

My Mammogram Is Not Normal!

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Abnormal mammogram results can have many causes other than breast cancer. Thankfully, the majority of mammogram results are normal. However, when a woman receives a telephone call or a letter stating that she needs to come in for additional studies, it can be frightening. We need to remember that mammograms, performed on a regular basis, can help detect breast cancer at an earlier stage when it is more easily treated. Last month's "Article of the Month" discussed the recommended frequency of mammograms. This month we are going to discuss the steps that need to be taken if the screening studies are "abnormal".

Additional studies do not have to mean "cancer"!

The first thing that I want you to understand is that being called back for additional studies does not mean that you have cancer. At least 90% of the time, the studies will clarify that the changes that have been identified are normal for that particular woman, though they may appeared to be "unique". If you do have a call back request, please try to think of the upcoming studies as another step in proving that you are safe. Only about 10% of the call back requests result in the diagnosis of cancer.

If you find a mass or lump in your breasts, an area of redness, changes in the skin of the nipple breast, or a discharge from the nipples, the first step should be a breast examination. Your provider should perform a breast exam before ordering a mammogram or any additional studies. If you're being seen for your annual well women examination and we find something unusual, one of the first things that we typically will do is to ask you if you've perceived this area as having "changed". I realize there is controversy regarding whether or not a woman should perform her breast self-examinations. Nonetheless, I firmly believe that you are a partner in your care and I want you to know what is normal for you so that you may help us determine whether or not there has been a change in the breast tissue. If either you or I have found anything unusual, we can alert the mammographer and the radiologist to ensure that special attention is given to the region that may be changing or maybe abnormal. There are certain changes in the breast, including unexplained redness or thickening of the tissue that should be followed up by a specialist even if the mammogram is normal. Some breast cancers cannot be detected with mammography.

The typical mammogram consists of the mammographer compressing the breasts and obtaining two studies on each breast. Once the mammogram has been completed the radiologist will study these films and compare them to previous mammograms that you have had performed. Many times and ultrasound is included in the additional studies. It is quite common for the ultrasound to show a purely cystic mass, generally indicating a normal structure. However, there are times when changes in the breast may be rather vague. When this happens, it is often

recommended that you undergo a follow-up study in 4-6 months. This will allow the radiologist to monitor, through time, changes that could indicate normal tissue or changes that are more suggestive of malignancy. Remember, about 9 in 10 women who are told they have abnormal mammograms do not have breast cancer. So, if you hear the word "abnormal," do not assume "breast cancer"!

Within a few days to a few weeks after having your mammogram, you should get a letter or phone call from your provider or the mammography facility. Most women learn that their mammograms are normal. In this case, your clinician will recommend another mammogram in 1 or 2 years. Please, never accept "no news as good news". No news is a margin for error. You must confirm that your study was normal rather than simply assuming that it was normal, if you have not heard from the facility.

Medical phrases that may describe your mammogram:

Normal: Follow up mammogram in 1 to 2 years

Incomplete Exam: The radiologist might see areas in one or both breasts that do not look completely normal or that differ from your last mammogram. If you had a previous mammogram at another facility, you will be asked to get a copy of it so the radiologist can compare it with the current one. In fact, if you've had previous mammograms elsewhere, it's a good idea to bring a copy of your most recent images to your appointment. To get your previous mammograms, you usually need only contact the previous facility; often this service is free. Please, request the actual films and not just the radiologist's written report. Many times the films will be given to you on a CD rather than a standard x-ray film.

If you cannot get copies or don't remember where your last mammogram was done (or if you have copies and the area in question looks different than it did before), you will be advised to schedule additional mammography of the involved breast, an ultrasound examination, or both. The radiologist then can determine whether the area looks normal or needs further evaluation.

Abnormal Finding that is Probably Benign: Sometimes the radiologist detects something that does not look like cancer but is a change from your previous mammogram. This type of finding rarely means cancer; instead, it might be a cyst (fluid-filled sac) or a benign growth that is too small for you or your provider to feel. Your provider will discuss this recommendation with you. Repeating the mammogram in 6 months is recommended. Waiting for this length of time usually does not cause any harm, even in the unlikely event that the abnormality is cancerous. If the area looks the same in 6 months, another 6 month repeat mammogram might be recommended. On the other hand, if the area has grown, a biopsy will be recommended.

A second possible recommendation following an abnormal, probably benign, mammogram is an immediate closer look at the abnormal area with another mammogram, ultrasound, or both — or a biopsy. Seeing a breast cancer specialist usually is not necessary if your mammogram is rated as probably benign.

Abnormal Finding Suspicious for or Highly Suggestive of Malignancy: The word "malignancy" means cancer. Nonetheless, mammograms cannot diagnose cancerous tissue. The only way to be certain is for a biopsy to be performed. Once a sample of the unusual tissue has

been obtained, the pathologist will study the tissue, microscopically. Some biopsies can be performed in the radiologist's office, utilizing the ultrasound to help guide the radiologist to the proper region for biopsy. At other times, a surgeon will perform the biopsy. Whether the radiologist or the surgeon performs the biopsy, the study is based on both the location and the size of the abnormal appearing tissue and on you and your provider's preference. After the tissue has been examined, your provider will recommend what should be done next, including, if necessary, a referral to a breast cancer specialist.

If you receive a letter for call back studies:

If you get a letter or a phone call about a mammogram that requires follow up studies, remember, there is a well-defined process to help prove whether or not you are in danger. Early detection is your best chance to minimize and simplify treatment for breast cancer and to ensure that you have a long, healthy and productive life. Keep in mind that ignoring the call for follow up studies is like ignoring a fire alarm. Both require immediate action!