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ADVICE, INSPIRATION & A LITTLE PEACE OF MIND

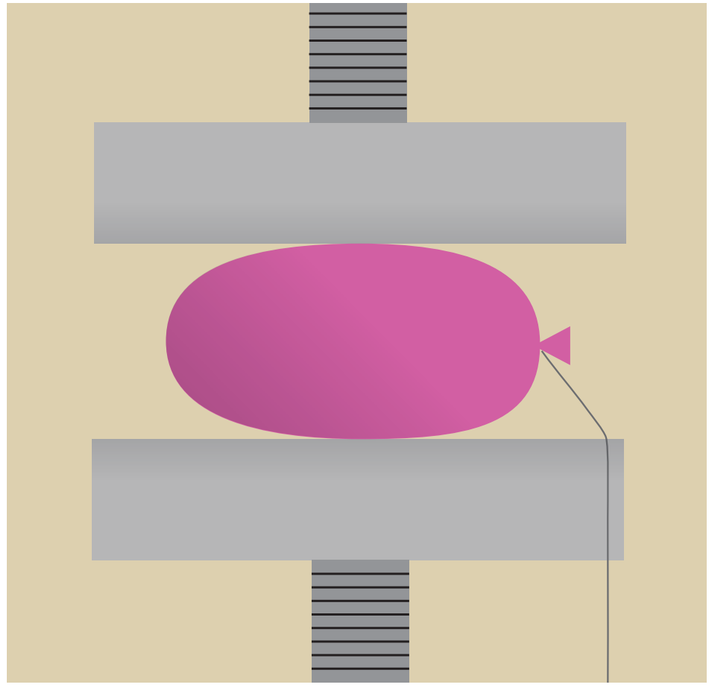
TAKE CARE

ALL YOUR PRESSING QUESTIONS ABOUT MAMMOGRAMS, ANSWERED

Get an up-close explanation, a few tips, and some breast practices.

BY RORY EVANS

Illustrations by Asia Pietrzyk



YOUR MAMMOGRAM probably isn't your favorite appointment of the year. It can be incredibly unfun to stand there half-dressed as a technician painstakingly positions your boob on a tray, sculpts the rest of you into an interpretive-dance-like pose, then scurries behind a barrier and asks you not to breathe—a challenge, considering your ta-ta is clamped in a high-tech panini press.

Nevertheless, mammograms are the best tool for detecting breast cancer early, says Susan Brown, senior director of health information and publications at Susan G. Komen, a nonprofit breast cancer organization. "And when it's found early, there are more options for treatment, the treatments are less difficult, and the outcomes are better."

So the Big Squish is worth it—but why is it so darn uncomfortable and, in some ways, mystifying? Let's answer some common questions.

Does my boob *really* need to be flattened into a Mama Celeste's Pizza for One?

Alas, yes. The more compressed your breast is, the less radiation exposure is necessary to get optimal images, says radiologist Lisa Abramson, MD, assistant professor of diagnostic, molecular, and interventional radiology at the Icahn School of Medicine at Mount Sinai in New York City. Compression also "spreads the tissue out evenly so we can see through it," she explains. If your breast tissue overlaps, cancerous cells could stay hidden, or the image quality could be so poor that you have to come back for a do-over.

Another benefit is that compression keeps you still, which is a requirement for clear results. That's why you have to hold your breath. "Any motion blurs the images and makes it harder to see abnormalities," Abramson says. So though it may be cold comfort, the pinch puts your best interests at heart.

Why can't I wear deodorant to my appointment?

The issue is antiperspirants, which can contain aluminum. Though the metal is invisible to your eye, it could show up on the mammogram, Brown says. You'll also want to skip "natural" deodorant (it may be aluminum-free, but some brands still contain particles), along with lotions, powders, or other products around your breasts, which can interfere with imaging.

What is "dense" breast tissue? Aren't all boobs dense?

"Dense" refers to how your breast looks in radiology images, Abramson says. In mammogram results, the fatty parts of the boob show up as black, while denser parts (fibrous tissue, glands, and ducts) can look light gray or white. Breast cancer and benign growths can *also* look light gray or white, so it's harder to spot abnormalities in dense breasts. To further complicate matters, dense breasts happen to be a risk factor for breast cancer. Depending on the ratio of black to white in the images, breast density is classified as A, B, C, or D, explains Rena Vanzo, a genetic counselor in Salt Lake City and cofounder of the Boob Bus, a mammogram facility on wheels. "This has nothing to do with cup size," she says. "If you have C or D, that's a denser breast."

