

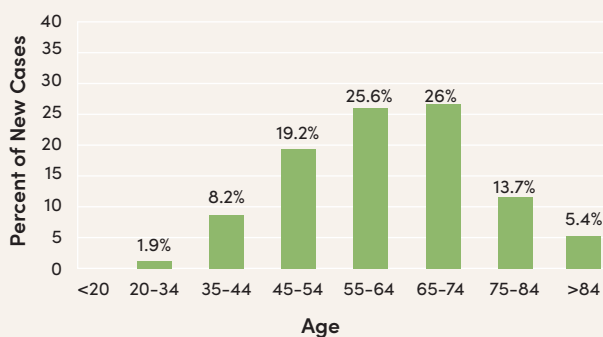


BREAST HEALTH CARE FOR WOMEN UNDER 40: DISCERNING THE RISK AND TAKING ACTION



According to the National Cancer Institute, nearly 8.2% of new breast cancer cases occur in women ages 35–44 and 19.2% in women ages 45–54.¹

Percent of New Cases by Age Group: Female Breast Cancer



Source: National Cancer Institute Surveillance, Epidemiology, and End Results Program²

The Young Survival Coalition reports that breast cancer in younger women tends to be more aggressive and is usually diagnosed at later stages: as a result, younger women have a higher mortality rate than older women.³

Given this, the American College of Radiology (ACR) and the Society of Breast Imaging (SBI) recommend that every woman should have a breast cancer risk assessment at age 30 to determine whether she is high risk and warrants earlier and/or more aggressive screening for breast cancer.

This is even more important for minority women, who according to the ACR are “72% more likely to be diagnosed with breast cancer before age 50, are 58% more likely to be diagnosed with advanced stage disease prior to age 50, and are 127% more likely to die of breast cancer before age 50 compared to white women.”⁴

Every year, more than 1,000 women under the age of 40 and more than 37,000 women aged 40 – 49 die of breast cancer.⁵

¹ <https://seer.cancer.gov/statfacts/html/breast.html>

² <https://seer.cancer.gov/statfacts/html/breast.html>

³ <https://www.youngsurvival.org/learn/about-breast-cancer/statistics>

⁴ <https://www.acr.org/Media-Center/ACR-News-Releases/2021/New-Breast-Cancer-Screening-Guidelines-Address-Heightened-Risk-for-LGBTQ-Persons-and-Black-Women>

⁵ <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/breast-cancer-facts-and-figures/breast-cancer-facts-and-figures-2019-2020.pdf>

Average Risk vs High Risk

Women with any of the following are considered high risk for breast cancer:

- + A lifetime risk of breast cancer greater than 20% (calculated using risk assessment tool such as the Tyrer-Cuzick)
- + A known BRCA1 or BRCA2 gene mutation
- + A first-degree relative (parent, sibling, or child) with a BRCA1 or BRCA2 gene mutation, and who haven't had genetic testing themselves
- + Chest radiation therapy between the ages of 10 and 30
- + Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these syndromes

The ACR suggests these women begin screening with annual mammography starting at age 30; breast MRI may commence between ages 25-30 depending on clinical scenario.

Average risk women have

- + A lifetime risk of breast cancer less than 15% (calculated using risk assessment tool such as the Tyrer-Cuzick)
- + No personal history of breast cancer
- + No genetic mutation known to increase risk of breast cancer (such as in a BRCA gene)
- + No chest radiation therapy before the age of 30

Average risk women typically begin annual screening mammography at age 40.

Women under 40 are more likely to have dense breasts, which can make it more challenging to find cancers. However, digital breast tomosynthesis (3D mammography) can be more effective for finding cancers in women with dense breasts.⁶ The 3D technology also results in fewer false positives, meaning fewer women are called back to evaluate benign findings.⁷

Improving screening compliance through education and convenience

One of the best ways to get high risk young women to appropriate screening is taking the time to talk with them about their family history and other risk factors, as well as to share the importance of high-risk patients to start screening at age 30.

Offering risk assessment and screening mammography within your practice can also help identify and screen young women who need it. In this way, women can get screened at the same time as their regular wellness appointments.

⁶ <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

⁷ <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html>

Success Story

Founded in 2010 by Dr. Jennifer Orr, GirlTalk & Gynecology in Morehead City, North Carolina, provides women of all ages with personalized, compassionate care. The practice sees nearly 12,000 patients each year. As a women's health provider Dr. Orr understands the value of providing onsite mammography so she decided to partner with Onsite Women's Health, the pre-eminent developer and operator of 3D mammography services within the OB/GYN profession. Onsite provides the technology, personnel (radiologic technologists and administrative assistants), maintenance, and certifications – all at no additional cost to the practice. Onsite takes care of project management, installation, and operational services, allowing providers and staff to remain focused on the delivery of quality patient care.



Onsite enabled Dr. Orr to offer both risk assessment and screening mammography in her practice. She was impressed with how thorough Onsite was in its evaluation and set-up of the mammography suite, noting that Onsite even sent a team of engineers to look at the space and discuss all the options for layout. Onsite also worked hand-in-hand with Practice Manager Kim Sparks to prepare and ready their space for the equipment.

Because of COVID, there was a backlog of patients who had put off their mammograms. The Onsite team worked with Dr. Orr and Ms. Sparks on promotional materials and social media to launch the new service. "They did anything and everything to make patients aware that we would soon be offering mammography on site," says Sparks. "We could not have found a more perfect fit for our practice philosophy and everything we were looking for."

Dr. Orr and Sparks were also appreciative of Onsite helping the practice get access to prior radiology reports, which is an essential part of monitoring and managing breast health. "They created an easy pathway for that to happen," says Sparks. Besides providing a full list of the facilities patients were likely to have gone to in the past, Onsite held face-to-face meetings with other imaging centers so that the staff at GirlTalk didn't have to take time out of their busy days to do it themselves.

Sparks says that having a mammography service onsite helps increase compliance and reduce delays in care. Dr. Orr and Sparks also appreciate the way Onsite makes themselves available. "They have periodic reviews and always touch base to make sure nothing is falling through the cracks," says Sparks. GirlTalk is currently exploring adding screening breast ultrasound to their suite of services.

Mammography screening compliance has increased to more than 90% since partnering with Onsite Women's Health.

"It's been a very positive experience from a provider-patient standpoint. We're able to deliver the full package of women's healthcare that we've always wanted to do, and do it in an excellent way."

Kim Sparks, Practice Manager, GirlTalk & Gynecology

Saving lives

Women under 40 may not be aware that they are at high risk of breast cancer. Having the conversation and offering risk assessment starting at age 30 can clarify the best screening protocol for women at all levels of risk. Onsite Women's Health helps start the conversation, improve compliance, and save lives.

Onsite
WOMEN'S HEALTH