

ACS NBCRT Post-Webinar Q&A

You Got the Letter: What to Do Next After a Dense Breast Notification

Session: June 30, 2026

Watch the recording: nbcrt.org/webinar

Thank you for your thoughtful questions! We apologize that we could not respond to them all during the session. Please see below for follow up responses from JoAnn Pushkin, Executive Director of DenseBreast-info.org, and Dr. Wendie Berg, Professor of Radiology at University of Pittsburgh School of Medicine and Chief Scientific Advisor to DenseBreast-info.org. If you have any additional questions, please email nbcrt@cancer.org

Dense Breasts

- 1. My first dense breast letter said my risk was 24 percent. My second letter said 14 percent. How could it change this much a year later?**

This amount of change in your estimated risk is unusual. It is possible that there was an error in one or the other calculation, or that a different risk model was used.

- 2. You mentioned that density can change and potentially decrease with age. Are there things that can increase the density of the breast over time?**

Please see DenseBreast-info.org's [Q+A](#) on the topic.

- 3. Clarifying question, density decreases with menopause?**

It can. Please see DenseBreast-info.org's [Q+A](#) on the topic.

- 4. Can you say more about what "Reduced interval cancer rate" means?**

"Interval cancers" are breast cancers that develop or become noticeable between regular mammogram screenings, usually found because of symptoms, such as a lump or bloody nipple discharge, after a "normal" mammogram. Interval cancers are much more common in women with dense breasts than in women with fatty breasts. Some interval cancers were present but not visible on the mammogram and some newly develop. They are often more aggressive and have worse outcomes than cancers found on a screening mammogram. Studies show that for women with dense breasts, adding screening ultrasound or breast MRI to mammography reduces the number of interval cancers compared with having a mammogram alone.

Screening

1. Is there a way for patients to find out if they have dense breasts before their first mammogram?

You cannot tell breast density by how the breasts look or feel. Breast density (fibroglandular tissue) can be seen on breast MRI, so women having a breast MRI at a younger age (as early as age 25) due to high risk will know their density. Breast density can also be seen on a chest CT done for other reasons if the breasts have been included in the images, but it is not usually reported. Generally, most women will not know their density until they get a mammogram (usually at age 40). Ultrasound can also show glandular tissue, but it can vary in different areas of the breast, and we do not generally report this on ultrasound at this time. Learn the 5 Facts You Should Know about dense breasts [here](#).

2. Are there also false positives in the MRI results? Has anyone studied the rates of false positives in the MRI vs. in the ultrasound?

A false positive happens when a test finds something that looks abnormal, leading to more testing, but no cancer is actually present. The DenseBreast-info.org table (located within the Screening Technology tab), details false positive rates for both tests. [View here](#).

3. How often is the MRI done? Is it annually too?

In high-risk women, such as those with a known disease-causing genetic variant (such as BRCA1 or BRCA2), yes, MRI is done yearly. In women having MRI because their breasts are extremely dense, and with no other risk factors, doing MRI every other year is effective. Some of this is not fully sorted out yet.

4. Is the FAST MRI as good as the regular MRI?

For screening, essentially yes. Some centers will do a “regular” or “full protocol” MRI for the first screening MRI as it gives us a little more information and can help reduce false alarms (which are most common the first time we look with any technology). To learn more about this technology, visit [Screening Tests After a Mammogram](#).

5. The false positives with MRIs that lead to biopsy are so stressful. Is there hope that contrast mammograms will be covered soon and have fewer false positives?

Contrast-enhanced mammograms (CEM) also cause false positive alarms, though probably a little less often than with MRI. CEM is not yet FDA approved for screening though. It will be at least a few years before it is more widely available. False alarms are the most common the first time we look with any technology, so it is important to have prior breast imaging available for comparison when possible.

6. What about AI? How has it increased detection?

AI increases cancer detection by an average of about 1-1.4 cancers per 1000 women screened (and for reference, mammograms detect about 4-6 cancers per 1000 women screened).

