

end *the* CONFUSION



The Society of Breast Imaging has developed this guide that features information on breast imaging and provides clarity as to when and how often a woman should receive a mammogram.

www.sbi-online.org/endtheconfusion

Message from THE PRESIDENT



The Society for Breast Imaging (SBI) launched the End the Confusion initiative to provide clarity and understanding into when and how often a woman should seek breast cancer screening. Extensive knowledge, research and evidence tells us early detection of breast cancer can enable doctors to take action to keep the disease from progressing. Early detection expands the treatment options available to a patient. Furthermore, it can help avoid difficult treatments if cancer is detected early. With today's imaging technologies, we're finding abnormalities early and giving women better health and peace of mind. Quite simply, screening saves lives.

Despite these known benefits of screening, confusion exists, especially when the United States Preventive Services Task Force supports a position in favor of infrequent screening, a position that is in conflict with guidelines issued by SBI, the American College of Radiology and National Comprehensive Cancer Network.

That's why I'm so proud that the Society is taking the reins of leadership with the End the Confusion platform. Our goal is to empower women, in concert with their health care provider, to make the right decisions to protect their health. In addition, we want to ensure women, through legislation, have the insurance coverage they need for mammograms or supplemental screening.

As an extension of End the Confusion, this e-book is just one of the tools the Society is using to share reliable information that can save lives. We never want to see a woman risk her life by delaying a screening unnecessarily. Along with our desire to spread knowledge and information, we also want to end the devastation that breast cancer brings to far too many patients and their loved ones. Please share this e-book with your friends and family, or even your elected officials. Remember that early detection saves lives.

Sincerely,

A handwritten signature in black ink, reading "Elizabeth Morris". The signature is fluid and cursive, with a large, stylized "E" and "M".

Elizabeth Morris, MD, FACR, FSBI

President

Society of Breast Imaging

Why **end** *the* **CONFUSION**



PURPOSE

Information about breast imaging is often confusing and conflicting, which can be dangerous for women.

- 1** > There is danger in the confusion around screening mammography. The danger is the risk to a woman's life.
- 2** > Women need clear and accurate information with which to discuss mammography screening with their providers (shared decision-making).
- 3** > Concerns include delaying or foregoing screening mammography which can lead to increased mortality.



Major health organizations, including the American Society of Breast Disease, the American College of Obstetricians and Gynecologists, the American College of Radiology and the Society of Breast Imaging agree that starting annual mammography at age 40 saves the most lives.

By not getting a yearly mammogram after age 40, women increase their odds of dying from breast cancer and that treatment for any advanced cancers ultimately found will be more extensive and more expensive.

