

Date: January 11, 2015

Title: Management of mammograms in which the report describes dense breasts

General Statement: New Jersey became the 14th state to pass legislation requiring the notification of breast density. As of May 1, 2014, all mammography imaging centers in New Jersey are required to provide patients with this additional information regarding their breast density. There is a special paragraph that has been added to the mammogram report. However, this does not mean that all women have a serious problem. The degree of breast density must be determined and reported. The categories are:

- 1) Almost entirely fatty-10% of women fall into this group
- 2) Scattered areas of fibroglandular density-40% of women
- 3) Heterogeneously dense- 40% of women
- 4) Extremely dense- 10% of women

A woman's risk of being diagnosed with breast cancer depends on multiple risk factors- age, gene mutations, family history and personal history. Compared to women with non-dense breasts, the risk for women with heterogeneously dense breasts (3) is approximately 1.2 times greater and the risk for women with extremely dense breasts (4) is about 2 times greater. However, just the presence of dense breasts does not put you at risk for breast cancer.

As of April, 2014 the American College of Obstetricians and Gynecologists (ACOG) does not recommend routine alternative tests to screening mammograms in women with dense breasts who are asymptomatic and have no additional risk factors.

Procedure for Carrying out the Process: In consideration of above, and after discussions with several of our breast specialists, we have determined to proceed with the following course of action.

We will only order additional breast evaluation, MRI and/or ultrasound, in the following situations:

A specific test is recommended by the radiologist

The woman has additional risk factors for breast cancer

Keep in mind that the insurance companies are not required to pay for additional testing. Authorizations and even appeals may be necessary and may still result in the insurance company denying a request for additional testing. Using the Tyrer Cusik calculator will help determine risk for the authorization.

At times a patient may request additional testing herself. We will counsel her regarding what we think is in her best medical interest. If after counseling, the patient still insists on additional testing, we will try to obtain approval from her insurance company. If denied, the patient has the option of paying for the test herself.

In conclusion, we will do our best to educate our patients regarding this new law and why it may or may not apply to their situation. Education is the best tool to help our patients receive the preventative health care that they need and avoid unnecessary testing.