



Taking care of what matters most...You!

A Guide to Breast Cancer Screening



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The Importance of Regular Breast Cancer Screenings

If you're old enough to have a to-do list, it's time to add "learn about breast cancer screening" to it! You might be wondering when to start, how often to get screened, or maybe life is just too busy (we get it!)—especially when you're feeling great. But prioritizing your health is so worth it!

But here's the thing: An annual screening is the **ONLY** way to find cancer at its earliest stages when it is **almost 100 percent curable!** And it gets better. Finding cancer early means fewer, shorter treatments and less downtime.

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In this guide, we're spilling the tea on everything you need to know about breast cancer screenings:

- I've been told I have dense breasts; is that an insult?
- Since 60 is the new 40, does that mean I should start screenings at 20?
- What's the difference between 2D, 3D, and MRI (and are we even still talking about breast screenings)?
- Can I have a mammogram during my period?
- How long will I have to wait to find out my results? (Any tips for Type A personalities?)
- What if I flunked my screening? (Hint: There are no F's in self-care!)



9 out of 10

More than 91 percent
of patients with breast cancer
survive at least 5 years.

Source: National Cancer Institute



Request a breast cancer screening
appointment online at [Akiracares.com](https://www.akiracares.com)
or call us at 518-239-5200.

What's your risk factor?

We're not talking here about your investment style; we're talking risk of developing breast cancer. Knowing your personal risk tells you when to start breast cancer screenings, how often to get them, and what steps you can take to lower your risk.

You should talk with your healthcare provider by age 25 (or as soon after that as possible) to determine your risk level. As part of your assessment, your provider may use a Breast Cancer Risk Assessment Tool (BCRAT) to estimate your risk of developing breast cancer in the next five years. You can check out the tool and get your own assessment online at bcrisktool.cancer.gov.

Once your risk is determined, you'll learn whether you should start screenings at 25, 40, or somewhere in between. Keep in mind that being high-risk doesn't mean you'll get cancer, and being at average risk doesn't mean you won't.

Risk factor just tells you when to start screenings, but all women need screenings because **more than 60 percent of cancer occurs in patients without any risk factors.**

The biggest risk factors for developing breast cancer are gender and age. Women (assigned female at birth) are at higher risk than men, and most cancers develop after age 60. But there are other factors unique to you:

Heritage/Family History

- A family history of breast or ovarian cancer
- BRCA1 or BRCA2 gene mutation (or a first-degree relative with this mutation, if you have not been tested)
- Ashkenazi Jewish heritage
- Being Black (While Black women have similar rates of breast cancer as White women, you are at higher risk of developing cancer earlier, so you may need to start screenings earlier even though you're not at greater risk overall.)

What are dense breasts?

A diagnosis of dense breasts, which characterizes the make-up of your breast tissue, can only be made after your first mammogram. Dense breasts have a higher proportion of dense glandular and fibrous connective tissue relative to fatty tissue. Because both dense tissue and potential cancer are white on a mammogram, it's tougher to identify the cancer (fatty tissue shows up black). Dense breasts are mostly genetic, but you may be more likely to have dense breasts if you are younger, have a lower body mass index, or take hormone therapy for menopause. About half of all women have dense breast tissue.



If you have dense breasts, it affects you in two ways:

- 1. It increases the chance that breast cancer might be missed on a mammogram.** To reduce that risk, it's important you are screened with the newer 3D mammography that provides a clearer image than conventional mammograms. Breast ultrasound and MRI can help detect cancer a mammogram might miss, but they are used only as secondary tests if your mammogram is unclear because they also can find issues that require additional treatment that don't turn out to be cancerous.
- 2. It increases your risk of developing breast cancer slightly.** On its own, having dense breasts does not put you at high risk for developing cancer but is considered along with other factors when determining your overall risk.

What's your risk factor? cont.