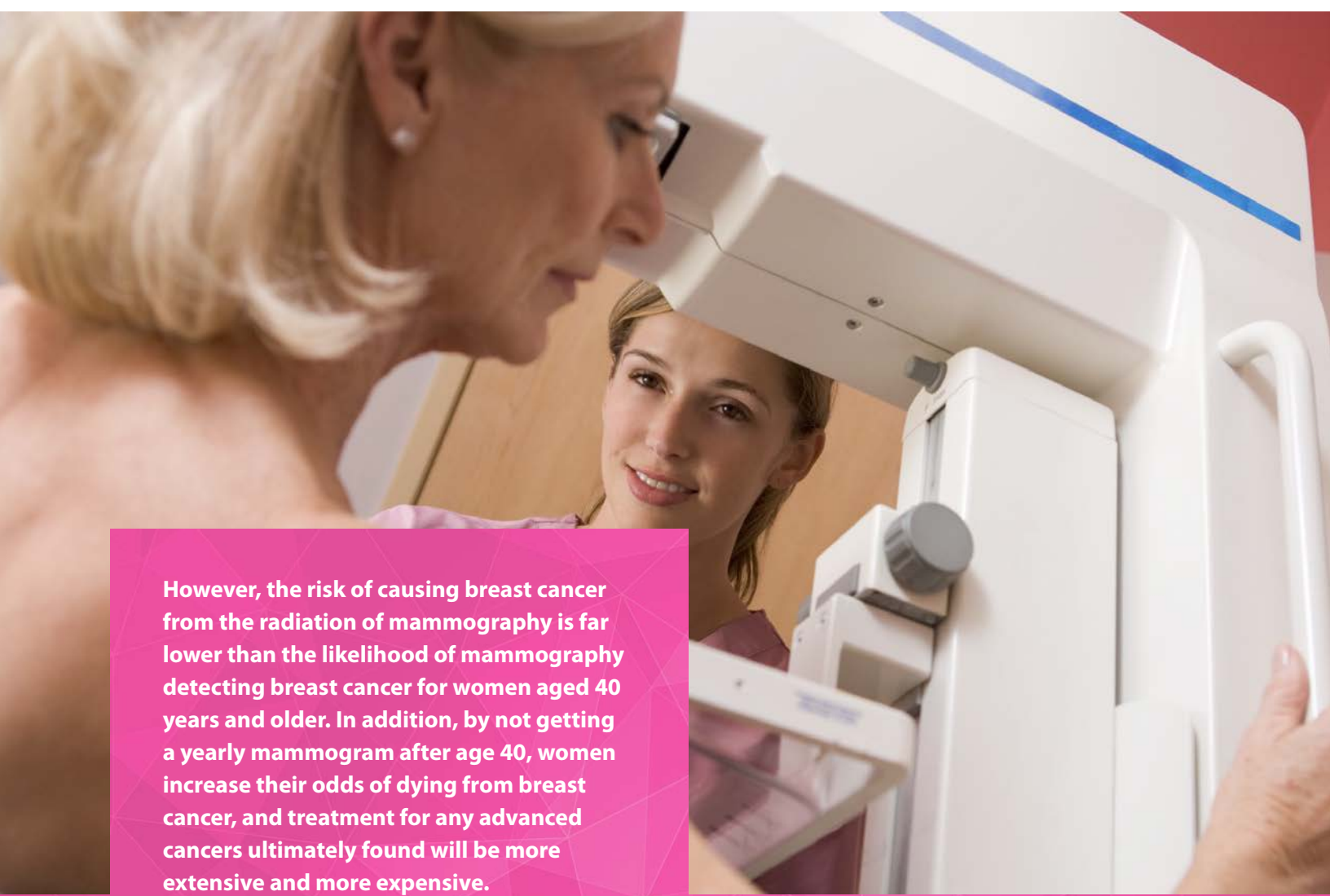
[Click here to view the End the Confusion website](#)

**SOCIETY
OF BREAST
IMAGING**

What should you know about **BREAST IMAGING?**

The goal of breast screening is to reduce deaths due to breast cancer by detecting breast cancer early, when treatment is more effective and less harmful. Seventy-five percent of women diagnosed with breast cancer have no special identifiable risk factors, and screening only women with risk factors will miss the vast majority of women who will develop breast cancer.

