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TITLE	Associa	tion of breast der	nsity with breast cano	cer risk in screening mammography	
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ABSTRACT	PURPO	PURPOSE			
	The pur breast c mammo	pose of this study ancer during mai graphic density a	v was to assess the on mography screening and breast cancer.	distribution of breast density of the patients with detected ig, and to evaluate the association of high	
	METHO	D AND MATERI	ALS		
	We used years ha been do cranioca mammo radiolog College fatty, 2-s woman place of high der	We used data from National Breast Screening Programme in a single county. Women age 50-69 years have been invited every two years for mamography screening. 52962 mamography exams have been done during 5 years at 5 mammography units.Density analysis was performed from one craniocaudal and one mediolateral view from both breasts. The percent of the area of the mammogram occupied by radiologically dense breast tissue was determined by two independent radiologists who estimated visually the proportion of the occupied area.According to ACR (American College of Radiology) criteria breast density has been categorized into four groups: 1-almost entirely fatty, 2-scattered fibro-glandular densities, 3- heterogeneously dense, 4-extremely dense.Each woman with detected carcinoma was added her matching control: the woman of same age and same place of living.Patients were divided into low density breast tissue group (ACR density group 1-2) and high density breast tissue group (ACR 3-4) and data was compared between these two groups.			

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RESULTS

Out of 230 detected breast cancers, 6% were stage 0, 47% stage I, 17% stage II and 28% stage III/IV, according to AJCC criteria.Mammographic density distribution in breast cancer patients was as following: 47.64% in ACR1 group; 36.32% ACR2; 13.21% ACR3 and 2.83% ACR4.Low mammographic density (<50% parenchyma) had 83% patients in breast cancer group vs 89% controls; high mamographic density (>50% parenchyma) had 17% breast cancer patients vs 11% controls. There was no significant difference in mamographic density between brast cancer and control group: Fisher's exact test p=0.083 (OR=1.65 95% CI=0.97-2.81; z=1.85, p=0.064).

CONCLUSION

Our results suggest that higher mammographic densities were not associated with higher risk of breast cancer among menopausal women. Majority of screened woman have low breast density. Mamography is efficient method for early detection of nonpalpabile breast cancer.

CLINICAL RELEVANCE/APPLICATION

Mamography is the best tool for population-based breast cancer screening.

FIGURE (OPTIONAL)

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DISCLOSURES 1.) Natasa Katavic, MD (*Presenter*) Nothing to Disclose

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