

Breast cancer is the most common cancer in women, the one we all fear. In the US, for instance, an estimated one in eight women will develop breast cancer at some point in her life. In Europe, it accounts for one in three cancers in women.¹⁻³ That's why screening mammograms are so important; the earlier you find a cancer, the more treatable it is.^{4,5}

Unfortunately, nearly half of all women miss at least one recommended mammogram; 30 percent of those 50 and older.⁶

Make time, take care of yourself and get screened.



1. EUCAN. Estimated incidence and mortality from breast cancer, 2012. International Agency for Research on Cancer. World Health Organization 2017. 2012; <http://eco.iarc.fr/eucan>. Accessed May 31, 2018.
2. Ferlay J SI, Ervik M, et al. . GLOBOCAN 2012 v1.1, Cancer Incidence and Mortality Worldwide: IARC CancerBase No. 11 [Internet]. Lyon, France: International Agency for Research on Cancer; 2014. <http://globocan.iarc.fr>. Accessed May 31, 2018.
3. Altobelli E, Lattanzi A. Breast cancer in European Union: an update of screening programmes as of March 2014 (review). *Int J Oncol*. 2014;45(5):1785-1792.
4. American Cancer Society. *Cancer Facts & Figures*. 2017.
5. American Cancer Society. *Breast Cancer Facts & Figures 2015-2016*. 2015.
6. Elwood M, McNoe B, Smith T, Bandaranayake M, Doyle TC. Once is enough—why some women do not continue to participate in a breast cancer screening programme. *N Z Med J*. 1998;111(1066):180-183.
7. Jorgensen KJ, Kalager M, Barratt A, et al. Overview of guidelines on breast screening: Why recommendations differ and what to do about it. *Breast*. 2017;31:261-269.
8. National Cancer Institute. Breast Cancer Risk in American Women. 2018; <https://www.cancer.gov/types/breast/risk-fact-sheet>. Accessed June 5, 2018.
9. Feder K, Grunert JH. Is Individualizing Breast Compression during Mammography useful? - Investigations of pain indications during mammography relating to compression force and surface area of the compressed breast. *RoFo: Fortschritte auf dem Gebiete der Röntgenstrahlen und der Nuklearmedizin*. 2017;189(1):39-48.
10. American College of Radiology. This is What Happens When 100 Women Get a Mammogram. <https://www.acr.org/-/media/ACR/Images/Clinical-Resources/Breast-Imaging-Resources/MammographyScreeningFacts.jpg>. Accessed June 5, 2018.
11. Pattacini P, Nitrosi A, Rossi PG, et al. Digital Mammography versus Digital Mammography Plus Tomosynthesis for Breast Cancer Screening: The Reggio Emilia Tomosynthesis Randomized Trial. *Radiology*. 2018:172119.
12. Nelson HD, O'Meara ES, Kerlikowske K, Balch S, Miglioretti D. Factors Associated With Rates of False-Positive and False-Negative Results From Digital Mammography Screening: An Analysis of Registry Data. *Ann Intern Med*. 2016;164(4):226-235.
13. Henderson LM, Hubbard RA, Sprague BL, Zhu W, Kerlikowske K. Increased Risk of Developing Breast Cancer after a False-Positive Screening Mammogram. *Cancer Epidemiol Biomarkers Prev*. 2015;24(12):1882-1889.

© 2018 General Electric Company - All rights reserved.

GE Healthcare reserves the right to make changes in specifications and features shown herein, or discontinue the product described at any time without notice or obligation. Contact your GE Healthcare representative for the most current information. GE and the GE Monogram are trademarks of General Electric Company. GE Healthcare, a division of General Electric Company. GE Medical Systems, Inc., doing business as GE Healthcare.

July 2018
JBXXXXXX



“I get a mammogram because I want to take care of myself.”

**MAMMOGRAPHY:
THE FIRST STEP TO BREAST HEALTH**

gehealthcare.com/mammography

WHEN SHOULD YOU HAVE A MAMMOGRAM?

If you're confused about when to get a mammogram, you're not alone. Numerous medical organizations throughout the world have different recommendations. Some say to start at age 40 with annual or biannual mammograms; others say start at 50 with a mammogram every year.⁷

The bottom line is that this is a decision between you and your doctor that should be based on your risk of breast cancer and on your personal preferences.

Factors that influence your risk of breast cancer include:

- your age
- your weight
- your physical activity level
- your family history
- if you have dense breasts
- if you ever had a breast biopsy
- if you had a false-positive reading
- taking estrogen
- your reproductive history
- your age at menstruation and menopause
- the number of children you've had
- whether you breastfed your children⁸

So make an appointment with your doctor to talk about what makes sense for you.

TYPES OF MAMMOGRAMS

A mammogram is a type of breast x-ray. The technologist positions you in front of the machine and compresses your breast between two paddles. This, of course, is the most uncomfortable part of the exam. So why do it? The goal is to reduce breast thickness to get a better image.⁹

There are three types of mammograms available today:

Film mammogram. This is the first generation of mammography, in which the image was stored on film. Most centers are phasing out these machines in favor of digital mammography, just as most people take digital photos instead of using film.

Digital mammogram. In this type of mammography, the image is stored as a computer file. This enables the radiologist to manipulate it – make it bigger, clearer, or view it from different angles. The images can also be shared electronically and read from anywhere.

3D or digital breast tomosynthesis (DBT) mammogram. This is the newest form of digital mammograms. The machine takes pictures of thin “slices” of the breast from different angles and computer software reconstructs an image.

UNDERSTANDING THE RESULTS

So the radiology clinic called and they saw something on your mammogram.

Don't panic!

About 10 in 100 women who receive a digital screening mammogram will be called back for another look (the number may be lower with DBT).^{10,11} Of those, some may have a false positive, meaning the doctor thought there was something on the scan but it turns out to be nothing.¹⁰

Younger women, women with dense breasts, those who had a previous biopsy, have a family history of breast cancer, or are taking estrogen are more likely to have a false positive.¹²

The doctor may want to do another mammogram, an ultrasound, or an MRI to get a better look. In some cases, you might need a biopsy.

If you have a false positive, it's even more important that you continue to get regular screening mammograms. There is some evidence that women with a false positive reading have a slightly higher risk of breast cancer in the next decade.¹³