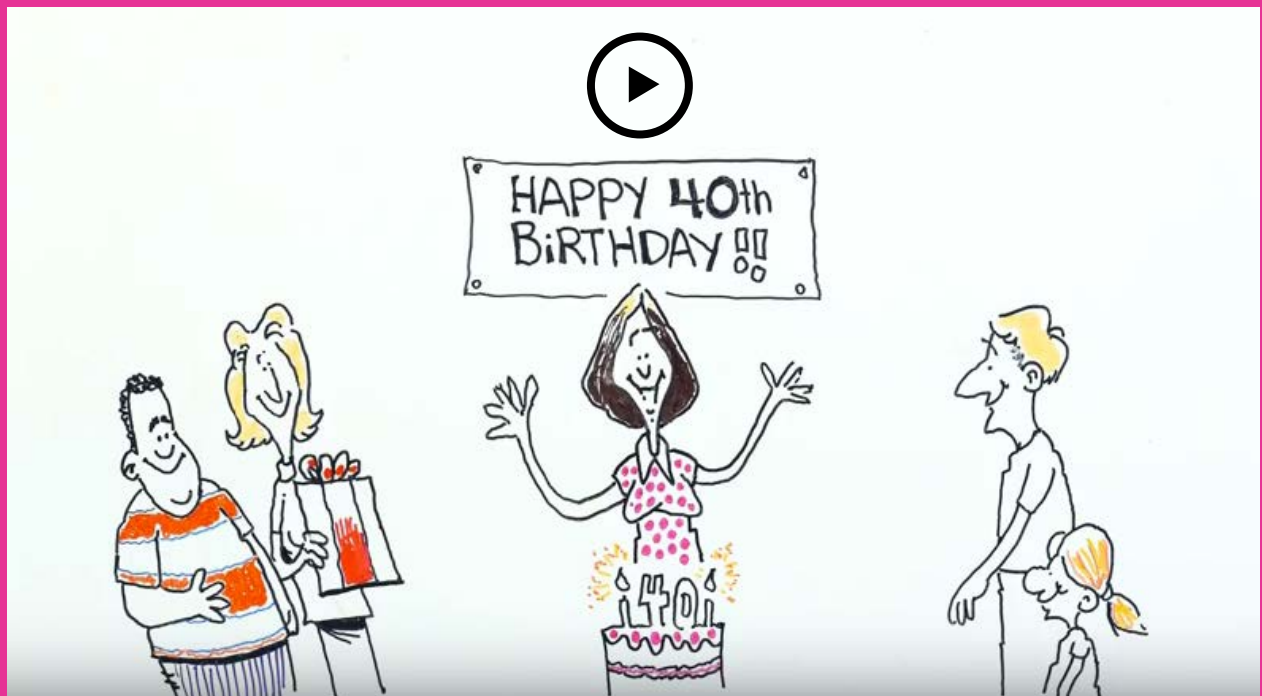
Mammography is not perfect, and it will not benefit all women equally. Mammography detects most, but not all, breast cancers. There are downsides to mammography that most women will experience if they get regular mammograms. These are most commonly associated with the need for additional imaging when an abnormality is suspected or the need for biopsy for findings that appear suspicious but turn out not to be cancer.

A photograph showing a woman with blonde hair undergoing a mammogram. A healthcare professional, a woman with brown hair, is assisting her. The woman being examined is looking up at the professional with a slight smile. The mammography machine is white and blue. The background is a plain, light-colored wall.

However, the risk of causing breast cancer from the radiation of mammography is far lower than the likelihood of mammography detecting breast cancer for women aged 40 years and older. In addition, by not getting a yearly mammogram after age 40, women increase their odds of dying from breast cancer, and treatment for any advanced cancers ultimately found will be more extensive and more expensive.

The Society of Breast Imaging developed this whiteboard animation to end the confusion around when and how often women should get mammography screening.

Take a few minutes to watch it and then share it.



[Click here to learn more about End the Confusion](#)

**SOCIETY
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BREAST IMAGING: Fast Facts

In 2015, it was estimated that there would be 231,840 new breast cancer cases in the United States

AND ROUGHLY

40,290

WOMEN WOULD DIE OF THE DISEASE.

It has been known for years that mammographic screening is able to detect a large percentage of breast cancers before they can be felt and when they are at a smaller size, earlier stage and more likely to be curable.

— ABOUT —
1 IN 69

women will be diagnosed with invasive breast cancer in their forties.

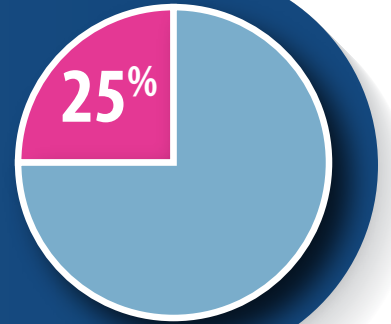
40's



BREAST IMAGING: Fast Facts

40-49
50-59
60-69
70-79

There is no scientific or biological reason to delay screening until the age of 50. No decade of life – 40-49, 50-59, 60-69, or 70-79 – accounts for more than 25% of the cancers diagnosed each year.



