



Important Information Regarding Breast Ultrasounds

March 6, 2024 – Northwestern Medical Center

Breast density is an independent risk factor for the development of breast cancer and decreases the sensitivity of mammography for screening. Consequently, women with extremely dense breasts face an increased risk of late diagnosis of breast cancer. These women are, therefore, underserved with current mammographic screening programs.

The determination is made by a radiologist, who reviews a mammogram and assesses the proportion of white, gray, and black areas on the image. Fibroglandular tissue appears white on a mammogram, so the more white there is, the denser the breasts. Dense breasts cannot be detected during a physical examination because breasts that feel firm to the touch do not necessarily indicate a higher breast density.

Starting in March 2023, the FDA began requiring mammography facilities to notify patients of their breast density status when providing mammogram results and to standardize the reporting.

The following screening tests are most recommended for women who have heterogeneously, or extremely dense breasts as determined by a radiologist and in consultation with her doctor.

- Whole breast ultrasounds (WBUS) use high-frequency sound waves inaudible to humans to create an image of the breast (also called a sonogram) and may be used as a supplemental screening tool after a 2D or 3D mammogram. There is no ionizing radiation used in ultrasounds and they rarely cause significant discomfort. Ultrasounds can differentiate between fluid-filled masses (unlikely to be cancer) and solid masses, which may require further testing to ensure they are not cancer.
- Breast magnetic resonance imaging (MRI) is a noninvasive test that uses strong magnets and radio wave pulses to create an image of the breast. It requires intravenous injection of a gadolinium-based contrast agent to enhance the anatomy and blood flow in the breast. MRI is a sensitive test that can allow the radiologist to see lesions hidden within tissue that may be of concern more accurately than a mammogram or ultrasound. On the flip side, MRIs are often cost prohibitive.

Unlike screening mammograms, most insurance plans do not cover a breast screening ultrasound. The typical out-of-pocket cost for a breast screening ultrasound is about \$250. We are receiving referrals for mammograms and ultrasound screenings to be scheduled simultaneously from ordering offices. At this time NMC is reviewing all screening breast imaging that have a mammogram and an ultrasound scheduled together. Patients that meet criteria for optional screening breast ultrasound need to have a history of :

- Heterogeneously dense or extremely dense breast tissue

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- Category C: More of the breast is made of dense glandular and fibrous tissue (described as heterogeneously dense). This can make it hard to see small masses in or around the dense tissue, which also appear as white areas.
- Category D: Breasts are extremely dense, which makes it harder to see masses or other findings that may appear as white areas on the mammogram.

It is advised that patients have a recent mammogram within the past 12 months, documenting breast density, prior to scheduling a screening breast ultrasound. This will alleviate the possibility of performing a screening ultrasound on a patient whose breast density has subsequently changed and may not be covered by insurance. NMC's Breast Imaging Medical Director feels that staggering the mammogram and the ultrasound will allow the patient to have their breast imaged every 6 months to hopefully find cancer at its earliest stages.

To alleviate unnecessary billing and financial hardship to our patients, the mammography department is working on rescheduling patients who are already scheduled from the provider referral, that meet criteria for screening breast ultrasound.

If you have any questions, please feel free to reach out directly through Diagnostic Imaging 802-524-1071, Dr. Horak, Lead Interpreting Physician 802-524-8810, or our Breast Care Nurse Navigator, Chelsea Mulheron 802-524-1242.

Richard Horak DO

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Screening Breast Ultrasound Update

Final Audit Report

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