

# 3D Mammograms Reduce Callbacks

## I had my annual mammogram and I've been called back for additional testing. Should I be afraid that I have cancer?

Many women who are called back almost always think the worst. Thankfully, mammography screening has built-in second opinions in the form of Computer Aided Detection (CAD). With CAD, images are analyzed by a computer to mark areas of suspected abnormality. Then, these areas are analyzed closely by the radiologist. Next the radiologist classifies the mammogram into normal or abnormal. Abnormal does not mean cancer. It only means that there is an area that requires additional imaging.

Approximately 10% will be classified as abnormal and recalled for additional imaging. Only a few of those recalled will be diagnosed with breast cancer. The addition of 3-D imaging lowers the recall rate.

The interpretation of mammograms is difficult because of the random distribution of tissue in the breasts. Reading a mammogram is similar to looking for an abnormality in a tree with only 2 pictures of the tree. Some women have more fatty tissue and tumors will stand out similar to a lone green leaf on a bare tree in winter. Other women have more glandular and fibrous tissue and locating an abnormality is similar to looking for a brown leaf in a tree full of green leaves. The addition of 3-D imaging improves the radiologist's ability to find abnormalities.

The radiologist looks at many images searching for signs of cancer. With most screening mammograms, there are only two projections of each breast provided by the mammographic technologist. Differences in tissue patterns between the right and left breast, distortions in the tissue patterns, masses, clusters of small calcifications, skin thickening and changes over time may require further evaluation.

Once an abnormality is confirmed with additional mammographic views, most of the time it cannot be concluded that there is cancer based on the mammogram alone because cancers and noncancerous growth can look the same on mammography. Ultrasound is used to determine if a mass is cystic or solid. If a simple cyst can be verified by ultrasound, no further testing is done. Mixed masses or solid masses require follow-up or biopsy. New advanced ultrasound technology



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called Elastography helps to determine if a solid mass should be biopsied or followed. If a biopsy is recommended, remember 70-80% of breast biopsies turn out to be benign.

If you are called back after your regular screening mammogram, it is important to choose a mammographer who is current on the latest technology available, experienced in detecting even the slightest abnormality and is open to discussing your options. Have your questions ready for the radiologist and leave your appointment feeling assured that you are making the right decisions.



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Carolyn G. Dudley has over thirty years experience in breast imaging. She attended Bryn Mawr College, Howard University and completed her Diagnostic Radiology residency at Saint Joseph Mercy Hospital in Pontiac, Michigan. She is board certified by the American Board of Radiology and is a member of the Alpha Omega Alpha (AOA) Honor Society. Dr. Dudley was one of the pioneers in developing techniques to diagnose breast cancer utilizing MRI. Presently, she has a private practice in Atlanta, Georgia where she offers patients a wide range of outpatient diagnostic services in a convenient and patient-friendly environment. Her practice is the first non-hospital facility in Georgia to offer the latest advancement in mammography: 3D Mammography (breast tomosynthesis). In addition, Dr. Dudley provides 2D Digital Mammography, bone densitometry and ultrasound utilizing the most up to date technology available.

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