7. Has there been more use of AI in reading these tests? I looked last year and we only had one facility that used AI in Florida.

AI is starting to be adopted in the United States to assist in mammogram interpretation, but there is no reimbursement for it and there are costs to the imaging centers to use it. Some imaging centers are charging patients a fee for it, and some are not. We expect to see more widespread use over the next 5 years, as it does help.

8. What are your thoughts on the new blood-based testing? Will this perhaps improve access to MRI or further testing if positive?

There are ongoing research studies of various different blood tests (that also use AI) that may indeed be helpful in the future to guide recommendations for additional screening with MRI, but much more validation is needed at this time.

9. If we have extremely dense tissue, is it worthwhile to pay out of pocket for a contrast-enhanced MRI and take those results to our doctor (if the doctor is unsupportive of our choice and unwilling to write the referral)? Or will the radiologist not have the necessary knowledge needed to read the scan appropriately?

The radiologist who reads your MRI will want to compare to your other breast imaging test(s) and any prior MRI, so it is easiest to have the MRI done within the same system where your mammogram was done. Please note that many imaging centers require a physician's order before performing a breast MRI. However, some centers now offer abbreviated, or "fast," breast MRI as a self-pay option, with fixed prices typically ranging from \$250 to \$800 (see Q #4 above). Generally, most insurance (other than Medicare, Tricare, VHA, and some Medicaid) will cover the MRI with no out-of-pocket expense in women over age 40 if it is indicated. Younger, high-risk women will need a referral for the

MRI and may have a copayment. A full protocol breast MRI without insurance can be billed as much as \$5000 or more.

For more details about density, risk factors, and recommended additional screening tests, visit [Is My Mammogram Enough?](#)

10. I have heterogeneously dense breasts and had breast cancer and am 79 years old. Should I continue to get MRI?

MRI is not recommended for screening over age 70 or sometimes up to age 75. Contrast-enhanced mammography may be an option for you now or in the future, depending on what is offered in your area. Ultrasound can be done when MRI and contrast-enhanced mammography are not options. For more details about density, risk factors, age, and recommended additional screening tests, visit [Is My Mammogram Enough?](#)

11. If you have had breast cancer with lumpectomy and radiation, no metastasis and dense breasts, should you have MRI and not a Mammogram first? I am on yearly surveillance right now. Three years out.

Sending every wish for continued good health! MRI and mammography can be done at the same visit or alternating by 6 months (e.g. mammogram in January and MRI in July). Most facilities prefer to start with the mammogram, so that it is available for comparison when interpreting the MRI, but this is not absolute.

Family History and Risk Assessment

1. How often should someone get assessed for their risk?

Ideally, risk should be reassessed every 2-3 years, or whenever there is new family history or you have a new breast biopsy. Breast density also factors into risk and can change around menopause or with substantial weight loss. Please visit the [Is My Mammogram Enough?](#) page for more details including a link to a risk model where you can enter your history.

A 20% or higher lifetime risk is considered “high risk”, and MRI is recommended for supplemental screening if you are under age 70 or sometimes through age 74.

2. When we say family history, it is for first degree relatives (mom, sister)?

We typically include both first-degree and second-degree relatives when estimating risk. First-degree relatives include mother, sister, father, brother, daughter and son. The more accurate risk model

calculators also include family history in second-degree relatives like your aunts and uncles and grandparents as long as they are blood relatives. Visit [Is My Mammogram Enough?](#) for a helpful table, Risk Factors and Additional Screening Tests.

3. If someone has dense breasts and family history of breast cancer, does that automatically mean additional screening should be recommended?