Information about your breast density should be in your mammogram report, according to a policy implemented in 2023 by the FDA, which required all 50 states to comply by September 2024. Having dense breasts is no cause for panic, says Karen Tang, MD, MPH, a gynecologist in Philadelphia and the author of *It's Not Hysteria: Everything You Need to Know About Your Reproductive Health (but Were Never Told)*. For one, breast cancer patients with dense breasts are not more likely to die from the disease than those with fatty breasts, the National Cancer Institute reports. Also, a vast number of women are in this boat: About 50% to 60% of women ages 40 to 44 have dense breasts, according to Susan G. Komen. (Boobs tend to become less dense with age.)

If you get called back because your mammogram results are unclear, you may be asked to follow up with additional imaging, like a breast ultrasound or MRI. (More on those below.)

Is there an alternative?

Not really. Mammograms remain the gold standard, but the technology is improving. In recent years, 3D mammograms have become more widely available, and they provide more detailed images (though they still squeeze). While 2D mammograms take a single photo of each position, Abramson says, the 3D machine's camera moves in an arc, snapping multiple photos to create a stop-motion tour of your breast from back to front. "It helps us find smaller cancers," Abramson explains, "and it also decreases the likelihood of callbacks."

Some women may need an annual mammogram as well as another type of yearly screening. For instance, women with dense breasts may benefit from an annual ultrasound, which can provide a clearer picture and help the radiologist distinguish between, say, a cyst filled with fluid and a solid tumor. However, "you still need the mammogram," Tang says. "These images work in concert."

Even if you have good insurance, supplemental imaging isn't always covered. Your doctor may be able to intercede with your insurance company, or you could go to an outpatient imaging center, which may charge significantly less than a hospital. For more info on lower-cost options, check out the "Breast Cancer Resources" page at nationalbreastcancer.org.

If your doctor or a genetic counselor determines you have a high risk of breast cancer based on your family history, you may need a breast MRI (generally covered by insurance for high-risk patients). It can catch cancers that might not be seen on a mammogram or ultrasound. "You need to have IV contrast [dye in your system], and you lie face down on the table with your arms stretched out," Abramson says. "On the horizon, we'll use MRI more," she predicts, "but there are still cancers that can only be seen on a mammogram." Tang says high-risk patients often stagger annual MRIs with annual mammograms, "so every six months, you're getting some kind of imaging."

Oh, and if Dr. TikTok has introduced you to thermography—which produces images by gauging heat on the skin's surface—please don't believe the hype. It may be painless and radiation-free, but it also doesn't work. "From an official viewpoint, no one recommends it," Tang says. "It's not an effective screening method." In 2019, the FDA even issued warnings to clinics that touted thermography as the sole screening device for breast cancer.

OK, I'll get a mammogram. How can I make it more comfortable?

Let's consider the bra cup half full: Some women find mammograms more awkward than painful, while others are completely unbothered.

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To reduce your chances of discomfort, if you're still menstruating, Tang recommends scheduling the mammogram for the days immediately after the start of your period; that's the point in your cycle when your breasts are least tender. About an hour before your appointment, take ibuprofen or acetaminophen. Also, some studies have shown a connection between breast pain and caffeine, since caffeine can cause blood vessels to dilate. Brown suggests cutting back on coffee and other caffeinated drinks for a few days prior to the exam.

Unsurprisingly, studies have shown that patients perceive mammograms as less painful when they know what to expect. "Let your technician know you're nervous and ask them to tell you what they're doing along the way," Brown says. "There may be things that can make the procedure more tolerable, like increasing the pressure more gradually." Some machines automatically release the pressure as soon as the image is taken, shortening your time in the press. And to make the whole "hold your breath" thing easier: Ask the technician to count down from three so you're prepared, and try not to tense your muscles, which can make it harder to control your breathing.

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If I get called back, is it time to freak out?

Absolutely not. Callbacks happen to about 5% to 10% of women at some point, and "for most, they end up being nothing," Abramson says. Even if it is cancer, "when it's found early and confined to the breast, the five-year survival rate is over 99%," Brown says. Tang points out, "If you're worried about what the results could show, it's much better to catch anything as early as possible so you can treat it. Your health will be better in the long run."

My recent results were clear, but something feels...off.

Mammograms are the best breast cancer detection method we have—but like almost everything else in life, they're not infallible, Abramson says. If you notice unusual symptoms (lumps, masses, swollen breasts, skin dimpling, breast or nipple pain, nipple retraction or discharge, or swollen lymph nodes), see your doctor, especially if you have dense breasts, a family history of breast cancer, any genetic mutations, or a benign breast condition, like fibrocystic breast disease. Your peace of mind is worth it. ■