

Frequently Asked Questions:

Q: Why do researchers question mammography?

A: Countless researchers have proven the benefits of mammography as a screening tool, yet others debate that it has led to the unnecessary and expensive treatment of some breast cancers that may not have needed treatment at all. Our role as radiologists is to help patients and their physicians detect what is there; the decision to treat the cancer and how to treat it is something that can only be determined by a patient and her or his physician.

Q: When and how often should I begin getting a screening mammogram?

A: Charlotte Radiology follows the guidelines stated by the American Cancer Society and many other national physician organizations that **women should begin getting annual screening mammograms at age 40; women with a family history should talk with their doctor about having a mammogram sooner.** However, we encourage patients to talk with their physicians to determine the most appropriate course of wellness and screening steps to fit their needs.

Q: When did mammography first start being used as a screening tool?

A: While mammography, an x-ray of the breast tissue, has been around since the 1960's, **radiologists in Charlotte determined in the 1980's that using mammography as a screening tool might in fact aid physicians in finding breast cancers at earlier, more-treatable stages, thereby saving more lives.** These radiologists developed a protocol for screening vs. diagnostic mammography. Screening patients would no longer see a radiologist and have only four images taken. These images would be reviewed by the radiologist, and if a diagnosis was not reachable the patient would be called back in for further imaging; a diagnostic mammogram or ultrasound may be ordered. **The protocol for screening mammography took off and grew into today's screening guideline for women: get annual mammograms starting at age 40, with a baseline at age 35 (per referring physician recommendation); women with a family history may need a mammogram sooner.**

Q: Does screening mammography really save lives?

A: Screening Mammography has **reduced the mortality rate by 30%** since 1990. Screening Mammography in women ages 40-49 has reduced the mortality rate by 7-23%.

Q: If I'm under 50 years old and I don't have a family history of breast cancer, do I really need a mammogram?

A: Yes. **75-80% of women ages 40-49 with breast cancer have NO family history.** Breast Cancers detected in women under 60 are often the more aggressive cancers. **Locally, from June 1996 – December 2008 Charlotte Radiology screened nearly 625,000 women for breast cancer; of the breast cancers detected, 21.4% were found in women ages 40-49.**

Q: Isn't family history the major risk factor for getting breast cancer?

A: No. **The two biggest risk factors for breast cancer are being a woman and growing older.**

Q: What dictates a family history for breast cancer?

A: While, most breast cancer patients do NOT have a family history, family history does increase a woman's risk. If you have close relatives (mother, sister, aunt, grandmother) who have had breast cancer before age 50 (pre-menopausal) talk to your doctor about getting your baseline mammogram sooner.

Q: Is the radiation exposure risk and cost for an annual mammogram worth the benefit?

A: In our opinion, yes. Mammography is a low-cost and safe tool for breast cancer screening, with the amount of radiation exposure comparable to flying across the country. Charlotte Radiology's equipment is ACR accredited and our technologists are certified, meaning we provide the lowest dose of radiation needed to get a quality picture.

Q: Does it matter where I go to get my mammogram?

A: Yes. Selecting a provider that offers digital mammography, computer aided detection, and is sub-specialized in breast imaging and accredited by the American College of Radiology ensures that you are getting the highest quality mammogram available. Charlotte Radiology meets all these guidelines and more, as the largest private radiology practice in the Southeast. Our team of breast imagers is comprised of physicians who developed the screening mammography model used today and have been recognized nationally for their research and volume of work.