

## Recent Developments in Breast Imaging

There is a lot of confusion in the media about the utility of mammograms. For you to be confused is understandable, as many of the people who talk about mammograms are not even physicians!

Would you trust a plumber over a mechanic to provide you with advice about your car? Of course not. While the plumber and the mechanic are both trades people, the mechanic is far more likely to be qualified to give you the advice that you need regarding your car.

Many of the people who talk about mammograms are like the plumber. They may have expertise within their respective field, but they are not experts in the fields of medical imaging or diseases of the breast. Indeed, it is likely that many of them have probably never seen a patient with breast cancer.

The real experts in mammography, Radiologists and Medical Physicists, and the physicians that treat patients with diseases of the breast, Surgeons, Oncologists and Gynecologists, are nearly unanimous in their endorsement of mammography as the best screening test available today.

The most lives are saved when screening mammograms start at age 40. There is indisputable peer-reviewed evidence by internationally respected organizations that mammography saves lives. Women who have screening mammograms are 40-60 per cent less likely to die of breast cancer than women who do not.

Notwithstanding such benefits and broad endorsement, mammography is not perfect. Yes, mammograms can detect almost 98% of cancers in the near 50% of women with fatty or almost fatty breasts. However, mammograms are not nearly as effective at detecting cancers in the other 50% of women with dense breasts. Studies have shown that up to 50% of cancers may be missed on mammograms in patients with dense breasts.

After BRCA mutations and previous personal history of breast cancer, breast density is the single biggest risk for developing breast cancer, almost twice the risk of a family history.

Breast density can only be determined by mammography. The BIRADS breast density is indicated on all mammogram reports from the Toronto Centre for Medical Imaging. Knowing the density of a patient's breasts is important, as breast density can have significant potential health implications and could be a reason to consider supplementing a traditional mammogram with other testing. We would like to make supplementary testing with 3D Automated Breast Ultrasound (ABUS) available to women with dense breasts, as currently such testing is not generally available in the Province of Ontario and is not insured by OHIP.

Here are some reasons you may wish to consider in making your decision whether supplementary testing with ABUS is right for your patient.

**Risks Associated with Dense Breasts on Mammography**

1. 4-6 times increased risk of breast cancer.
2. Up to 50% of cancers can be missed on traditional digital mammogram (including digital tomosynthesis or 3D mammography) in women with dense breasts. Despite this dismal statistic, mammography is still the pillar of screening for breast cancer in all women (with dense or fatty breasts) after age 40.
3. Higher risk of cancer being diagnosed between regular mammograms (interval cancers) which are often larger and more aggressive.

AUTOMATED BREAST ULTRASOUND (ABUS) is now available at the Toronto Centre for Medical Imaging.

ABUS is not an OHIP insured service, the cost for this testing is \$199.00. A receipt will be issued to you for your private insurance company benefits plan.

If you would like more information or to book your appointment, please contact the Toronto Centre for Medical Imaging at 416 368 8488.