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The goal of breast screening is to detect breast cancer early.

Women should discuss their breast health and personal risk with their health care professional. Have a plan of action by age 25-30.



Breast Cancer Risk

Personal Medical History

- Early menarche, late menopause, Nulliparity, Late First Birth, Alcohol Consumption, Ionizing Radiation to Chest
- 1st Degree Relatives Breast Cancer

Mother, Sister, Daughter with Breast Cancer
 Genetic Mutations-- BRCA 1 & 2, CHEK2, New ones being discovered

 Note: 75% of all New Diagnosis have NO known risk factors; No Family History in 90-95% of cases.

Why have Baseline at 40?

- NCI states 282k Invasive Breast Cancers will be diagnosed in 2021
- 44k Deaths
- 1 in 8 women will develop Breast Cancer
- 1/3 of all Years of Life lost to Breast Cancer are from women diagnosed in their 40s.
- 1 in 6 Breast Cancers occur in women age 40-49.
- 20% of all Breast Cancer Deaths are averted
- All major groups NCCN, ACR, ACOG, WHO, ACS agree screening every year after age 40 saves the most lives and years of life

Why Every Year?

 Annual Mammography reduces Mortality from Breast Cancer by 53.4% (Biennial Mammography reduces Mortality by 38.5%)

- Annually Saves 33% more LIVES
 Annually Saves ~ 40% more YEARS
- Reference: Johns Hopkins Medical Center Research Study

So, What about Self-Breast Exams?...

- It's Free!
- Breast Cancer continues to present as a Palpable mass in patients with Dense Breasts.
 Knowing how your breasts Normally look and
- Knowing how your breasts Normally look and feel can detect Cancer (and other abnormalities) between Mammograms.
 Report ANY changes to your physician

Clinical Breast Exam

Annually

- By a Physician (OB/GYN or Family)
- Detects abnormalities and Opportunity to Discuss Concerns
- Schedule Appropriate Screening Exam for Risk Factors
- Schedule Appropriate Diagnostic Exam for Concerns

3D Mammography

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- Reduces concern of overlapping tissues
- No additional compression/radiation as compared to 2D (**vendor specific)
- 41% increase in detection of invasive breast cancers

- 29% increase in cancer detection
- 15% decrease in need for additional imaging

Ultrasou

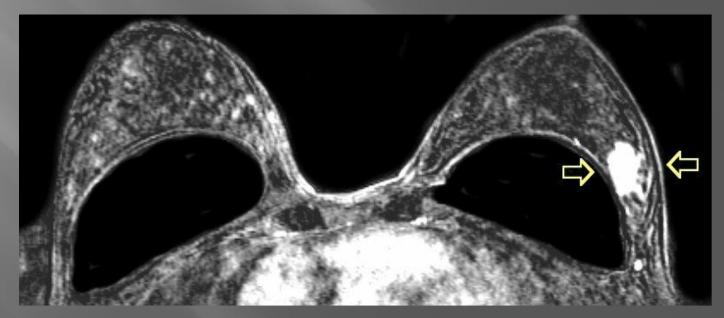
Determine the Nature of a Breast Abnormality Supplemental Screening Tool for High Risk or Dense Breasts

infiltrating ductal carcinoma

ultrasound

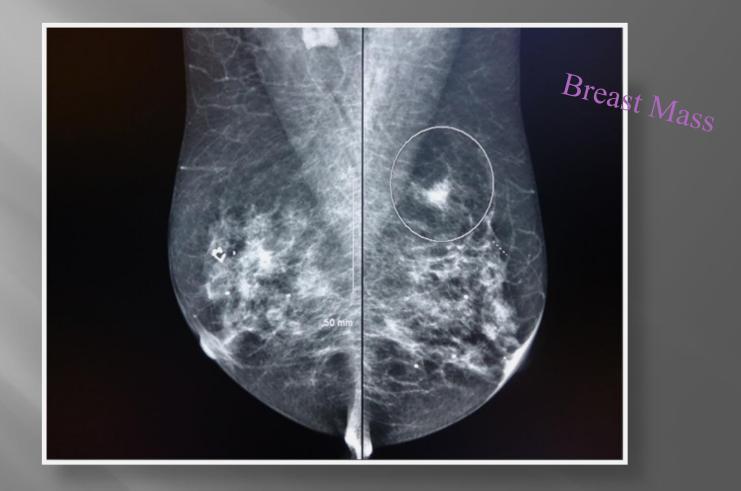
BREAST MRI

- Not a replacement for Mammography or Breast Ultrasound
- High Risk Screening
- Extent of Disease upon diagnosis of Invasive Cancer or In Situ Cancer greater than 2 cm
 - Further Evaluation of Abnormality
 - Evaluation Lumpectomy Site
 - Evaluating Breast Implants



