

# Diagnostic Mammogram

## WHAT YOU SHOULD KNOW

Although there has been a decline in the rate of deaths from breast cancer in recent years, it is still the second leading cause of cancer death in women, exceeded only by lung cancer. Studies have shown that, when detected early, the chance for successful treatment of breast cancer is nearly 100%.

Methods for early detection of breast cancer include clinical examinations by a healthcare professional and mammography. In most cases, mammography can identify an abnormal breast mass as much as two years before it can be detected by touch. Some physicians also recommend a monthly breast self examination for all women beginning at the age of 20, following proper training by a qualified healthcare professional.



For additional information on breast health, call the American Cancer Society at 800.ACS.2345 or visit [www.cancer.org](http://www.cancer.org)

[www.hologic.com](http://www.hologic.com)

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## What is a diagnostic mammogram?

A mammogram is an x-ray examination of the breasts, used to detect the earliest signs of breast disease. There are two main types of mammograms:

- **Screening mammograms** are used as a preventative measure for women who have no symptoms of breast disease. An annual mammogram is considered a screening mammogram.
- **Diagnostic mammograms** are performed when a suspicious area is seen during screening, or in women who have breast complaints, such as a lump, breast pain or skin irritation.

## Why was I called back for another mammogram?

If your physician requested that you return for a second mammogram, it means the radiologist needs more information. With a diagnostic mammogram, your physician will take more images to carefully study the area of concern. Approximately 1 in 10 women will be called back for further examination after a screening mammogram.

Don't worry—the fact that you require additional imaging **does not** mean you have cancer. Most abnormalities found during a mammogram are not breast cancer. In fact, 80% of women recalled for a diagnostic mammogram have benign (non-cancerous) conditions. These conditions range from cysts (collections of fluid in the breast) to benign tumors known as fibroadenomas.

## How is it different from my screening mammogram?

In many ways, a diagnostic mammogram is very similar to a screening mammogram. The technologist will position you, compress your breast under a paddle and image from different angles.

A diagnostic mammogram is different in that it focuses specifically on the area that the radiologist needs additional information on. While a screening exam usually involves two images of each breast, a diagnostic mammogram requires more images of the breast from various angles. In most cases, images are taken to enlarge the area of concern, making it easier to evaluate. The exam lasts approximately 30 minutes.



## What is your physician looking for?

The goal of diagnostic mammography is to determine if the abnormality is most likely benign or suspicious enough to require further examination. There are two main types of abnormalities, calcifications and masses. Calcifications are tiny mineral deposits in the breast tissue that appear as small white regions on the mammogram. A mass is any group of cells clustered together more densely than the surrounding tissue. Some masses are cysts, or benign collections of fluid in the breast.

## What happens after my exam?

In many cases, the diagnostic mammogram will show that the abnormality is most likely benign. When this occurs, your physician may recommend that you return for a follow-up mammogram, typically in six months.

Mammography alone cannot diagnose breast cancer. If an abnormality still appears suspicious, your physician will refer you for additional breast imaging, such as ultrasound or MRI or a breast biopsy, which involves the removal of tissue samples from the area of concern for examination by a pathologist.



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