

BREAST CANCER SCREENING FOR PATIENTS WITH BREAST IMPLANTS

BACKGROUND

Mammography

If you have breast implants, you should still have regular mammograms (Natrele Saline-Filled DFU; Natrele Silicone-Filled and INSPIRA DFU; Natrele 410 DFU). Your physician may recommend a pre-surgical mammogram with a follow-up mammogram to establish a baseline for routine future mammography. It is very important to have these exams. In fact, recommendations for preoperative/screening mammograms are no different for women with breast implants than for those without implants.

Mammograms are low-dose x-rays of the breast (ACS, 2019a). Regular mammograms can help find breast cancer at an early stage, when treatment is most successful. A mammogram can often find breast changes that could be cancer years before physical symptoms develop. Results from many decades of research clearly show that women who have regular mammograms are more likely to have breast cancer found early, are less likely to need aggressive treatment like surgery to remove the breast (mastectomy) and chemotherapy, and are more likely to be cured.

Self-Monitoring

Knowing and monitoring your breast implants is important. In general, follow your surgeon's instructions on how to monitor your implants. You should be familiar with how your breasts normally look and feel (ACS, 2020). If you notice any unusual signs or symptoms, report them promptly to your surgeon or health care provider (FDA, 2019b).

GUIDELINES

Breast Cancer Screening

The following are guidelines from the American Cancer Society and the U.S. Preventative Services Task Force. While these guidelines vary regarding the age to start mammograms and how often to have them, your health care provider can best advise which guideline is best for you.

American Cancer Society Recommendations for Early Detection of Breast Cancer

- Women ages 40 to 44 should have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so (ACS, 2020).
- Women age 45 to 54 should get mammograms every year.
- Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.

- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.

U.S. Preventative Services Taskforce Breast Cancer Screening Guidelines

- For women aged 50 to 74 years, biennial screening mammography is recommended (U.S. Preventative Services Taskforce, 2016).
- Women aged 40 to 49 years, may choose to begin biennial screening depending on their level of breast cancer risk. Screening mammography in women aged 40 to 49 years may reduce risk for breast cancer death, the number of deaths averted is smaller than that in older women and the number of false-positive results and unnecessary biopsies is larger. In addition to false-positive results and unnecessary biopsies, all women undergoing regular screening mammography are at risk for the diagnosis and treatment of noninvasive and invasive breast cancer that would otherwise not have become a threat to their health. Women with a parent, sibling, or child with breast cancer are at higher risk for breast cancer and may benefit from beginning screening in their 40s.

Mammogram With Breast Implant(s)

- It's important to tell the technologist you have implants before your mammogram is started (ACS, 2019c). It's best to mention this when you schedule your mammogram so you can find out if the facility has experience performing mammograms in women with breast implants.
- If you have only one breast implant, you will still need to get mammograms of the unaffected breast (ACS, 2019b). This is very important, because women who have had one breast cancer are at higher risk of developing a new cancer in the other breast.
- You should be aware that it might be hard for the doctor to see certain parts of your breast (ACS, 2019c). The x-rays used in mammograms cannot go through silicone or saline implants well enough to show the breast tissue that is in line with them on the mammogram. This means that part of the breast tissue can be hard to see on a mammogram.
- To help the doctor see as much breast tissue as possible, women with implants have 4 extra pictures done (2 on each breast), as well as the 4 standard pictures taken during a screening mammogram. In these extra pictures, called ID views, the implant is pushed back against the chest wall and the breast is pulled forward over it and then compressed. This allows better imaging of the front part of each breast.
- Implant displacement views are harder to do but do not have to be uncomfortable, even if a lot of scar tissue (called contractures) has formed around the implants. Speak with your technologist beforehand, or choose an experienced clinic, to minimize potential discomfort.

- Very rarely, the mammogram process can rupture an implant. This is another important reason to make sure the mammography facility knows you have implants.

Additional Considerations

For women with breast implants, mammograms remain the best tool for early breast cancer prevention. Ask your doctor when and how often you should have mammograms as well as questions regarding your individual risk.

ABBREVIATIONS

ACS, American Cancer Society; BCS, breast-conserving surgery; ID, implant displacement; MRI, magnetic resonance imaging.

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