CLINICAL FINDINGS VS IMAGING ABNORMALITIES

'Clinical' Findings:
~Palpable Lump
~Focal Pain
~Nipple Discharge
~Skin changes



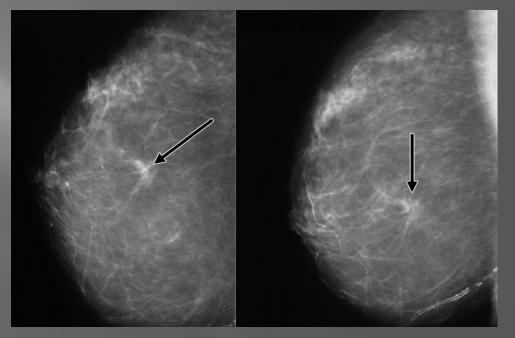
Microcalcification:

- Fibrocystic
- Milk of Calcium
- DCIS
- ADH



Architectural Distortion

Invasive Cancer or Normal Tissue? Evaluate with additional 3D imaging and ultrasound

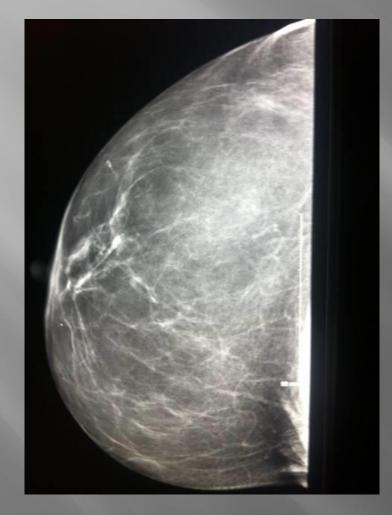


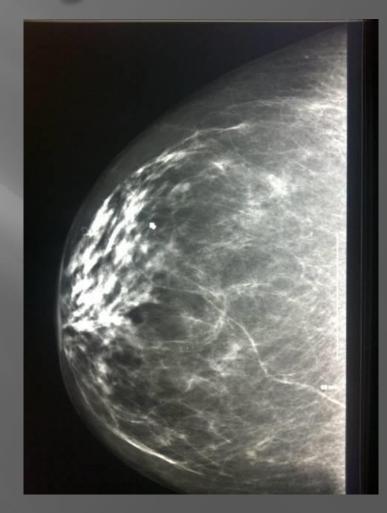
Types of Breast Tissue

Based on Imaging, Not Clinical presentation

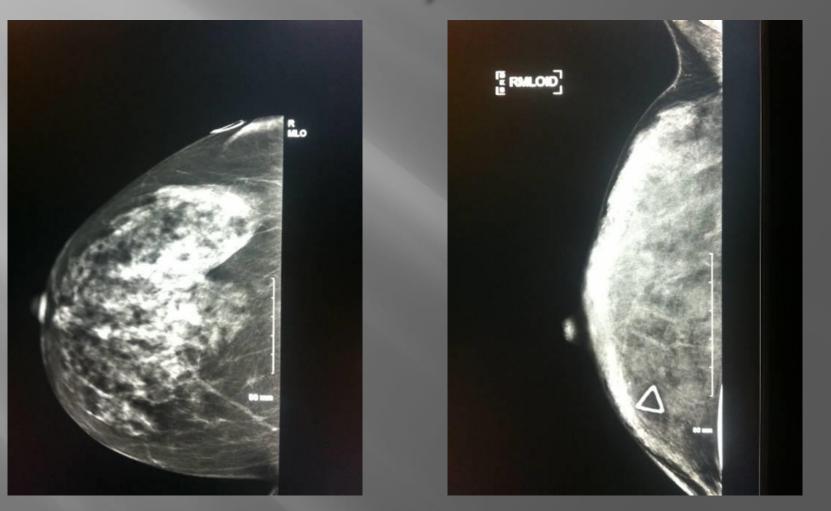
May indicate need for Supplemental Screening

Predominantly Fatty Scattered Fibroglandular





Heterogeneously Dense Extremely Dense



BREAST CANCER AND THE PANDEMIC

- Limit the number people in the area
- Screen All staff members daily
- Disinfect surfaces between patients
- Wear masks & give you one too

Breast Cancer unfortunately doesn't stop or slow down—even for a global pandemic.

Crestwood Women's Center

- 256-429-4700
- 256-429-4888 scheduling
- **Breast Imaging Center of Excellence**
- D 2D/3D Screening and Diagnostic Mammography
- Breast Ultrasound
- Breast MRI
- Ultrasound and Stereotactic Guided Breast Biopsy
- Same Day Biopsy Available
- Breast Fellowship Trained Radiologist
- Registered Technologists
- Certified Breast Navigator
- 2D/3D Screening Mammography Available in Madison



Working Together for Early Detection

