



Fig. A) Dense fibro fatty breast with normal architecture.
B) Fibro fatty breast with normal architecture.
C) Dense fibro fatty breast.
D and E) Post operative surgical scar (arrow) with volume loss. Otherwise breast architecture is normal.
F) Benign calcification with cystic lesions.

Mammography is the recommended choice for breast cancer screening. The American Cancer Society recommends annual mammogram starting at age 40 and to continue as long as a woman remains in good health. However, clinical breast examination (CBE) should be conducted every three years for women in their 20s and 30s and every year after the age of 40 (supplemented by mammogram). In European countries, the recommended age of screening starts at 50 years old.

Controversies remains regarding mammogram ranging from age of screening, screening intervals, sensitivity (false negative) and specificity (false positive) of the test. Screening often detect many abnormalities that are either not cancerous or are slow-growing cancers that may not cause problem. Despite this detection of the later is still beneficial. When an abnormality is detected, further imaging (ultrasound scan and magnetic resonance imaging) are required. Most of these will turn out to be benign conditions and do not require treatment. Another recent controversy involve the role of magnetic resonance imaging for breast with dense fibro fatty changes where sensitivity of mammogram is reduced.