

# Screening Automated Whole Breast Ultrasound



## Screening Automated Whole Breast Ultrasound

Stanford now offers screening automated whole breast ultrasound (SAWBU) at our Stanford Medicine Cancer Center Palo Alto location.

This is an optional test that can be used as a supplement to screening mammography in women with mammographically dense breasts. It can find cancers that cannot be seen on mammograms due to overlap with dense breast tissue.

Stanford uses automated whole breast technique, a new method developed for accuracy and efficiency.

### Who is a candidate for SAWBU examination?

This is an optional test to supplement screening mammography in women who:

- Undergo routine screening with mammography.
- Have no current signs or symptoms of breast cancer.
- Have mammographically dense (heterogeneously or extremely dense) breasts.
- Are not at "high risk" undergoing supplemental screening with breast MRI. Screening ultrasound does not provide benefit in women having breast MRI.
- Do not have a pacemaker or defibrillator.

### What will happen during the SAWBU examination?

You will lie on your back, and gel will be applied to your breast.

A large ultrasound handpiece will be placed on the breast, and the system will automatically take a "sweep" that obtains ultrasound images of the tissue from top to bottom. The handpiece will be repositioned to take other "sweeps" to include all of the breast tissue.

An exam of both breasts takes less than 20 minutes to obtain.

After you depart, the radiologist will review and interpret the exam.

### How is SAWBU exam is different?

Screening automated whole breast ultrasound uses sound waves (no radiation) to create 3D pictures of the breast tissue, using a new automated method developed for accuracy and efficiency.

It can find cancers that cannot be seen on mammograms alone due to overlap with dense breast tissue.

### Radiology Screening Wellness Program

• **Insurance Coverage:** Some payers may not cover SAWBU and coverage may be subject to co-pays and deductibles. If exam is denied, please contact Patient Financial Services to request the self-pay pricing.

• **Self-Pay Pricing:** Self-Pay Pricing for eligible patients after discount \$550 for bilateral breasts (technical & professional fees). Pricing is subject to change without notice.

*(Internal Use Only CPT 76641 /IMGBI0104)*



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## What is breast density?

Breasts are made up of a mixture of fibrous and glandular and fatty tissue. Your breasts are considered dense if you have more fibrous or glandular tissue but not much fat.

## How do I know if I have dense breasts?

Breast density is determined by the radiologist who interprets your mammogram and assigns one of four defined categories of mammographic density (see scale to the right.) Your mammogram report will include your assigned mammographic density. In general, breasts that are heterogeneously dense or extremely dense are considered dense.

## Why is breast density important?

Dense breast tissue is common and not abnormal. However, dense breasts make it more difficult for radiologists to spot cancer on mammograms. Dense tissue appears white on a mammogram. Lumps, both benign and cancerous, also appear white. So, mammograms can be less accurate in women with dense breasts. Having dense breast tissue may also increase your risk of getting breast cancer. However, family history and other risk factors may have a greater influence on your breast cancer risk.

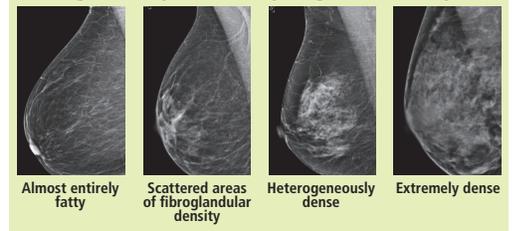
## What should I do if I have dense breasts?

Even if your breasts are dense, it is important to have screening with mammography. It is the only imaging screening test proven to reduce breast cancer deaths. Many cancers are seen on mammograms even if you have dense breast tissue.

Please talk to your doctor about your dense breasts. Together, you can decide if any screening exams to supplement mammography are right for you.

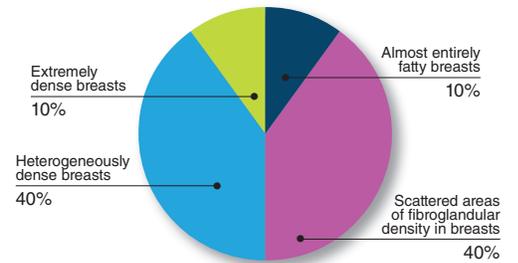
Supplemental screening ultrasound is an option in women with dense breasts. It can find cancers that cannot be seen on mammograms alone due to overlap with dense breast tissue. In women at "high risk" such as those with a gene mutation or lifetime risk of breast cancer greater than 20-25%, supplemental screening with MRI is recommended.

Radiologists classify breast density using a 4-level density scale:



Breast density in the U.S. (See pie chart)

- 10% of women have almost entirely fatty breasts
- 10% have extremely dense breasts
- 80% are classified into one of two middle categories



## NATIONALLY RECOGNIZED

The Breast Imaging service is a Center of Excellence designated by the ACR Mammography Accreditation Program.



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