

Mayo Clinic expert answers questions about breast cancer screening, levels of risk and latest in imaging

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The COVID-19 pandemic has made it difficult for some patients to keep on track with their regular breast cancer screenings. In the beginning of

the pandemic, mammogram screenings dropped significantly. Now health care providers are working to get the word out that it's not only safe for patients to come in and resume their regular screening, but also it's vitally important.

In this Q&A, Dr. Saranya Chumsri, a Mayo Clinic oncologist, answers questions about [breast cancer screening](#), different levels of risk for different ethnic groups and the latest in imaging:

Q. Can delaying breast cancer screening mean the difference between life and death for some patients?

A. If [breast cancer](#) is detected early, like in stage 1 or stage 0, [breast cancer](#) in those stages can be highly curable. But if you wait until the cancer starts to grow, especially if it starts to spread to the lymph nodes, then the cure rate is much lower. If it starts to spread somewhere else, then it becomes incurable.

I can think of a couple of patients over the past few months who had a lump in the breast since the beginning of the pandemic back in February or March, and they decided that they did not want to come in because of COVID-19. Because the mass is growing, some of these patients had their cancer growing through their skin. There are several of these sad cases. I think if you feel anything different in the breast compared to what it was previously, you should try to come in and seek medical attention right away.

Q. The risk of contracting COVID-19 from coming in for a screening, such as a mammogram, is low. However, if patients are still nervous about coming in to a clinic setting, can they opt for a self-breast exam instead?

A. A self-exam of the breast can be difficult for some women,

depending on their breast consistencies. Some women might have lumpy breasts to begin with, and it might be difficult to discern which lump is cancer and which one is not. So a breast self-exam is good, but it's not enough.

Q. How can patients determine their risk of developing breast cancer?

A. There are ways that we can calculate the risk of breast cancer in each patient. Currently, there are multiple models used in the clinic. Some of these models include Gail's model and another one called the Tyrer-Cuzick model. These models take into account your age of menarche, how many children you have and whether you had a previous breast biopsy. All those things can be plugged into the calculation. Then it will come up with your estimated lifetime risk of breast cancer.

If you meet certain criteria, like in the Gail's model, if it's more than 1.66% in five years, that would qualify some patients to receive what's called chemoprevention. In other words, the hormone blockers that are used to help prevent breast cancer from coming back can also prevent breast cancer from happening, too, in high-risk patients. These medications can help cut down the risk up to about 65%.

If you're concerned about the risk of breast cancer, it might be a good idea to discuss with your primary care provider. He or she should be able to help you calculate those risks. If you meet these criteria, it might be a good idea to see a breast specialist to consider those medications to help prevent breast cancer and also be properly screened for breast cancer with a mammogram and breast MRI.

Q. Are there different levels of risk for different ethnic groups?

A. Different ethnic group get different kinds of breast cancer. Young

African American women and Latinos more commonly get the aggressive form of breast cancer called triple-negative breast cancer. Unfortunately, there are not a lot of targeted treatments that can be used with these women. So they should seek medical attention as early as possible.

Q. What's the latest in imaging? And can you talk about the risks of radiation exposure from mammograms?

A. The actual radiation dose from the mammogram is minimal. It's almost like if you sit under the sun for several hours. So getting that amount of radiation to the breast is minimal. And besides the mammogram, there also is tomosynthesis, which is the 3-D mammogram that can provide clearer images for women with dense breast tissue.

At Mayo Clinic, another test that is used is called molecular breast imaging. This test uses a small dose of radioactive to light up the cancer better. And that dose of the radiation is also minimal—equal to sitting under the sun for a couple of hours.

The other test used is breast MRI. Breast MRI is the most sensitive test, and it looks at all of the breast area, including regional lymph nodes around the breasts. On the other hand, breast MRI has its flaws. Because it's so sensitive, unknown things may be picked up and they might not always be breast cancer. When those things are seen on the MRI, patients often need to have a biopsy performed because that's the only way to find out what those little spots are. So it's a trade-off because it's more sensitive, and then the specificity is lower. Therefore, breast MRI is normally considered for screening only in high-risk patients.

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