Personal Health History

- Reproductive Issues: Longer exposure to hormones increases your risk, including having your first period before age 12, going through menopause after age 55, having your first pregnancy after age 30, or never having been pregnant
- Dense breasts (This is a clinical diagnosis made after your first mammogram and is related to the make-up of tissue in your breast, not the size of your breasts.)
- Personal history of a non-cancerous breast condition, including hyperplasia, lobular carcinoma in situ (LCIS), and ductal carcinoma in situ (DCIS)
- Chest radiation before age 30

Lifestyle

- Being overweight
- Smoking or exposure to second-hand smoke, especially after menopause
- [Drinking alcohol](#) (Risk is increased at all levels of drinking but most significantly among heavy drinkers.)

Mythbusters

There are many myths about what causes breast cancer or puts you at higher risk. Here are factors that DO NOT increase your risk:

- Having large breasts
- Underwire bras
- Carrying a phone in your bra (Yep, it's ok when there's nowhere else to put it!)



Bottom Line: When do I need to start getting a mammogram?

Confused about when to start breast cancer screenings? There's good reason. Over the past couple of decades, guidelines have shifted and differed among organizations. Today, the major healthcare organizations agree that **women at average risk of developing breast cancer should start breast cancer screenings at age 40.**

If you have a **higher-than-average risk, you should start annual mammograms between ages 25 and 40.** Based on your specific risk factors and overall risk level, your healthcare provider will help decide the exact age you should start and whether you should have supplemental breast ultrasound or MRI screenings.

25



See your healthcare provider by age 25 for a personalized breast cancer risk assessment.

40

Start breast cancer screenings at age 40 if you are at average risk for developing breast cancer. (Talk to your provider about starting earlier if you are at high risk).



Breast Cancer Screening Guidelines for LGBTQ Community

A special note about breast cancer screenings and gender. The breast cancer screening recommendations listed above apply to cisgender females (assigned female at birth and continue to identify as female).

For people assigned female at birth who are non-binary or transgender men, the American College of Radiology (ACR) recommends:

- If you have had top surgery: No testing needed
- If you have not had top surgery or you had only a reduction, you should begin mammogram screenings based on your risk factors:
 - Average risk: 40
 - Intermediate risk: 30
 - High risk: 25-30 (breast MRI also may be appropriate)

For people assigned male at birth who are non-binary or transgender women, the ACR recommends:

- Less than 5 years of hormone use and average risk: No testing needed
- If 5 or more years of hormone use and average risk: Start at age 40
- Regardless of hormone use, if you are at higher-than-average risk: Start at age 25-30

What about breast exams?

Monthly self-breast exams and annual exams by a health professional were the norm for many years before mammography became the gold standard for finding cancer before it can be felt. Today, the American Cancer Society no longer recommends self-exams or clinical exams, unless you don't have access to regular mammograms. However, it's very important that you are aware of how your breasts normally look and call your provider if you see or feel any changes. This is especially important if you have not yet started getting mammograms or you are between your regular mammograms.

Request a breast cancer screening appointment online at [Akiracares.com](https://www.akiracares.com) or call us at 518-239-5200.

Is this a yearly thing?

While the major organizations agree that women at average risk should start breast cancer screenings at age 40, they differ on how often you should be screened. For women who have normal screenings, the American Cancer Society and the American College of Radiology recommend annual screenings, while the U.S. Preventive Services Task Force recommends screenings every other year.

At Akira Medical Imaging + Wellness, we recommend annual screenings because they're super effective at catching minor, manageable issues before they become big ones. Plus, we know that staying on top of your screenings can help ease the worry about the unknown. Ultimately, we believe everyone should have the power to decide what's best for their health.

Two-dimensional or three-dimensional: Am I in physics class?

Once you know when to start breast cancer screenings, you might Google your way into a whole new dimension of confusion regarding what type of screening you need. There are several imaging tests used to screen for breast cancer. You'll start with a screening mammogram and most likely never need anything more.

Mammography uses low-dose X-rays to create a picture (called a mammogram), usually from several different angles.

