

# Breast Imaging Reference Chart:

## What to Order and When

Questions? Call and ask to speak with our Radiologists 775-323-5083

CLINICAL INDICATIONS	WHAT TO ORDER
<b>SCREENING (No Symptoms Present)</b>	
Age <40, Family History Of Breast Cancer, Screening Recommended By Referring Provider	<b>3D Screening Mammogram</b> <i>*Please Contact Radiologists To Discuss Appropriateness.</i>
Age 40+, No Prior Mammogram	<b>3D Screening Mammogram</b> <i>*Breast Density/Lifetime Risk Assessment To Be Determined At Appointment May Require Follow Up Appointment For Additional Screenings</i>
Age 40+, Prior Mammogram at RDC	<b>See Recommendations Based On Risk Below</b>
<b>Risk Assessment Questionnaire Declined or Tyrer-Cuzick (TC) Lifetime Risk &lt;20</b>	
A/B (Fatty/Scattered Fibroglandular) Breast Density <i>*As Determined By Prior Mammogram At RDC</i>	<b>3D Screening Mammogram</b>
C/D (Heterogeneously/Extremely Dense) Breast Density <i>*As Determined By Prior Mammogram At RDC</i>	<b>3D Screening Mammogram + Automated Breast Ultrasound (ABUS)</b>
<b>Tyrer-Cuzick (TC) Lifetime Risk 20+</b>	
TC Score 20+ Indicating 20(+)% Lifetime Breast Cancer Risk	<b>3D Screening Mammogram + Breast MRI With and Without Contrast</b>
<b>DIAGNOSTIC</b>	
Age <30, Female Or Male, Symptoms Present (i.e. Lumps, Breast Pain, Breast Redness, Nipple Discharge, Etc.)	<b>Handheld Breast US (Indicate Laterality) With 3D Diagnostic Mammogram</b>
Age 30+, Female Or Male, Symptoms Present (i.e. Lumps, Breast Pain, Breast Redness, Nipple Discharge, Abnormal Mammogram Findings, Etc.)	<b>3D Diagnostic Mammogram With Handheld Breast Ultrasound (Indicate Laterality)</b>
Suspicious Mass Seen On Prior US (As Recommended By Radiologist)	<b>US-Guided Breast Biopsy (Indicate Laterality)</b>
Suspicious Calcifications, Suspicious Mass, Or Architectural Distortion Seen On Mammogram (As Recommended By Radiologist)	<b>Stereotactic Breast Biopsy (Indicate Laterality)</b>
Implant Rupture (Does Not Rule Out Malignancy)	<b>MRI Breast Implant Rupture Without Contrast</b>
History of Breast Cancer, Surgical Planning For Known Breast Cancer, Abnormal Diagnostic Mammogram, Abnormal Diagnostic Breast Ultrasound (As Recommended by Radiologist) <i>*Recent Diagnostic Mammogram Preferred</i>	<b>MRI Breast With and Without Contrast</b>
Suspicious Lesion Seen on MRI (Size Dependent), But Not Identifiable on Mammogram Or Ultrasound (As Recommended By Radiologist).	<b>MRI-Guided Breast Biopsy (Indicate Laterality)</b>

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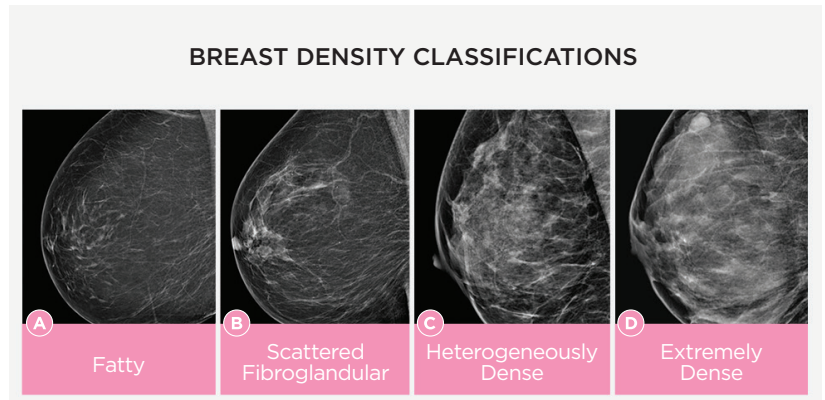
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## WHAT IS BREAST DENSITY?

Breasts are made of fat and breast tissue. A breast with more tissue than fat is considered dense. At RDC, breast density is determined by software to minimize subjectivity and provide you with a highly individualized breast tissue category and scale.

## WHY DOES BREAST DENSITY MATTER?

On a mammogram, dense tissue and masses both appear white, so a suspicious lump may be hidden in dense tissue. When dense tissue is scanned with ultrasound, tissue appears white and masses appear black - making the easier to see. Having dense breast tissue may also increase the risk of developing breast cancer 4 to 6 times<sup>1</sup>. Supplemental screening with Automated Breast Ultrasound (ABUS) has been shown to improve breast cancer detection over mammography alone for women with dense breasts<sup>2</sup>.



For More Information on dense breasts, visit [www.DenseBreast-info.org](http://www.DenseBreast-info.org)

1. Boyd et al, New England Journal of Medicine 2007; 356:227-36
2. FDA PMA P110006

## RDC ADHERES TO THE AMERICAN SOCIETY OF BREAST SURGEONS GUIDELINES FOR SCREENING RECOMMENDATIONS:



For more information:

<https://www.breastsurgeons.org/docs/statements/Position-Statement-on-Screening-Mammography.pdf>

## NOT ALL SCREENINGS ARE MADE EQUAL.

Just as each woman is unique, so are their breast imaging needs. At RDC, our comprehensive breast imaging program tailors their screening based on personal and family history. Instead of simply taking the health history of each patient and filing it away in their chart, we assess this information, and input it into a risk assessment model (Tyrrer-Cuzick Model) to categorize their risk for breast cancer. Each woman is informed of her breast density and will receive individualized recommendations for the future based on the data provided. In partnership with our outside genetics lab, we will offer enhanced genetic screening through a saliva test to our patients. This information will be included in the report for the referring provider to reference and consider in each patient's treatment plan. We believe RDC's customized imaging care will greatly improve the quality of our patient's experience.

## TYRER-CUZICK RISK MODEL

The Tyrrer-Cuzick (TC) tool estimates lifetime breast cancer risk based on answers to a series of screening questions such as age at first period, height, weight, childbearing history, family history of breast cancer, etc.

For more information:

<https://densebreast-info.org/explanation-of-dense-breast-risk-models.aspx>

