

BASELINE, SCREENING MAMMOGRAPHY

There are new American College of Radiology and American Cancer Society guidelines for screening mammography.

A patient should have her first screening mammogram at the age of 40.

Most providers of mammography will not routinely accept appointments for screening mammograms for patients under the age of 40.

Screening mammography for women younger than 40 is recommended if the patient's mother or sibling was diagnosed with breast cancer prior to age 50. In this case, the patient should begin annual screening mammography when she is 10 years younger than the age at which the relative is diagnosed (e.g. if the mother was diagnosed with breast cancer at age 45 then the daughter should begin annual screenings at age 35).

If the patient is known to be BCR1 or BCR2 positive (genetic markers that indicate an increased risk for breast cancer), annual screenings should begin at age 30.

DIAGNOSTIC MAMMOGRAPHY

Diagnostic mammograms are for patients who have a questionable finding on screening mammography and require additional work-up; or for patients who have a focal suspicious finding (breast lump) upon clinical exam. (For patients under the age of 40, focal breast ultrasound is usually the first diagnostic exam.)

A diagnostic exam is also required for patients with breast implants who must have displacement views.

Diagnostic mammography is recommended every six months for a two-year period when a breast is being followed for a probably benign abnormality that has not been biopsied, and has not been fully characterized. The opposite breast should also be examined at one and two years.

Diagnostic mammography is recommended every six months for a five-year period for a breast with pathological diagnosis of malignancy treated by any means other than mastectomy. The opposite breast would be included on annual exams.

Following mastectomy, the remaining breast is examined annually as a screening mammogram.

DIABLO OBSTETRICS AND GYNECOLOGY
&
WOMEN'S WELLNESS MEDICAL GROUP

Robert B. Cole, M.D., F.A.C.O.G.
Stephen R. Wells, M.D.,
F.A.C.O.G.
Monica K. Brar, M.D.

1455 Montego Ste 101
Walnut Creek CA 94598
Tel: 925 935 4004 Fax: 925 935 1396

5601 Norris Canyon Rd, Ste 240
San Ramon CA 94583
Tel: 925 327 1330 Fax: 925 327 1871

PATIENT INFORMATION FOR SCREENING MAMMOGRAPHY

There are two kinds of mammograms: diagnostic and screening. The screening mammogram is for women who have no abnormal findings on physical exam, have not had breast cancer (or it has been more than five years since mastectomy surgery), and do not have implants. Please tell your radiologist right away if this does not describe you.

When you are referred for a mammogram:

For a screening mammogram, the technologist will develop the films, check them for quality and then the radiologist will read the films after you leave.

For a diagnostic mammogram (for patients with breast implants or to follow a suspicious area), the films will be read by the radiologist before you leave.

The radiologist will send you a letter with your results.

We will receive a written report, which can take one to two weeks to arrive.

Do not be alarmed if you are asked to return for further evaluation. It is common for a small percentage of women to return for further study. The additional evaluation is used to resolve any questionable findings. The return exam usually provides reassurance of a normal mammogram.

It is essential that you return for additional studies if requested to do so.

The American Cancer Society guidelines for good breast health are:

1. All women age 40 and over should have a mammogram once a year.
2. All women age 20 and over should examine their own breasts once a month.

3. All women ages 20 and 40 should have a clinical breast examination by their physician once every year.