

1. You do not need to get a breast exam if you are getting a mammogram every year.

FALSE. Some cancers are not detectable by mammogram. Only 85 percent of all lesions can be picked up by a mammogram. Because of this, a clinical exam breast exam by your provider is an important part of your breast cancer screening along with your mammogram.

2. Mammograms are not effective for women with dense breast tissue.

FALSE. Even though dense breast tissue may make the mammogram experience more uncomfortable for the woman, breast lesions can still be seen on mammogram film. That said, breast tissue that is very dense can sometimes obscure or hide breast lesions, making it marginally less effective than for women with more fatty breast tissue.

There is nothing women can do to decrease the density of their breasts; it is genetic. However, because some lesions may go undetected, it is even more important for women with dense breast tissue to be diligent with their monthly self-exams and to get clinical breast exams once or twice a year.

3. The radiation you receive from getting a mammogram is negligible and cannot cause cancer.

TRUE. The risk of harm from radiation exposure is extremely small, and the risk decreases significantly as a woman ages. The actual exposure of radiation during a mammogram is about equivalent to that of having a dental exam. The US Food and Drug Administration (FDA) regulates that mammograms not exceed 2 rads (radiation absorbed dose), the unit of measure for radiation exposure. Most mammograms actually deliver a small fraction of that amount and a woman must carefully weigh the risks of not having mammograms against that of this small radiation exposure.

4. If you do not have a family history of breast cancer, then it is not necessary to get a mammogram each year after the age of 40.

FALSE. The great majority of women who develop breast cancer do not have a strong family history of it. Most women don't have risk factors at all, other than being a woman and getting older. Clearly, 85-90 percent of women who develop breast cancer have no family history.

5. If you have a family history of breast cancer, many insurance companies will approve yearly mammograms earlier than age 40.

TRUE. Of course, this depends on your insurance carrier. The rule of thumb if you have a first-degree relationship to someone with breast cancer (mother or sister), then you should begin getting mammograms 10 years before the age at which she was diagnosed, if it is before age 50. For instance, if your sister was diagnosed with breast cancer at age 42, then you should start getting mammograms at age 32. Most insurance companies are beginning to recognize this as a standard in health care. You may want to check with your insurance carrier to confirm coverage.

The cost of a mammogram can vary between \$75 to \$600, and depends on what type of mammography equipment is used and how many views need to be taken.

6. Drinking caffeinated beverages can cause breast cancer.

FALSE. But excessive consumption of caffeine can obscure mammogram film readability with cysts that can resemble cancerous lesions, or even hide them. Caffeine also can increase the sensitivity of breast tissue, making the mammogram experience more uncomfortable than it should be. If your breasts are sensitive to caffeine, you may want to reduce your intake, particularly around the time you are scheduled for your exam and mammogram.

7. Mammograms can show false-positive results, meaning they may indicate cancerous tissue that actually is benign. Conversely, mammograms can show that the breast tissue is fine, when there really is a cancerous growth.

TRUE AND FALSE. The mammogram process involves two technologies or skill sets. First is the mammogram machine and the technician who takes the pictures, and the second is the reading of the mammogram film by a radiologist.

The accuracy of the reading can depend on the experience of the radiologist. That's why we say mammograms are not perfect. In general, if a radiologist is well-trained, they are going to give it an accurate reading. Some women go for biopsies because the film is indeterminate. Most tend to be benign.

In the end, it is up to each individual woman to monitor her health and determine her own health path.

8. A clinical breast exam is just as effective as a mammogram for women who have very small breasts.

FALSE. Clinical breast exams are effective for finding a lump. But they do not approach the sensitivity of mammograms. We don't want to find abnormalities when they are palpable, if possible. Clinical breast exams are an adjunct for those cases where mammography does not find something. In some cases, a breast exam may be the only indicator of an abnormality.

9. Mammograms, although very effective in detecting cancer early, can miss 10-15 percent of breast cancers.

TRUE. This is because a small percentage of breast cancers do not show up in a normal way on mammogram film and can, therefore, go undetected. Technology continues to improve, however, and computer-aided radiology used as a second look can increase cancer detection by approximately 5-10 percent.

10. It does not matter where you get your mammogram, all mammography facilities are the same.

FALSE. Not all mammography facilities are the same. Although women can get high-quality mammograms in breast clinics, radiology departments of hospitals, mobile vans, private radiology offices, and doctors' offices they should check to be sure that facility has passed the Mammography Quality Standards Act (MQSA) inspection.

The MQSA is a Federal law designed to ensure that mammograms are safe and reliable. Through the MQSA, all mammography facilities in the United States must meet stringent quality standards, be accredited by the FDA, and be inspected annually. The Federal Drug Administration (FDA) ensures that facilities across the country meet MQSA standards. These standards apply to the following people at the facility:

- the technologist who takes the mammogram,
- the radiologist who interprets the mammogram, and
- the medical physicist who tests the mammography equipment.

All mammography facilities are required to display their FDA certificate. Women should look for the MQSA certificate at the mammography facility and check its expiration date. Women can ask their doctors or staff at the mammography facility about FDA certification before making an appointment. MQSA regulations also require mammography facilities to give patients an easy-to-read report on the results of their mammogram.

Information about local FDA-certified mammography facilities is available through the CIS at 1-800-4-CANCER (1-800-422-6237). Also, a list of these facilities is on the FDA's website at <http://www.fda.gov/cdrh/mammography/certified.html>.

11. Having breast surgery increases your risk of invasive cancer.

FALSE. This is one of those poorly worded facts that can lead a reader to the wrong conclusion. Having procedures does not damage the breast to the point where it could spontaneously develop cancer.

There also was an old wives' tale. They used to say that, if you have surgery, you can spread the disease. The fact is, women who have a lot of biopsies tend to have a slight risk of cancer because (a health-care professional) has been concerned enough to recommend procedures. There must have been some pathologies that indicated concern."

12. If a doctor says you need to immediately start treatment for cancer or undergo surgery, it is still important to seek a second opinion from a reputable cancer center.

TRUE. A second opinion can do one of two things -- confirm the initial diagnosis, making you more confident in the course of treatment, or conflict the original diagnosis and make you reevaluate your course of action.

There is usually nothing that is such an emergency with breast cancer that you do not have time for a second opinion. Don't just go with what the first person who comes along says. Make sure that is truly what is going on. Women have to remember that they have time to do this.
