



2015 Breast Density Legislation in Michigan

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Why is Breast Density Important?

Clinical:

Breast cancer most commonly diagnosed malignancy in women worldwide

- 2nd leading cause of cancer death in U.S. women
- Dense breast tissue is associated with an increased risk of developing breast cancer
- Overall sensitivity of mammograms is 85%
- Sensitivity of mammogram in women with dense breast tissue ranges 48% to 64%



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Legal:

In addition to clinical reasons to incorporate breast density into our daily work, there has also been a State Law passed in 2015 with specific requirements. Public Act 517 of 2014 was signed into law 1/10/15 with the resulting law effective 6/1/2015. This Act requires mammography facilities to provide

certain information to patients having dense breast tissue. Beginning in June, 2015, mammography inspections will include a review of compliance with this law.

The information must be written as lay summary to the patient and include the following information:

“Your mammogram shows that your breast tissue is dense. Dense breast tissue is very common and is not abnormal. However, dense breast tissue can make it harder to find cancer through a mammogram.

Also, dense breast tissue may increase your risk for breast cancer. This information about the result of your mammogram is given to you to raise your awareness. Use this information to discuss with your healthcare provider whether other supplemental tests in addition to your mammogram may be appropriate for you, based on your individual risk. A report of your results was sent to your ordering physician. If you are self-referred, a report of your results was sent in addition to this summary.”

Michigan is not the first to enact such a requirement, rather it is the 21st State to do so.

<http://www.areyoudenseadvocacy.org/dense>

Furthermore, there is much activity at the Federal level to enact similar legislation to that being passed by the States.

How is density described?

Similar to BiRADS which is nomenclature used in describing breast images, there is a specific lexicon used for Breast Density:

- Category A- Mostly fatty
- Category B- Scattered fibroglandular densities
- Category C- Heterogeneously dense
- Category D- Extremely dense

Supplemental Studies

Supplemental tests exist that are appropriate for consideration depending on the specific patient circumstances with advantages and disadvantages to each type. We are happy to discuss these with you.

- Digital Breast Tomosynthesis (3D imaging)
- Whole Breast Ultrasound
- Molecular Breast Imaging
- MRI

What do you tell your patients?

- Discuss supplemental screening tests in conjunction with but not replacing annual screening mammogram.
- Discuss importance of having radiologist and/or surgeon evaluate a new clinical breast finding even if recent normal screening mammogram, since breast cancers can be masked by breast tissue or not included on the screening mammogram depending on location of finding.

What do we suggest for our region?

- Fatty or scattered fibroglandular density (average) on mammogram and average/intermediate risk– Annual screening digital mammogram starting at age 40.
- Dense or extremely dense breast tissue on mammogram and patient at average/intermediate risk– Annual screening digital mammogram starting at age 40 and offer supplemental annual whole breast screening ultrasound.
- Any breast density on mammogram and high risk patient–Genetic counseling and annual screening digital mammogram and screening breast MRI starting 8-10 years before youngest 1st degree relative's breast cancer diagnosis, but not before age 25 AND annual screening breast MRI. If patient is 25-30 may consider annual screening breast MRI only until age 30, but not before age 25. If MRI contraindicated, then annual screening digital mammogram AND screening whole breast ultrasound.

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