Breast Density Notification: A Primary Care Summary

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Breast Density Notification: A Primary Care Summary

Physician and Patient Education at UVMHN Berlin Family Practice

By: Nicole Mendelson MS3
UVM College of Medicine Family Medicine Clerkship
UVMHN- Berlin Family Practice
Preceptors: Dr. Jensen, Dr. Kowalski, Dr. Stafford, Dr. Williams, Dr. Rodriguez, Amy Renner NP
Problem Identification

- As of January 15th providers in VT are required to inform patients of their breast density, but there are currently no medical society guidelines on supplemental screening.

"Your mammogram indicates that you have dense breast tissue. Dense breast tissue is a normal finding that is present in about 40 percent of women. Dense breast tissue can make it more difficult to detect cancer on a mammogram and may be associated with a slightly increased risk for breast cancer. This information is provided to raise your awareness of the impact of breast density on cancer detection and to encourage you to discuss this issue, as well as other breast cancer risk factors, with your health care provider as you decide together which screening options may be right for you."¹

- 40-50% of women fall into the category of having dense breasts (heterogeneously dense, extremely dense)²

- Increased breast density reduces the sensitivity of mammography and increases the chance that cancer will not be detected. Additionally, women who have dense breasts are at an increased risk for developing breast cancer.²
Problem Identification

- Supplemental screening provides an opportunity to increase detection of breast cancer, but comes with an increased rate of false positives.

- With this new law in place, there is a need to educate primary care physicians on the risks and benefits of available supplemental screening technologies so that they may appropriately counsel patients that wish to proceed.

- Additionally, patients will require more education and access to information in order to make informed decisions.

- Patients at the Berlin Family Practice have been receiving breast density notifications in accordance with the new law. This is new information that has never previously been reported to them.
Breast cancer is the most commonly diagnosed cancer in Vermont women and is the second leading cause of cancer death among women\(^4\)

“In 2010, the cost of treating breast cancer was **about $16.5 billion** in the United States — higher than any other type of cancer. This is expected to increase to $20.5 billion by 2020.”\(^5\)

The estimates of lifetime per-patient costs of breast cancer range from $20,000 to $100,000\(^5\).

Breast density notification laws will impact approximately 50% of women categorized as having heterogeneous or extremely dense breast tissue. Mammography alone may not be providing adequate screening for these patients as increased density reduces the specificity of mammography.
Public Health Costs

- Increases in supplemental screening will substantially increase the costs of screening, but it is unknown whether this increased screening will significantly increase detection and reduce treatment costs.

- Berlin Family Practice serves patients across Washington County, a population consisting of approximately 30,000 women with a median income of $38,052.

- The Vermont law does not mandate insurance coverage for supplemental screening and patients coverage will be variable.

<table>
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<tr>
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<th>Washington County, VT</th>
<th>VT State</th>
<th>United States</th>
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<tbody>
<tr>
<td>Breast cancer Incidence (per 100,000)</td>
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<td>125.6</td>
<td>123.3</td>
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<tr>
<td>Breast cancer Mortality</td>
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<td>21</td>
</tr>
</tbody>
</table>
Community Perspective

Sally Deborah Herschorn, MD  
Medical Director, Breast Imaging  
Radiologist  
Associate Professor, University of Vermont College of Medicine

- Testified in support of the breast density notification law and redrafted the wording of the notification patients receive.
- States that because there are no supplemental screening guidelines it is up to physicians to be familiar with the options. They should understand the pros and cons of the available technology. Then it’s about patient choice. It’s about patient values and personal preference, not simply risk.
- Dr. Herschorn is working on a project to educate providers on breast density and will be presenting at UVMMC Grand Rounds on educating your patients about breast density.
Community Perspective

Leslie Mulcahy
Breast Cancer Survivor
2 lesions detected on supplementary US after mammogram reported “normal”

“Until it happens to you, you don’t even know it’s an issue. And then you realize the enormity of it.” (on not being informed of breast density)

- Patient who was classified as having extremely dense breasts on mammography, but was simply notified that mammogram came back “normal”
- She pushed for supplemental screening due to her family history. She was told “not to worry”, but eventually was able to get an ultrasound with great effort. Two lesions were present that had been missed by mammography.
- “Patients deserve to know everything their test reveals. This felt like information withheld from me (breast density). For so many women mammography is not doing them justice.”
- Doctors need to be informed on the technology limitations and take the time to help patients understand.
- She is excited that patients are beginning to receive more education and that providers have started to adapt their approach to patient education
Useful resources to learn more about breast density and what screening tests are right for you:

**Decision Tool:**

**Resources:**
- http://densebreast-info.org/

- Physician education through a concise document and presentation addressing:
  - What the new legislation means for providers
  - How breast density impacts patient’s risk of breast cancer and mammography screening results
  - What are the options for supplemental screening
  - What are the risks and benefits of supplemental screening
  - Proposed guidelines on counseling patients with dense breasts
  - Link to a patient decision tool specifically designed for supplemental screening
  - Decision flowchart from the California Breast Density Information Group and a summary chart of breast cancer screening for quick in office guidance

- PRISM dot-phrase (see left)
  - A dot-phrase was developed to easily import resources on breast density into patient instruction
Response/Results

- Result is a educational summary document for primary care physicians on counseling patients with dense breasts. It contains up to date information regarding supplemental screening in one convenient location.
- This document was presented and distributed to clinicians at BFP.
- The patient decision tool was reviewed to encourage providers to share this tool with patients.
- A decision flowchart was distributed along with the document for quick guidance in the office.
- Creating a dot-phrase allowed for easy distribution of reliable resources to patients.
Evaluation of Effectiveness and Limitations

- **Effectiveness**
  - The presentation and handout increased discussion and awareness of breast density notification and supplementary screening at the Berlin Family Practice.
  - The dot phrase allowed for ease of access to patient resources.
  - Clinicians gained increased knowledge about breast density and ways in which they may counsel patients.

- **Limitation**
  - Current guidelines on supplemental screening are limited.
  - Guidelines will continue to develop and change over time.
  - Supplemental screening practices likely vary greatly between institutions.
Recommendation for future interventions/projects

- As supplemental screening increases and more scientific data is available, guidelines will begin to develop and evolve. Future projects may update the existing provider document and present any significant advancements.
- Expand educational reading material accessible to patients on breast density.
- Conduct a study to determine the percentage of patients requesting supplemental screening and determine increase in cancer detection, patient cost, and rate of false positives.
- Assess for morbidity and mortality reduction through supplemental screening for patients in the state of Vermont.
References


