

Screening vs. Diagnostic MAMMOGRAPHY

SCREENING MAMMOGRAM

A screening mammogram is a low-dose X-ray of the breast used to detect breast changes in women who have no breast cancer symptoms. It usually involves two images of each breast.

This is recommended:

- Annually for asymptomatic women age 40 and older who are at an average risk for breast cancer.
- Women with known mutation or genetic syndrome with increased breast cancer risk, – annually starting by age 30 but not before age 25.
- Untested women with first-degree relative with known BRCA mutation – annually starting by age 30 but not before age 25.
- Women with 20 percent or greater lifetime risk for breast cancer based on breast cancer risk models – annually starting by age 30 but not before age 25, or 10 years earlier than the age at which the youngest first-degree relative was diagnosed, whichever is later.

The interpreting physician does not need to be present at the facility to monitor the examination when the patient is imaged.



PRICING

Visit [beaumont.org/pricing](https://www.beaumont.org/pricing)

for common outpatient procedures and tests, based on the discounted price for United States residents without insurance.

If you have a question about pricing, please call **855-577-5780** or your insurance company for more information.



DIAGNOSTIC MAMMOGRAM

A diagnostic mammogram is a low-dose X-ray of the breast used to evaluate breast concerns, such as a lump, pain, nipple thickening or discharge, or a change in breast size or shape. A diagnostic mammogram is also used to evaluate abnormalities detected on a screening mammogram. It is a basic medical tool and is appropriate in the workup of breast changes, regardless of a woman's age.

This is recommended:

- To assess certain clinical findings that may include a palpable abnormality, persistent focal area of pain or tenderness, bloody or clear nipple discharge or skin changes.
- When a finding detected on screening mammogram requires further evaluation. This could either be a call-back examination following an abnormal screening mammogram or conversion of a screening mammogram to a diagnostic mammogram when an abnormality is detected at the time of the screening visit.
- When an asymptomatic patient with prior history of breast cancer is coming in for her annual examination (she can alternatively have a screening examination).
- For continued follow-up of a mammographic finding that is felt to be likely benign. This follow-up could take up to three years.

Diagnostic mammography should be performed under the immediate supervision of the interpreting physician.

Other tests involved in breast cancer

SCREENING AND DIAGNOSIS**DIAGNOSTIC ULTRASOUND**

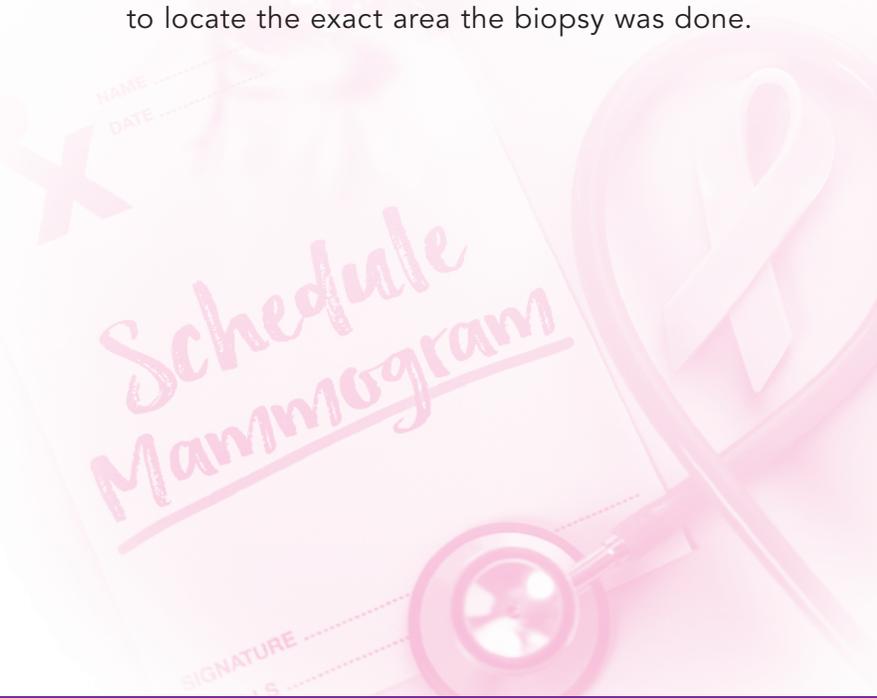
A breast ultrasound is typically used as a tool to examine a breast abnormality found on a mammogram or to evaluate an area of clinical concern such as a lump, pain or nipple discharge.

MRI

A breast MRI is typically used for women who have been diagnosed with breast cancer to help measure the size of the cancer, look for other tumors in the breast and to check for tumors in the other breast. For some women with a high risk for breast cancer, a screening MRI is recommended along with a yearly mammogram. MRI is not recommended as a screening tool for the general population.

BIOPSY

When tests show that you might have an abnormality, you will likely have a biopsy. During a biopsy, tissue is removed so they can be studied in the lab to see if cancer cells are present. After the biopsy, the radiologist leaves a small marker to locate the exact area the biopsy was done.



FOR MORE INFORMATION OR TO SCHEDULE AN APPOINTMENT:

- VISIT www.beaumont.org/mammogram
- SCHEDULE THROUGH [myBeaumont Chart](#)
- CALL BEAUMONT'S ACCESS CENTER: **800-328-8542**

**Note: You will need a prescription from your physician to schedule a mammogram.*