Here's what a mammogram can show:

- Changes in breast tissue before you can feel them
- Cancer at its earliest stages, including changes that lead to cancer but are not yet cancer

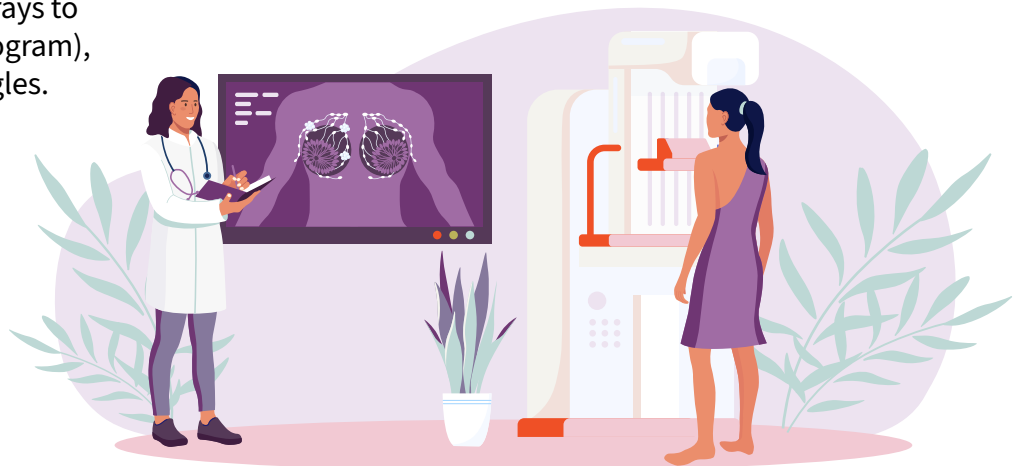
- Non-cancerous (benign) things like calcium deposits and cysts
- Dense breasts, which means you have a higher proportion of glandular and connective tissue relative to fatty tissue that may need other tests to get a clearer picture

There are now two types of mammograms: two-dimensional and three-dimensional. Both types are digital, which means the images are viewed and stored on a computer vs. film.

Traditional mammograms produce only a two-dimensional image of the breast, usually from the top and side. A newer type of mammogram is known as three-dimensional (3D) or tomosynthesis mammography. This mammogram takes pictures of thin "slices" of the breast from multiple angles to create a three-dimensional picture of the breast along with the standard 2D image.

The process of getting a 3D mammogram is the same as the conventional 2D mammogram. However, the results are much more detailed. Research has found that, compared to conventional mammograms, 3D mammograms:

- detect 17-21 percent more cancer than conventional mammograms, or about 1 case more per 1,000 women;
- reduce the rate of callbacks for suspicious findings that require additional testing;
- and are more effective at detecting breast cancer in women with dense breasts.





Just 5 Minutes

A Genius 3D mammogram at Akira Medical Imaging + Wellness takes just 5 minutes to complete and helps detect breast cancer at its earliest stages when treatments are fewer, quicker and less invasive.

At Akira Medical Imaging + Wellness, we offer The Genius® 3D Mammography™. The Genius mammogram provides images with much clearer visibility of fine details than conventional 2D mammograms. The Genius™ 3D Mammography™ exam finds 20-65 percent more invasive breast cancers than 2D mammography alone. The Genius exam also has proven to reduce unnecessary callbacks by up to 40 percent, meaning fewer women have to make time for a second test.



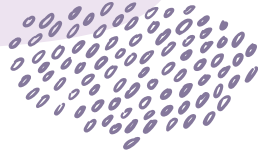
What if I'm at high risk?

If you have a higher-than-average risk of developing breast cancer, you will still need an annual mammogram. But your healthcare provider might recommend additional screenings, depending on your risk factors:

- **Breast ultrasound**
This test, which uses sound waves to make computerized pictures of the breast, can be used in addition to mammograms as a screening for women with dense breasts. Ultrasound is conducted with a handheld wand or with an ABUS (automated whole-breast ultrasound) machine that uses padded cups, called transducers, that fit over the breast.
- **Breast MRI (magnetic resonance imaging):**
This test uses radio waves and a powerful magnet to create detailed pictures of the breast. An MRI can show some small breast tumors that might be missed with mammography, but it can also miss some cancers that mammography finds.