If you have extremely dense breasts, then additional screening is recommended regardless of family history (but supplemental screening MRI is not recommended after age 74). Ultrasound can be considered when MRI is not an option. If you have heterogeneously dense breasts, then family history is considered as is your breast biopsy history and other risk factors. Please visit [Is My Mammogram Enough?](#) to learn what may be recommended based on your category of breast density and family history. Also consider using the IBIS Risk Calculator tool which is linked to from that page. You can find out your specific density category in the mammogram report that goes to your provider.

4. Is the lower risk as we get older simply because we lived through some years without getting cancer?

The “lifetime risk” of developing breast cancer decreases as we get older because there are fewer “life” years left to develop breast cancer, and this is what has been used to guide recommendations for supplemental screening.

5. If a patient in her 40s has heterogeneously dense breasts and a lifetime risk of 9%, will it ever be recommended to have a supplemental MRI later in life or only if risk increases or symptoms are present?

In the absence of new family history or a new personal atypical biopsy or cancer, for example, it is unlikely that lifetime risk would ever be more than 20% in this scenario.

6. Just did the risk assessment you recommended and was surprised to find that my risk was higher than average (14%). Does this mean that coupled with dense breasts, I still need to f/u with healthcare provider even after a recent normal mammogram?

A 20% estimated lifetime risk is the threshold recommended to decide supplemental screening in women with heterogeneously dense breasts. If you have extremely dense breasts, MRI is recommended regardless of other risks (but not after age 74). For more details, visit [Is My Mammogram Enough?](#)

7. This question is regarding patients with Dense Breasts who are adopted and therefore have no family medical history. What can the patient do proactively and what needs to be said to the Physician to encourage them to recommend better, more reliable testing?

This is a good question. Other risk factors should still be considered (biopsy history, obesity, hormonal factors). At this time, MRI is recommended when the breasts are extremely dense, regardless of other risk factors. If your breasts are heterogeneously dense and you have no other risk factors but desire additional screening, MRI can be considered, but it comes down to your physician, and insurance coverage is not assured. Some facilities do offer self-pay fast MRI screening.

Insurance

1. My insurance won't pay for MRI. What should I do?

As mentioned, the good news is that the expanded ACA guidelines may mean testing is covered this year that was denied last (Guidelines available [here](#)).

It is always helpful to find out the reason for the denial. It may be a coding issue having to do with the way the test was ordered, or that your insurance plan is exempt from a state insurance law (see: DBI's [insurance legislation map](#)). If a patient feels the denial was not correct, an appeal can be filed with the insurer. And, as a last resort, a formal complaint can be filed with an individual state's insurance regulatory agency. To find out what your state's regulatory agency is, Google "How do I file a health insurance complaint in (state name)?"

2. Where is the link for the January law mentioned during the webinar?

Effective 1/1/26, an [Update to the Health Resources and Services Administration-Supported Women's Preventative Services Guideline](#) was issued.

3. For women Veterans or military families who receive their care through TRICARE, what advice would you recommend if they have dense breasts or other breast cancer risk factors and would like to discuss supplemental screening with their healthcare team?

Please visit [Is My Mammogram Enough?](#) to learn more about risk factors and what may be recommended. On that page, print/download the Guide to Ask for Additional Screening. Then, please consider contacting your federal House or Senate member to ask for their co-sponsorship of the federal Find it Early Act – which would provide coverage for VHA and TRICARE members. Visit [FindItEarlyAct.org](#) to learn more about how to contact your legislator. And, certainly, contact us if we can assist or it would be helpful to have someone from DBI join you on the call.

Resources

1. Does the DenseBreast-info website post available clinical trials?

DenseBreast-Info does not. ClinicalTrials.gov would be the best source for ongoing clinical trials in the United States.

The American Cancer Society understands the challenges of finding the right clinical trial. ACS ACTS™ provides free clinical trial matching, education, and support to help patients explore their options and access the care and support they need. Learn more at cancer.org/acts

2. Will the speaker's contact info be shared?

Dr. Wendie Berg and JoAnn Pushkin can be reached via contact@dense-info.org