

How to Talk About Dense Breast Tissue – A Guide for Our Technologists and Residents

Effective January 1, 2019, it will be Washington State law that we inform patients who have heterogeneously or extremely dense breasts on mammography that they have dense breast tissue. The language in this notification is part of the law, and includes the following points:

1. The information that they “may” have dense breast tissue
2. The fact that dense tissue is normal and present in about half of all women
3. That dense breast tissue may make their mammogram more difficult to read
4. Encouragement to discuss breast cancer risk factors and breast cancer screening options with their health care provider

At SCCA/UW, we are handing patients with dense breasts a pamphlet explaining that they have dense breasts and what to do next. Here is a suggested way to explain why you are handing patients these pamphlets:

“We are now providing information on breast density to women who have dense breasts. Your mammogram shows that you have dense breasts, which are normal and are present in about half of women. Mammograms are still effective in women with dense breasts, but they can make it harder to read. If you haven’t before, you may want to discuss your breast cancer risk with your provider since having dense breasts can slightly increase your personal breast cancer risk.”

FAQ – Below are some questions we anticipate patients will ask with suggested answers:

Q: What is dense breast tissue?

A: The breasts are basically made of two types of tissue - fatty tissue and fibroglandular tissue. These two types of tissue are mixed in varying degrees throughout the breasts. Women with dense breast tissue have a higher percentage of fibroglandular tissue and women with fatty breast tissue have a higher percentage of fatty tissue. There is not one “normal” amount of dense or fatty tissue for a woman.

Q: Why do I have dense breast tissue, and can I change this?

A: You are just built this way, and your breast density will probably slowly decrease with time. Some medicines, such as hormone replacement therapy, could increase your breast density. If you are on or considering using hormone replacement therapy, consider discussing the risks and benefits of its use with your provider.

Q: Does this mean I will probably get breast cancer?

A: No! But, having dense breast tissue can increase your risk for breast cancer slightly. There are many things that can increase your risk for breast cancer and this is just one of them. As half of women have dense breast tissue, you are not alone. Most women with dense breasts are not at high-risk for developing breast cancer. If you have concerns about your risk, you should talk with your doctor about it.

Q: If my mammogram is difficult to read, why should I get one?

A: Mammograms are not perfect, but they have been proven time and time again save lives, even those with dense breasts. Fortunately, we have 3D mammograms at the UW and SCCA, which can help make a mammogram easier to read.

Q: What about MRI or abbreviated MRI?

A: MRIs are a really powerful test to detect breast cancer, but they are not right for everyone. Right now, we don’t have enough information to recommend MRIs of any type for women with dense breasts but no other risk factors. However, if you do have or think you might have other risk factors for breast cancer, you can talk to your health care provider to see if you do qualify for an MRI.

Q: What about screening or whole breast ultrasound?

A: Ultrasound has been studied a lot, and although it can find some cancers that mammograms cannot, it also finds even more false alarms that end up with extra biopsies. That’s why we don’t routinely offer that option at the SCCA for most women. I am happy to have you talk to a radiologist if you have more questions about ultrasound.



Acknowledgement: This document was adapted from materials prepared by Dr. Jennifer Ochsner of the Vancouver Clinic, Vancouver, WA.