A woman in the United States has a **ONE IN EIGHT** risk, over the course of her lifetime, of being diagnosed with breast cancer.

Breast cancer has a disproportionately devastating impact on minorities.

In 2010, breast cancer mortality rates were

**41%
HIGHER**

among African-American women than among non-Hispanic white women



RELAX, it's not that bad!

Clearing up the confusion surrounding your mammogram

Stamatia Destounis, MD, FACR, FSBI



Why do I need to have a mammogram EVERY year?

You probably have asked yourself this question: when should I have my first mammogram and how often thereafter? Your radiologist (the physician that interprets the mammogram) hears this a lot. The confusion around this question is understandable because there are conflicting opinions.

Here's the thing: breast cancer, when found early, is curable (98% of breast cancer patients survive!).

So what is the right decision? Take a look at the website ["End the Confusion"](#) and discuss your options and personal risk factors with your healthcare provider. Remember, yearly mammography SAVES lives!

How do I know where to go for a mammogram?

Choose a facility that is accredited to do mammography. On both the [Food and Drug Administration \(FDA\)](#) and the [American College of Radiology](#) websites, you can search for a facility near you that is accredited and certified.

Why do I need to provide my medical history?

The medical history is very helpful as it gives me information regarding patients' overall health, allergies, current medications and how these medications may affect the breast tissue.

Why is family history important?

A woman has a 1 in 8 chance of developing breast cancer over her lifetime, and women who have one or more first-degree relatives (mother/father, sister/brother, or daughter/son) diagnosed with breast cancer are at higher risk of developing cancer.

The age of your relative(s) at diagnosis can guide decision-making regarding when you begin screening mammography. For example: if your mother was diagnosed in her 30s, your first mammogram would most likely be recommended earlier than age 40.

Do I need to dress in any special way?

Not in particular. At most facilities, you will be called to the changing area to put on a patient gown. When changing into the gown, you need to undress from the waist up. So, a dress is not a great clothing choice for the day of your mammogram!

Jewelry, such as bulky necklaces and dangling earrings, can get in the way of positioning for the mammogram.

Can I have a mammogram if I have breast implants?

Yes, you can have a mammogram. Patients with implants undergo screening mammography routinely without any problems. In addition to regular mammograms, there is a technique which displaces the breast tissue in front of the implant in order to see the tissue better. It is completely safe and will not damage your implant in any way.

This is my first mammogram... what happens?

The technologist will bring you into the mammography room and go over some information, such as your date of birth, for what may seem to be the hundredth time! This is a good time to tell the technologist if you have any physical limitations, such as frozen shoulder or a back or neck problem that may limit the positioning technique.

Two views (x-ray images) of each breast are needed because the entire breast cannot be seen on one view. The CC view (cranial-caudal) takes a picture of the breast from top to bottom. The MLO view (medial lateral oblique) captures a side-to-side picture.

The technologist will guide and talk you through the positioning. Snug compression (lasting only seconds) is applied to hold your breast in place and spread the tissue out for a clear image. You may be asked to hold your breath or breathe very quietly during the x-ray.

Does compression hurt or cause cancer?

Compression doesn't cause damage to your breast or cause cancer. In some rare instances, bruising might occur, especially if you are on blood thinners or aspirin. Compression can cause mild discomfort, but shouldn't be painful. Communication with your technologist about your level of discomfort is very important. Remember that the compression is necessary because it gives a clearer picture of your breast. It prevents blurring from breast motion and helps spread out the tissues so that cancer is not hidden and that overlapping tissue doesn't look like an abnormality.

Why do I need extra views?

Sometimes the technologist needs to repeat an image because not enough of the breast was included or the image is blurry.

If you get called back for extra (so called additional) imaging, don't panic! The need for extra views does not mean that there is a problem. In fact, the large majority of women (~80%) are normal and don't need any other testing. Most extra views are due to an area of overlapped breast tissue, which is normal. Positioning the breast in another way (for the extra view) allows the radiologist to see this, letting you breathe a sigh of relief!

