

Viewpoint

■ OP-ED
VOICES FROM THE COMMUNITY

By Dr. Jessie Jacob

Routine mammography has played a major role during a 20-year period of declining deaths from breast cancer.

Nevertheless, 40,000 women will die from breast cancer this year — a disproportionate number of them women with dense breast tissue. In some cases, more information might have saved their lives.

Dense breasts are composed of less fat and more glandular tissue, which appears white on a mammogram. Unfortunately, so does cancer, so tumors can often be hidden behind the dense tissue on an ordinary mammogram. Although ordinary mammograms pick up 98 percent of tumors in women with fatty breast tissue, they identify only 48 percent of tumors in women with extremely dense breasts. Additionally, studies have found that having dense tissue itself poses a higher risk — nearly four times that of less dense tissue. Given such a significant additional risk, women need to be told whether they have dense breasts, in order to make more informed decisions. But in many cases, they don't receive this important information.

Knowledge provides women with more options such as additional screening. Digital mammography is more accurate than film mammography in dense breasts and mammography and ultrasound used together bring detection up to 97 percent. Breast MRI (best for high-risk women) approaches 100 percent. Women who know they are at greater risk also may opt for lifestyle changes to help lower their breast cancer risk. Studies suggest that exercise, maintaining a healthy body weight, lowering alcohol intake and a diet low in fats and high in fiber all may reduce risk.



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Notifying women wouldn't require extraordinary effort, either. Physicians already have the information in their files along with patients' mammogram results. Since we tell women when their family history implies greater risk, or when they have a genetic susceptibility or high-risk lesion that could increase their risk, doesn't it make sense to inform them of this additional risk factor?

Without a doubt, giving women this information would result in more tests; 93 percent of women in an August 2011 survey of 1,000 women age 40 to 64 said they would elect to have an additional screening test — even if it resulted in a false positive that required a biopsy to rule out cancer. But if mammography often misses finding cancers in dense breasts and you're more likely to have cancer **because of dense breasts**, choosing additional screening appears to be a rational choice. Whether insurance covers the cost or not, physicians should allow women the right to make their own choices.

Some states already have passed laws requiring physicians to inform their patients, but a recent bill passed in the California state Assembly was vetoed by Gov. Jerry Brown. Let's not let that stand in the way of empowering women with the information they need. It's our job as physicians to educate our patients, and to support their right to get the information they need to make informed decisions about their health. It is not our job to make those choices for them by denying them access to important information about their risks.

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