



 **Volpara Breast Density scoring**

A Almost Entirely Fatty

B Scattered Fibroglandular Densities

C Heterogeneously Dense

D Extremely Dense

BREAST IMAGING UPDATE

Did you know that the technology used can make a difference in the comfort of a mammogram?

Mayfair Diagnostics recently upgraded our mammography technology across all our locations. Our state-of-the-art Pristina mammography system features a more ergonomic design and patient-assisted compression – a handheld remote that women can use to adjust the compression of their breast to what’s comfortable for them, under the supervision of a technologist.

Compression is necessary to get the clearest image of breast tissue using the least amount of radiation, but many patients fear this part of the exam. Giving patients control over the amount of compression has been shown to reduce anxiety.

A collection of the most frequently asked questions from our referring doctors. Please contact BD@radiology.ca if you have further questions.

▶ **For patients with Volpara C heterogeneously dense breast tissue and no family history of breast cancer, would ultrasound be recommended?**

At Mayfair we have determined that women of high risk, such as extremely dense (Volpara D) breast tissue or Volpara C combined with a first-degree family history of breast cancer, would benefit more from mammography combined with supplemental breast ultrasound than women of average risk. Women with Volpara C breast density but no family history would be considered average risk.

If you are unaware of your patient’s breast density, you can check “Complete Breast Assessment” on our General Requisition and our breast imaging team can organize your patient’s mammogram and supplemental breast ultrasound, if indicated.

While evidence indicates that ultrasound detects more cancers in women with dense breasts, the use of ultrasound alone in breast cancer screening has not been established as the standard of care. Breast ultrasound can increase false positives and the need for biopsies, so the benefits and risks need to be weighed.



▶ **Does Mayfair automatically book my patient's breast biopsy when required?**

Yes, although there may be a rare instance when a patient leaves a clinic and the decision to perform a biopsy is determined later. In those instances, the reporting radiologist will indicate on the report whether Mayfair will arrange the biopsy, or if the referring physician's office should do so.

▶ **Why can I not order screening breast ultrasound for my patient without a mammogram?**

Mammography is the gold standard for breast screening and its effectiveness is supported by many studies. On the other hand, ultrasound has not been established as a proven tool for the detection of early breast cancer.

There is no evidence that ultrasound offers the same benefit in the absence of mammography and the College of Physicians and Surgeons of Alberta explicitly forbids diagnostic imaging clinics from offering breast ultrasound as standalone screening.

▶ **How does Mayfair determine which patients receive breast ultrasound with ABUS or handheld?**

A number of factors determine the appropriateness of ABUS versus handheld breast ultrasound. ABUS may not be appropriate for a patient due to breast size, implants, or comfort. When booking ultrasound and mammography imaging together, availability, time of day, and location preference can also be factors. In general, Mayfair has more availability of handheld ultrasound over ABUS.

▶ **How does the image quality on the new Pristina compare to other mammography units?**

In addition to faster scan times and an increase in patient comfort, Pristina produces exceptionally sharp and detailed images for improved breast cancer detection and diagnosis – at the same dose as standard 2D mammography.

▶ **When would breast MRI be appropriate for my patient?**

Mammography is the gold standard for breast screening and its effectiveness is supported by many studies. Mammography is the only modality proven to reduce mortality from breast cancer in women of average risk. There is a subset of patients who benefit from supplemental studies, including MRI. These are usually patients of high risk (>20-25% lifetime). MRI is a very sensitive test, but is costly and time consuming.

▶ **Is the presence of calcium on a mammogram an indication for cardiovascular disease? If so, what are the next steps?**

The presence of vascular calcification on mammography can be associated with cardiovascular disease, but with low sensitivity. Recent literature suggests women prefer to be informed of this finding and it can often lead to discussion around other risk factors that may exist (e.g. family history, smoking, obesity, etc.). This can be a trigger for lifestyle improvements to prevent morbidity associated with cardiovascular disease.

OUR SERVICES

Bone Mineral Densitometry, Breast Imaging, Cardiac Imaging, CT, MRI, Nuclear Medicine Imaging, Pain Management, Ultrasound, X-ray

CONTACT US

Mayfair has 11 mammography locations* that use Pristina. **Our Coventry Hills location also offers mammography, but not patient-assisted compression.*

MAYFAIR[®]
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