My breast density is mentioned on the mammography results; why do I need to know this?

Breast density is a measure of the amount of fatty tissue (fat) and fibroglandular tissue (glands, like milk ducts and milk lobules, and fibrous tissue) in the breast.

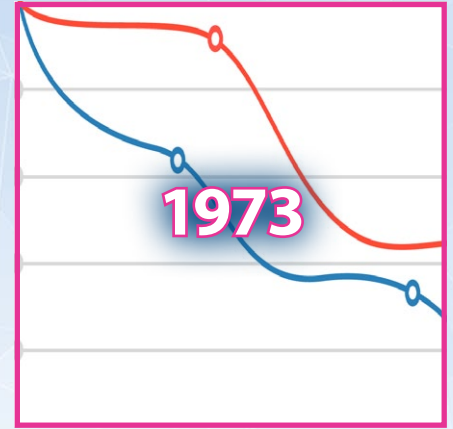
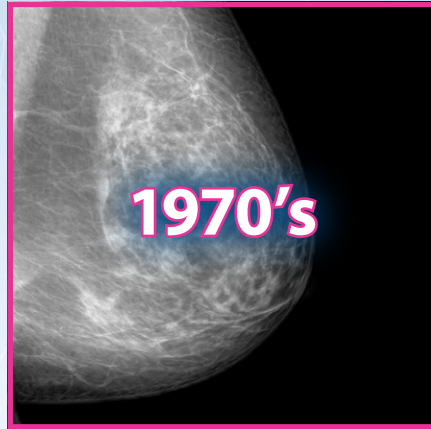
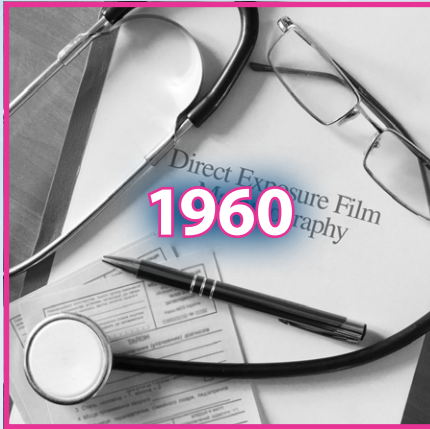
Women who have **dense breast tissue** have a slightly higher risk of developing breast cancer than women with average dense breast tissue. Several states now have **breast density laws** that require each facility to let you know your breast density type. If you have dense or heterogeneous breast density, talk with your doctor about having additional screening tests, such as breast ultrasound.

For more Q&A, read the full blog post and other articles
on the End the Confusion blog

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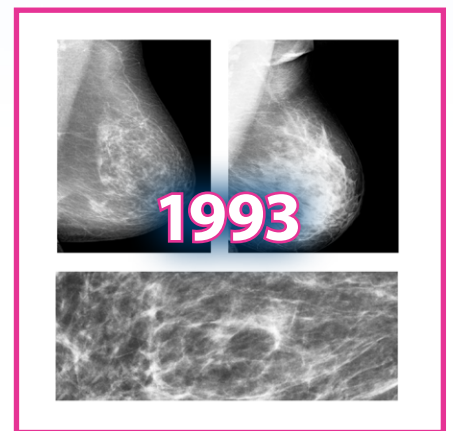
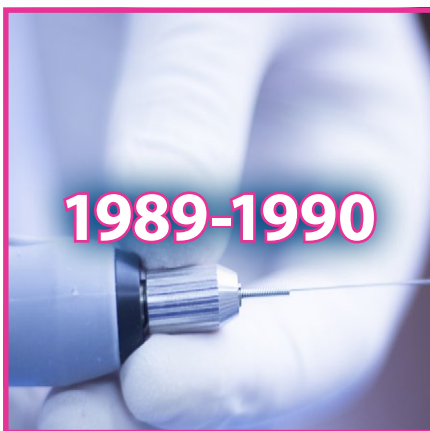
BREAST IMAGING: History



