

Screening for Breast Problems

- What is a screening test?
- What screening tests are used to screen for breast problems?
- What is mammography?
- Why is mammography done?
- When should I start having annual mammograms?
- What if the result of my mammography reveals a lump?
- How do I prepare for a mammogram?
- What happens during mammography?
- What are the risks of mammography?
- What is digital mammography?
- What is a clinical breast exam?
- How is a clinical breast exam done?
- What is breast self-awareness?
- How is breast self-awareness different from the traditional breast self-exam?
- Glossary

What is a screening test?

A **screening test** is used to find diseases, such as cancer, in people who do not have signs or symptoms. This allows early treatment. The earlier cancer is treated, the greater the chance of survival.

What screening tests are used to screen for breast problems?

Screening for breast problems includes *mammography*, clinical breast exams, and breast self-awareness.

What is mammography?

Mammography is an X-ray technique used to study the breasts. No dyes have to be injected or swallowed, and no instruments will be put in your body.

Why is mammography done?

Mammography is done for two reasons: 1) as a screening test to regularly check for breast cancer in women who do not have signs or symptoms of the disease, and 2) as a diagnostic test

to check lumps or other symptoms that you have found yourself or that have been found by a health care provider.

When should I start having annual mammograms?

Age 40 years is recommended as the starting point in order to find cancer at an early and more treatable stage.

What if the result of my mammography reveals a lump?

Mammography by itself cannot tell whether a lump or other finding is **benign** (not cancer) or **malignant** (cancer). If a mammography finding is suspicious for cancer, a **biopsy** is needed to confirm that cancer is present. In a biopsy, the lump or a small sample of **cells** from the lump is removed and looked at under a microscope.

How do I prepare for a mammogram?

The day you have a mammogram, do not wear powders, lotions, or deodorants. Most of these products have substances that can be seen on the X-ray and make it hard to read.

What happens during mammography?

To get ready for the test, you will need to completely undress from the waist up and put on a gown. You will be asked to stand or sit in front of the X-ray machine. One of your breasts will be placed between two smooth, flat plastic or glass plates. You will briefly feel firm pressure on your breast. The plates will flatten your breast as much as possible so that the most tissue can be viewed with the least amount of radiation. After the first X-ray, the plates may be removed so that another X-ray can be obtained from one or more other positions. The test then is done on the other breast.

What are the risks of mammography?

You may be concerned about the risk of cancer from the radiation used in mammography. Mammography uses a low level of radiation. The risk of harm from the level of radiation used in mammography is low. Having a yearly screening mammogram does not increase cancer risk.

What is digital mammography?

Digital mammography is a type of mammography technique. It differs from standard mammography only in the way the image is stored. Instead of using film, the image in digital mammography is stored as a digital file on a computer. A computer program allows the image to be enlarged or enhanced or specific areas to be magnified. Digital mammography may be better at detecting cancer in some groups of women, such as those with dense breast tissue, women younger than 50 years, and women who have not gone through *menopause*.

What is a clinical breast exam?

Your health care provider will examine your breasts during routine checkups. This is called a clinical breast exam. Women aged 29–39 years should have a clinical breast exam every 1–3 years. Women aged 40 years and older should have one every year.

How is a clinical breast exam done?

The exam may be done while you are lying down, sitting up, or both. You may be asked to raise your arms over your head. The breasts are first checked for any changes in size or shape. Your health care provider also looks for puckers, dimples, or redness of the skin. He or she then feels for changes in each breast and under each arm. The nipple may be gently squeezed to check for discharge.

What is breast self-awareness?

Breast self-awareness is an understanding of how your breasts normally look and feel.

How is breast self-awareness different from the traditional breast self-exam?

In the traditional breast self-exam, you use a precise method to examine your breasts on a regular basis, such as once a month. Breast self-awareness does not require you to examine your breasts once a month or with a precise method. Instead, it focuses on having a sense of what is normal for your breasts so that you can tell if there are changes—even small changes—and report them to your health care provider.

Glossary

Benign: Not cancer.

Biopsy: A minor surgical procedure to remove a small piece of tissue that is then examined under a microscope in a laboratory.

Cells: The smallest units of a structure in the body; the building blocks for all parts of the body.

Malignant: A term used to describe cells or tumors that are able to invade tissue and spread to other parts of the body.

Mammography: A procedure that uses X-rays to detect and study breast cancer and other problems of the breast.

Menopause: The time in a woman's life when the ovaries have stopped functioning; defined as the absence of menstrual periods for 1 year.

Screening Test: A test that looks for possible signs of disease in people who do not have symptoms.

If you have further questions, contact your obstetrician-gynecologist.

Designed as an aid to patients, this document sets forth current information and opinions related to women's health. The information does not dictate an exclusive course of treatment or procedure to be followed and should not be construed as excluding other acceptable methods of practice. Variations, taking into account the needs of the individual patient, resources, and limitations unique to the institution or type of practice, may be appropriate.