No Stress, Just Screening

In a world that can be pretty complicated, breast cancer screening is one of the simplest things you can do for your health! Here are a few tips to help you know what to expect and how to get the best results.



Scheduling Your Mammogram

We get that life can get super busy, so we make it easy for you to fit in those important appointments! We offer flexible, convenient appointment times to work around your schedule. You can request an appointment online, give us a call at 518-239-5200, or just walk in for a script-free screening mammogram if you're at average risk.

A quick tip: If you can, try to avoid scheduling your mammogram right before your period when your breasts might be tender and a bit swollen. But don't worry—getting a mammogram while on your period is totally fine!

On the Day of Your Mammogram

- On the day of your mammogram, please don't use any of the following as they can skew the results:
 - Deodorant or antiperspirants
 - Perfume
 - Glitter lotions
- Wear a comfortable top that is easy to remove.
- Bring a list of dates and locations of previous mammograms if they were performed at different facilities.

What to Expect

When you check in at Akira Medical Imaging + Wellness, we'll get you set up in a comfy changing room with a gown designed to make your mammogram as easy and comfortable as possible—just undress from the waist up! After you slip into your gown, you can store your clothes and belongings in a secure locker, then make yourself at home in our cozy waiting area. We'll call you when it's time for your mammogram!

One of our friendly, specially trained breast radiology techs will escort you to the mammography room. You'll stand in front of the machine, and your tech will guide you through the process of getting into the right positions for clear, detailed images. The most uncomfortable part is the brief compression of your breast—don't worry, it's quick and should only be a bit of pressure for a few seconds.

After a few more quick positions for additional images, you'll be all set in just 5-10 minutes!

After Your Mammogram

Check "annual mammogram" off your To-Do list and get back to your life! While you're off celebrating your commitment to self-care, our specially trained breast radiologists will examine your results and send you and your healthcare provider a full report. Depending on how you opt to receive your results, you will get them in 1-2 days via email or 5-7 days via traditional mail.

Abnormal Results

If your mammogram shows something out of the ordinary, there's no need to panic. **Fewer than one in 10 people who need additional testing will turn out to have breast cancer.**

Callbacks are usually due to an unclear image or a small abnormality. If your mammogram is abnormal, we will call you to explain the findings and the additional tests being recommended. During that call, we can schedule your supplemental test (called a diagnostic study) typically within 2-3 days. With the exception of biopsies, we will call you with the results of your test the same day.

Based on your health history and risk factors, your provider may recommend:

- **Diagnostic mammogram:** If the radiologist or your provider feels the abnormal results are due to an unclear image, your next step might only be a second mammogram.
- **Breast ultrasound:** This test can help differentiate between water-filled masses, such as cysts which are usually not cancerous, and solid masses, which can be cancer.
- **Breast MRI:** This test is used to evaluate suspicious areas that are difficult to assess with a mammogram or breast ultrasound.
- **Biopsy:** This procedure is typically performed after a secondary screening unless the suspicious area is large and has the characteristics of a tumor. A biopsy can be performed using a small needle to remove a tissue sample, which is then sent to a lab to test for cancer. Our radiologists perform needle biopsies, and we can generally schedule those within 5-7 days after your mammogram results. Needle biopsies are non-invasive, and while having a needle poked into your breast doesn't sound like much fun, the area is numbed, and most patients report little or no pain. In some cases, if the suspicious area is large, a surgical biopsy to remove a tissue sample or the entire area may be recommended. These are performed by a surgeon in a hospital or surgery center.



Need More Info?

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We hope we've provided you with the information you needed and that you're committed to taking care of your wild and wonderful self by scheduling your breast cancer screening. If you have any further questions, please don't hesitate to call us at 518-239-5200.
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