

Keeping You Abreast Newsletter

Who Needs a Mammogram and When? Sorting out the guidelines

By Diane K. Stoller, MD, FACS

Guidelines for Breast Cancer Screening change frequently and vary depending on which group is making the recommendations, causing confusion about which to follow.

The primary reason this issue is so complex is because different organizations have different priorities for screening. Some look at cost, some look at years of life potentially saved, and some look at risk of getting the disease. It is well proven that screening mammograms reduce mortality (death rate) from breast cancer. This does, however, come at a cost, because those mammograms are not free. However, we at Mercy Breast Care Specialists of Maine believe strongly that saving lives is much more important than cost.

As a result, we have adopted, as our Practice Guideline, the May 2019 American Society of Breast Surgeons "Position Statement on Screening Mammography." This society is made up of a group of physicians dedicated to the treatment of breast disease and breast cancer, and has the interests of women in mind.

The reason these new guidelines are so significant is because they incorporate both a woman's risk of getting breast cancer as well as breast density, factors which have not routinely been considered. As a result, it is now easier to appropriately counsel a woman as to the most appropriate screening program for her.

The government now mandates that all mammogram reports designate a breast density ranging from A to D, with A being least dense and D being most dense. Increased breast density, particularly Class D, has been associated with an increase in a woman's breast cancer risk.

Statistical models, such as Tyrer-Cuzick, can be used to calculate the likelihood of a woman to get breast cancer

in her lifetime. However, it is challenging to calculate this risk score on a routine basis for the screening population because it is a fairly time-consuming endeavor. Older models, such as the Gail model, are less comprehensive.

When calculating Lifetime Risk, various factors are used, such as a woman's reproductive history, BMI, family cancer history, and history of biopsy showing atypical cells or DCIS. Also, women with other factors such as a known genetic mutation or history of mantle radiation are also considered to be at higher risk. A Lifetime Risk of 20% or greater is considered high risk, and these patients should be counseled differently regarding their screening options.

[A woman should be assessed for her risk of developing breast cancer at age 25.](#)

Taking these factors into account, the current ASBrS Statement breaks down screening recommendations by risk category and breast density as follows:

All Women of Any Risk: Mammograms should be performed annually and continue as long as the woman is in good health with a good life expectancy.

When to start depends on risk:

Risk Category	Density	Age to screen	Test to perform	Frequency
Average	A/B	40	Mammogram	Yearly
Average	C/D	40	Mammogram *Consider US/MRI	Yearly
High (20% & FHx)	Any	35	Mammogram MRI	Yearly
High (BRCA/Mantle)	Any	25 30	MRI Mammogram	Yearly
Hx Breast Cancer Under Age 50	Any	From Dx	*Consider MRI	Yearly

The evaluation of risk is a process that can be addressed in a consultation at our Mercy High Risk and Genetics Clinic, which is open to anyone who is concerned about knowing their breast cancer risk, or whose PCP is uncertain of their patient's risk and would like to be evaluated.

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