

Breast Density FAQs for GPs

Breast density is a topic that has been generating much discussion amongst GPs and women in the community. BreastScreen WA has been collating FAQs and hope that the information below helps you to provide the best appropriate care to your patients.

What are dense breasts?

It is not something that a person can feel as it is a mammographic finding. Breast density refers to the relative amount of radio-opaque stromal and glandular tissue compared to the amount of radiolucent breast fat demonstrated at mammography.

Why is breast density important for women and their GPs?

High breast density reduces the sensitivity of mammography because of its masking effect for cancer detection. Despite this regular screening mammograms are still the best option to improve breast cancer outcomes in the population.

High breast density increases the risk of breast cancer. The relative risk for cancer in women with extremely dense breasts compared with average woman is approximately 2:1. Approximately 30-40% of women over the age of 50 have

mammographically heterogeneously dense or extremely dense breasts.

Does having a percentage measure of breast density help?

There is no evidence that a numerical computer generated evaluation of percentage breast density is superior to an empirical estimation of breast density in guiding clinical management of women. BreastScreen WA is notifying women that they have dense breasts if the radiological assessment is that more than 50% of the breast volume is occupied by dense parenchyma.

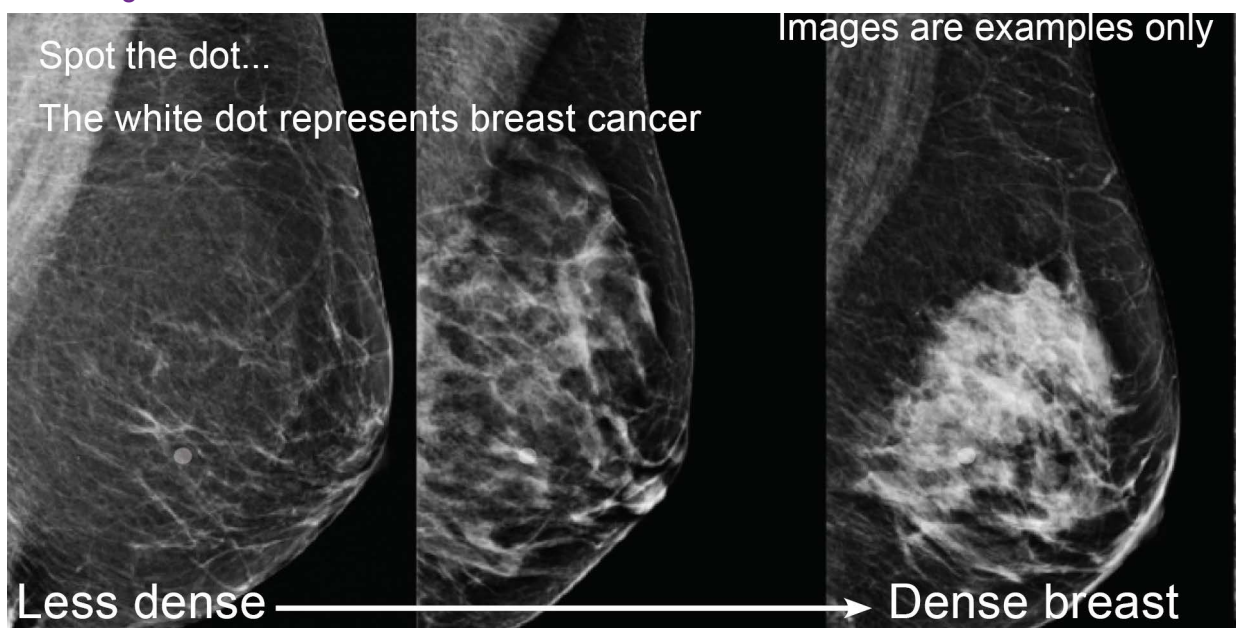
What should GPs do?

GPs are recommended to assess their patient's risk for breast cancer, perform a clinical breast examination, discuss ongoing patient breast awareness for breast changes and consider supplemental

screening with breast ultrasound.

Should women with dense breasts have ultrasound, MRI or other imaging?

Supplemental screening of women with dense breasts who are average or low risk is not currently recommended by international evidence based review studies. In addition performing supplemental screening on everyone with dense breasts will increase false positive diagnosis and unnecessary investigation. There are no RCTs supporting the use of any imaging modality in women with dense breasts. However, it is reasonable for GPs to consider supplemental screening with breast ultrasound for women at intermediate risk of breast cancer due to a family history, a personal history of breast cancer, or other risk factors including premalignant lesions such as lobular neoplasia.



The greater the breast density, the more white areas on the mammogram, and the less obvious the dot (which is an artificial representation of breast cancer).