

The Facts About Mammograms



A mammogram is a type of X-ray used to examine the breasts for cancer and other abnormalities. Mammography is just one of many tools used for diagnosing breast cancer, but it has been shown to lower the risk of dying from breast cancer by up to 35 percent.⁽¹⁾ Mammograms can detect cancer long before a woman or her doctor would notice any breast changes, and cancer caught earlier is easier to beat.

How does it work?

A mammogram is a quick, easy – and relatively painless – procedure. The breast is compressed between two plastic plates attached to the mammogram machine. This ensures a sharper image and spreads the tissue apart so a lower-energy X-ray can be used. The compression can be uncomfortable, but it only lasts a few seconds. The entire mammogram procedure takes about 20 minutes.⁽²⁾

Before scheduling a mammogram, talk to your doctor about any recent changes or problems with your breasts. Also, make sure he or she knows about any surgeries you've had (including breast enlargement or reduction), hormone use and your family or personal history of breast cancer.

Try to schedule your mammogram for a week after your period, and let your doctor and X-ray technician know if there's a chance you could be pregnant. If you're breastfeeding, talk to your doctor about your alternatives. Breast tissue becomes dense during lactation, and your doctor may recommend that you reschedule your mammogram for sometime after you've weaned your baby, or that you pump or feed your baby just before the exam.⁽³⁾ Do not put off a screening without first discussing your medical history with your physician.

In addition, the National Women's Health Information Center recommends that you avoid wearing deodorant, talcum powder, perfume or lotion under your arms or near your chest on the day of the exam. These substances can show up on the mammogram and obscure the image.⁽⁴⁾

Who should have a mammogram?

The American Cancer Society recommends that all women over the age of 40 have an annual mammogram. In addition, women at high risk should have a mammogram and an MRI every year, beginning at age 30.⁽²⁾

If you have any of the following risk factors⁽⁵⁾ for breast cancer, talk with your doctor about the screening schedule that's right for you.

- Family or personal history of breast cancer or cancers of the ovaries, cervix, uterus or colon
- Certain types of breast lesions or benign tumors
- No children, or first child after age 35
- Exposure to radiation before age 30
- Menstruation starting at or before age 12
- Menopause beginning after age 55
- Being overweight
- Long-term hormone replacement therapy (HRT)

Before you get a mammogram

From your local hospital to a mobile mammography unit, any American College of Radiology (ACR) accredited center with up-to-date equipment and experienced radiologists can provide a quality breast cancer screening. Other things to consider when selecting the facility:⁽⁶⁾

- **How many mammograms does it perform each day?** Look for a center that reads 15 or more mammograms daily.
- **How many radiologists will review your film?** Having two experienced radiologists read your mammogram reduces the chance of missing a problem. Some centers also offer computer-aided detection, where a computer reviews your scan for any area that has extra thickness to it. A doctor then examines those areas to determine if they need to be evaluated further.
- **When will you receive your results?** Some facilities will read your results while you wait, and other places review them and send them to your doctor so he or she can go over the results with you. If your results will be read immediately, look for a facility with additional diagnostic tools, such as ultrasound and digital mammography on site, so you can have more imaging done immediately if the doctor sees anything suspicious.

Try to find a center you're comfortable with, and go back to the same place each year. That way your previous films are available for comparison. Also, bring along the films of any previous mammograms, along with a list of the dates and places they were performed. And don't assume the results were negative if you don't hear from your doctor. Follow up with him or her if you don't hear anything after 10 days.

Interpreting your results

As effective as mammograms are, they're not without flaws. About 10 percent of women who have a mammogram will require additional tests – usually only a second mammogram. Only eight percent to 10 percent of those women will need a biopsy, and 80 percent of those biopsies won't indicate cancer. Only two to four mammograms of every 1,000 lead to a cancer diagnosis.⁽²⁾

Also, mammograms can miss 20 percent of cancers because not all breast cancers show up on mammograms.⁽¹⁾ However, a mammogram is still the best tool available because breast cancer develops over several years. So a woman who has regular mammograms can still catch cancer at an early stage even if it's missed in one mammogram.

When breast cancer is detected before it spreads to the lymph nodes, the five-year survival rate is better than 98 percent. If the cancer has spread (metastasized) to nearby lymph nodes (regional disease), the rate drops to 83 percent. If the cancer has spread to distant organs like the lungs, liver or brain or to bone marrow, the five-year survival rate is 23 percent.⁽⁷⁾ That's why regular mammograms are so important.

Resources

Affordable or free mammograms may be available in your area through various public and private health programs. For information, call the National Cancer Institute's Cancer Information Service toll free at 800-4-CANCER (800-422-6237). Or, go to the American Cancer Society's website at cancer.org and enter your Zip code to find your local ACS office. They will be able to direct you to resources available in your area.



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(3) American Cancer Society, *Can Breast Cancer Be Found Early?* (September 18, 2009): cancer.org (4) MedlinePlus, *Health Tip: Preparing for a Mammogram* (October 20, 2009): nlm.nih.gov (5) WebMD, *Risk Factors for Breast Cancer* (June 20, 2009): webmd.com

(6) BreastCancer.org, *Where to Get a Mammogram* (December 15, 2008): breastcancer.org (7) Horner MJ, Ries LAG, Krapcho M, Neyman N, Aminou R, Howlander N, Altekruse SF, Feuer EJ, Huang L, Mariotto A, Miller BA, Lewis DR, Eisner MP, Stinchcomb DG, Edwards BK (eds). SEER Cancer Statistics Review, 1975-2006, National Cancer Institute. Bethesda, MD, seer.cancer.gov/csr/1975_2006/, based on November 2008 SEER data submission, posted to the SEER web site, 2009.