

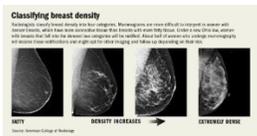
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## Law requires women be notified if they have dense breast tissue



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By [Misti Crane](#)*The Columbus Dispatch* • Tuesday February 17, 2015 10:08AM

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Half of women who undergo mammograms have dense breast tissue that can obscure calcifications and tumors, putting them at greater risk of false reassurances that they're cancer-free.

Until now, those women might not have heard about the challenges radiologists faced trying to interpret the cloudier images that show up on X-rays of dense breasts.

But Ohio women who have dense breast tissue now will receive letters explaining the limitations of reading the images. A law enacted in December says mammography providers must notify women so they can discuss their options — including other, more-expensive scans — with their health-care providers.

Ohio's law, one of 21 in the nation, takes effect in March and came after a campaign by a northeastern Ohio woman whose sister died of breast cancer in 2013 after repeated mammograms didn't reveal a problem.

Dense breasts have abundant connective tissue and less fatty tissue. Connective tissue looks white on a mammogram, as does cancer. Fatty tissue appears black, making it much easier for a radiologist to notice abnormalities.

Dense tissue, which increases a woman's risk of developing breast cancer, is more common in younger women, but some women have dense breasts into their 90s, said Dr. Lauren Miller of Riverside Radiology and Interventional Associates.

Miller said she and her colleagues routinely report breast density to women's primary-care doctors or OB-GYNs, but that news isn't always shared with the women themselves.

"This (law) is informing the patients themselves of what their breast density is and helping them understand that, while mammography is the standard of care ... it isn't perfect."

The denser a woman's breasts, the more likely cancer will be missed with a mammogram, Miller said.

Women with dense breasts who are considered particularly high risk for breast cancer (20 percent or higher based on a number of risk calculators that consider factors including menstrual history, family history and childbirth) are best-served by breast MRIs, she said.

Some centers also offer ultrasounds for some women who want a second type of screening, but the potential value has to be weighed against a higher rate of false-positive results and subsequent unnecessary biopsies, said Dr. Mitva Patel, a radiologist at Ohio State University's Stefanie Spielman Comprehensive Breast Center. "If you're low-risk, you have to really think about putting a patient through another test that is going to have some false positives."

The out-of-pocket costs to the patient also can reach hundreds of dollars.

Unlike mammography — which has had its value, particularly in younger women, questioned in recent years — ultrasound has not been shown to improve outcomes for women, Miller said.

And it's not covered by insurance here. A Connecticut law mandates insurance coverage for ultrasounds for women with dense breasts.

Another option offered at some centers is three-dimensional mammography, or tomosynthesis, which has

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fewer false-positive results.

“That’s a real new modality hopefully that may be able to fill in the gaps,” Patel said, adding that women who opt for tomosynthesis must be told about the risk of increased radiation and potential additional costs, depending on their insurance coverage.

No major medical organizations have recommended routine use of ultrasounds, three-dimensional mammograms or MRIs for all women with dense breasts. Later this week, the American Congress of Obstetricians and Gynecologists plans to issue recommendations on the use of additional screening tools for women with dense breasts.

Patel and Miller emphasized the continued importance of routine mammography, even for women with dense breasts. “I’m less likely to find something, but it’s not that we don’t find anything,” Patel said.

They also stressed that women should see a doctor regularly for a physical exam and monitor their own breasts for any lumps or other changes, such as discharge.

Wanda Brunty, Mount Carmel Health System’s director of imaging for women’s health, said she hopes the new law won’t confuse women or cause undue panic.

As questions arise when the letters arrive in women’s mailboxes, those women and their primary-care doctors could benefit from the advice of a radiologist who understands the benefits and limitations of each imaging option, Brunty said. “Women have to look at their own individual risk factors. Obviously, breast density is just a very small piece of that.

“Women shouldn’t panic when they get the information . . . it’s just another piece of information for them to make the best decision about what is appropriate for them.”

*For more information about breast density, go to [www.areyoudense.org](http://www.areyoudense.org).*

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