



Notes on Screening Mammography

Welcome to the BreastScreen WA clinic.

Please read this important information about mammography screening and the consent form **BEFORE** your mammogram. If you have any questions the staff at the screening unit can help you. Please note that you can have the procedure stopped at any time.

- It is not recommended that women who suspect that they are pregnant have a mammogram. If there is a chance that you may be pregnant, please inform the receptionist or radiographer.
- Women who are breast feeding are advised to postpone their screening mammogram until 3 months after they have finished lactation. This is because a woman's breast tissue is very dense whilst breast feeding, and a mammogram may not be as effective during this period.

About the breast screening program

The aim of the breast screening program is to reduce deaths from breast cancer. A mammogram (breast X-ray) is the best method we have at present of finding breast cancers when they are too small to feel. The earlier a breast cancer is diagnosed the better the chance of successful treatment.

The focus of the BreastScreen WA Program is on the early detection of breast cancer. Current medical evidence shows that screening is most useful for women aged 50-74. Your chance of having breast cancer increases with age. Almost 70% of breast cancers occur in women who are 50 years or older. Regular screening mammograms can reduce the deaths among these women by about 30%. The benefits of mammography screening are less for women under 50.

How is the mammogram taken?

You will be asked to remove your bra and put your top back on, or if you require, a disposable gown is available. A specially trained female radiographer or mammographic technologist will take your mammogram. While the mammogram is being taken the breast is compressed for a few seconds in order to get a clear picture. This may be uncomfortable. Usually two pictures are taken of each breast, but sometimes more may be necessary. You can request a medical observer to be present during your mammogram procedure if you wish, but due to staff availability the appointment may need to be rescheduled to another time and place so that this request can be accommodated.

Who reads the mammogram?

The outcome of your mammogram will be based on the agreement between at least two specialist doctors (radiologists) who are very experienced in reading mammograms. All mammograms are read independently. Occasionally, if the first two radiologists do not agree, a third radiologist will read your mammogram.

What if I need a repeat X-ray?

Very occasionally the radiologist will request a repeat x-ray if the picture produced is not clear enough. If this is necessary you will receive a phone call or letter requesting you return. These repeat x-rays will be done at the screening clinic.

Notification of results

The results of your screening mammogram will be sent (within two to three weeks) via SMS, or you may choose to receive your results via mail. With your consent, your doctor will also receive

your results. Changes seen on a mammogram which are not considered to be a sign of breast cancer are not reported on and women will not be notified of these benign changes.

It is not uncommon for women to be called back for further tests. If this is necessary, BreastScreen WA will telephone to discuss this with you. The majority of these tests will not show any problem needing further investigation.

Women who are screened in the metropolitan area will be offered an appointment at a BreastScreen WA assessment centre where further mammographic views or, if needed, other tests will be carried out. For women screened in a country region, these further mammographic views will be done, for their convenience, at the mobile van, or a clinic in Albany, Bunbury or Mandurah.

Please Note: BreastScreen WA retains the mammograms to compare with future images.

How reliable is the mammogram?

Mammograms can show 70% - 90% of breast cancers. There are some cancers that cannot be seen on a mammogram. Younger women or women on Hormone Replacement Therapy may have much denser breast tissue than older women and this may make it more difficult to identify a cancer on a mammogram. This may result in younger women requiring more investigations, including biopsy, because of the difficulty in excluding a cancer on the basis of the mammogram. Having a mammogram cannot prevent breast cancer but early detection ensures the best chance of successful treatment.

Can the mammogram do any harm?

Occasionally the compression used to take the mammogram may cause some temporary breast tenderness or bruising. This does not cause any long-term harm to the breast tissue. Each mammogram uses a very low dose of radiation. Current evidence shows that there is very little risk associated with this radiation exposure. The benefits of screening mammography outweigh this risk.

What if I have a breast lump or breast problem now?

If you have noticed a lump in your breast, a discharge from the nipple or other changes in your breasts, please tell the radiographer or mammographic technologist before she takes your mammogram. It is also important that you see your doctor about these symptoms even if the mammogram is normal.

Why should I give you my general practitioner's details?

In order to give you the best care, your GP needs to have information about all your health care. We like to send the result of your mammogram to him/her. In the interval between mammograms, it is important that you examine your breasts regularly and that you report any changes to your doctor immediately. We would suggest you ask your GP about breast health at your next check-up.

Height and Weight Information

BreastScreen WA is collecting information regarding height and weight at the time of mammography. This information may be useful in the future to improve the effectiveness of breast cancer screening. BreastScreen WA is asking if you would consider recording your height and weight today. Scales and a height measure are available for your use if required. Participation is completely voluntary. Not participating will not affect your care in any way. If you have any queries about this, please do not hesitate to contact BreastScreen WA on 9323 6703 or ask reception for a copy of our feedback brochure to provide comment.

**A medical observer must be a BreastScreen WA employed staff member governed by the Australian Health Practitioner Regulation Agency or professional body including medical, nursing, midwifery or allied health and be of a gender approved by the patient.*