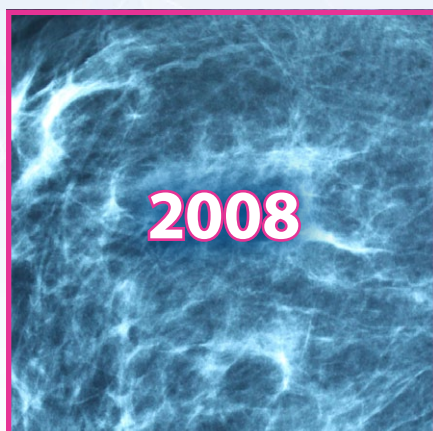
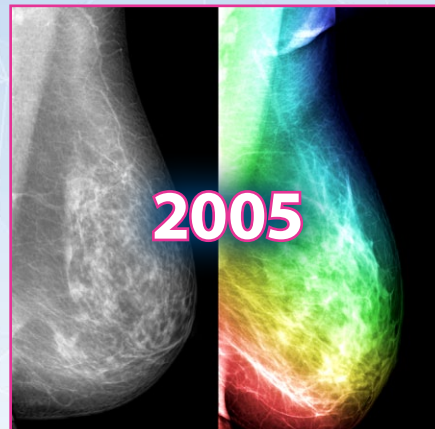
(Voluntary)
Mammography
Accreditation
Program

1987

40-49
1989
50+



BREAST IMAGING: History



[Click here to learn more about End the Confusion](#)

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BREAST IMAGING: History

1960

Robert L. Egan reports on 1,000 cases from MD Anderson using standardized **direct exposure film mammography** technique.

1970's

Screen film mammography (SFM) with uniform breast compression developed, allowing for faster exposure time, reduced dose and greater contrast.

1973

A Health Insurance Plan of Greater New York randomized control trial (RCT) of breast cancer screening with mammography and clinical breast exam showed a **23% decrease in breast cancer deaths** for women aged 40 to 64. **Swedish RCTs** confirm an **approximately 30% reduction in breast cancer deaths** using mammography screening alone.

1985-1992

Screening mammography becomes widespread; breast cancer mortality declines – timing and magnitude of breast cancer mortality reduction consistent with the expected effect of screening mammography.

1987

(Voluntary) Mammography Accreditation Program developed to ensure technical quality and radiation dose standards for mammography.

1989

Consensus guidelines circulated recommending screening women ages 40-49 every 1-2 years and women 50 years old and older annually.

1989-1990

Breast needle biopsy techniques using ultrasound and mammography guidance are developed as alternatives to more invasive surgical procedures.

1992

U.S. Congress passes the Mammography Quality Standards Act.

1993

First Breast Imaging Reporting and Data System (BI-RADs) edition becomes available and standardizes mammography reporting, leading to improvements in quality assurance, effective communication, research and patient care.

BREAST IMAGING: History

1995

Breast ultrasound used to differentiate **benign from malignant solid** masses.

2004

Breast MRI shown to be **more accurate in screening high risk women** than mammography.

2005

Results from the **Digital Mammographic Imaging Screening Trial** show equivalence of digital mammography to screen-film mammography and **increased accuracy in women aged 50 and below, women with dense breasts and women pre- or peri-menopausal.**

2007

American Cancer Society publishes guidelines for **breast cancer screening with MRI** as an adjunct to mammography.

2008

Whole breast screening US ACRIN 6666 trial shows increased incremental cancer detection.

2009

Connecticut enacts **breast density notification laws** requiring patients who have had a mammogram to be informed if they have dense breast tissue, so they can learn more about it and consider supplemental screening. Currently, 28 states have passed density notification laws.

2011

FDA approves Digital Breast Tomosynthesis (DBT).

2014

U.S. service screening experience with **DBT demonstrates increased cancer detection and recall rate reduction.**

2015

The **Protecting Access to Lifesaving Screenings Act (PALS Act)** mandates coverage of annual screening mammograms for millions of U.S. women.

