy for menopause. Women who take combination hormone therapy to relieve signs and symptoms of menopause are more likely to have dense breasts.

- Having dense breasts slightly increases a woman’s risk of getting breast cancer.
  ◦ It is unclear why it increases a woman’s risk.
  ◦ Dense breasts make it more difficult for doctors to see cancer on mammograms. While fat appears black on a mammogram, both cancer and dense breast tissue appear white. Therefore it is harder to detect a cancer within an area of dense tissue, and is like trying to find a snowman in a blizzard.

Action Steps for Providers and Patients

- Women with dense breasts should still have mammography screening.
  ◦ Mammography is the first step in screening for most women. While additional screening may be recommended for some women with dense breasts, there are still certain cancers and precancerous changes that will show on a mammogram better than on ultrasound or MRI.

- Discuss breast cancer risk with women to decide if additional breast imaging tests would be beneficial, based on their overall risk factors.
  ◦ A protocol may be in place or is in process of development for providers to use in discussing dense breasts, breast cancer risk and when and if additional imaging is needed.
  ◦ If a process within your organization is not yet in place, a breast cancer risk calculator can be found at http://www.cancer.gov/bcrisktool/ to help you and your patients assess their level of risk.

- If it is determined, based on the woman’s risk, that she would benefit from additional imaging, the following tests may be recommended:
  ◦ 3-D mammogram (Tomosynthesis) (if not the standard method of mammography)
  ◦ Breast Ultrasound
  ◦ Breast MRI (Magnetic Resonance Imaging)
  ◦ Additional information about these tests can be found at: https://www.acrin.org/PATIENTS/ABOUTIMAGINGEXAMSANDAGENTS.aspx

- Not all health insurance companies cover the costs for additional imaging when a woman is found to have dense breasts. Women need to be counseled to check with their insurance companies to see if additional breast imaging will be covered.