[Click here to learn more about End the Confusion](#)

**SOCIETY
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Message from THE EXECUTIVE DIRECTOR



We are pleased to launch this e-book as an important component of the Society of Breast Imaging's (SBI) End the Confusion initiative. It is the latest step in our ongoing effort to educate stakeholders and individuals about the lifesaving benefits of early detection and screening.

The End the Confusion platform was built to provide women the knowledge and power to break through the confounding information surrounding screening. It includes easily accessible resources and tools that provide opportunities for interaction and sharing. Whether it is through the development of resources like this e-book, an event with breast imaging experts and advocates, educational videos or other printable resources on this important topic, we want the Society to be a partner for women on their road to better health and wellbeing.

The Society was created with the core mission of saving lives "through early detection, quality education, and trusted information provided to patients, physicians and organizations worldwide." Our mission is more important than ever. To that end, we are growing our communications and outreach efforts in novel ways to convey the benefits of prevention and screening, and enhance the voice of SBI in critical health care conversations.

This e-book is just one example of the work taking place to expand the Society's reach, influence and impact. We eagerly look forward to future collaborations on behalf of better health.

Sincerely,

A handwritten signature in black ink that reads "Yfields". The signature is fluid and cursive, with the first letter 'Y' being particularly large and stylized.

Yasmeen J. Fields, CAE

Executive Director

Society of Breast Imaging

Engage with SBI

Share this resource with your friends and social networks

FOLLOW US ON OUR SOCIAL MEDIA ACCOUNTS:



Download End the Confusion printable and shareable materials:



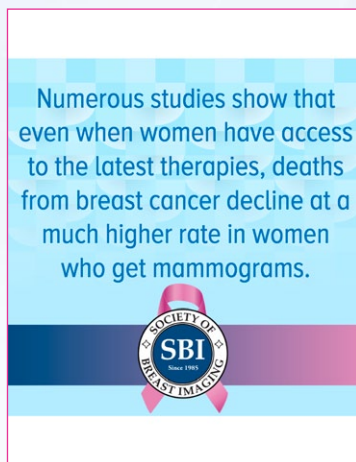
Postcards



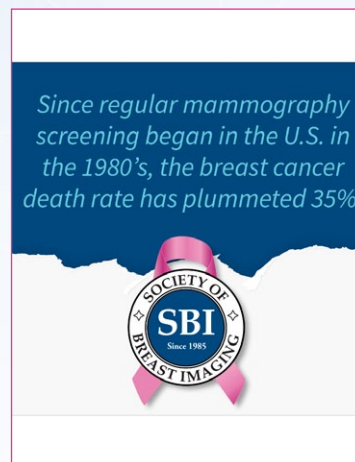
Flyer



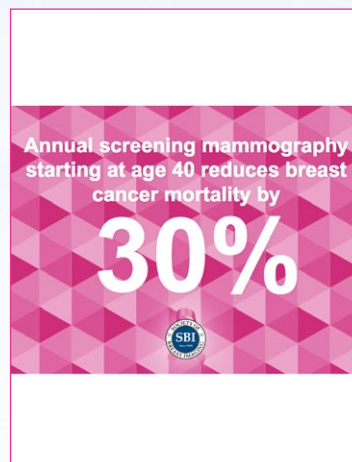
Printable Posters



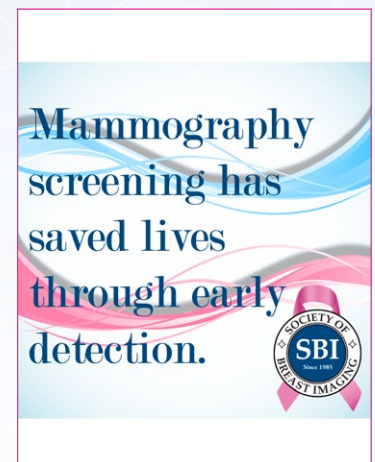
Poster #1



Poster #2



Poster #3



Poster #4

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