

Breast Density Now Reported by BreastScreen NSW: A Practical Guide for GPs

As of April 2025, BreastScreen NSW has begun reporting breast density in routine screening mammogram results. Around 40–50% of women have dense or extremely dense breasts. With more patients receiving this information, GPs are provided with a new opportunity to guide risk-informed screening and patient conversations.

Why Does Breast Density Matter?

Breast density refers to the proportion of fibroglandular tissue in the breast. Dense tissue appears white on a mammogram—similar to that of cancer—reducing diagnostic sensitivity and increasing interval cancer rates.

BreastScreen NSW uses the BIRADS classification system, which defines breast density into four categories ranging from none to extreme density. This is significant because higher density can be associated with a higher risk of breast cancer.

While most women support breast density notification, up to 30% report increased anxiety, especially when not supported by adequate explanation or next steps.

GP Strategies: Structuring the Conversation

When the mammogram is reported as dense or extremely dense (consistent with BIRADS categories C and D, respectively) it is important to use a patient-centred approach to reduce anxiety and support shared decision-making.

| Key Talking Points | Example Language |
|-----------------------------|---|
| Normalise density | “Having dense breasts is common and not a disease —it just means your breasts have more glandular tissue.” |
| Explain implications | “It can slightly increase your cancer risk and can make it harder for a mammogram to detect changes.” |
| Reassure | “Mammograms are still the best screening tool for most women.” |
| Discuss next steps | “Let’s check your overall risk, and decide if extra imaging or referral to a breast specialist are needed.” |

Risk Assessment Tools for General Practice

Use of validated tools to estimate overall breast cancer risk in the context of a breast density notification is a suggested next step. These tools, some which are listed below, can help inform decisions about supplemental imaging and specialist referral.

- **iPrevent:** Risk calculator incorporating lifestyle, reproductive and family history factors.
(Online Access – <https://www.petermac.org/iprevent>)
- **IBIS (Tyrer-Cuzick):** Risk calculator incorporating lifestyle, reproductive, medical, family history factors and breast density.
(Online Access – <https://www.ems-trials.org/riskevaluator>)

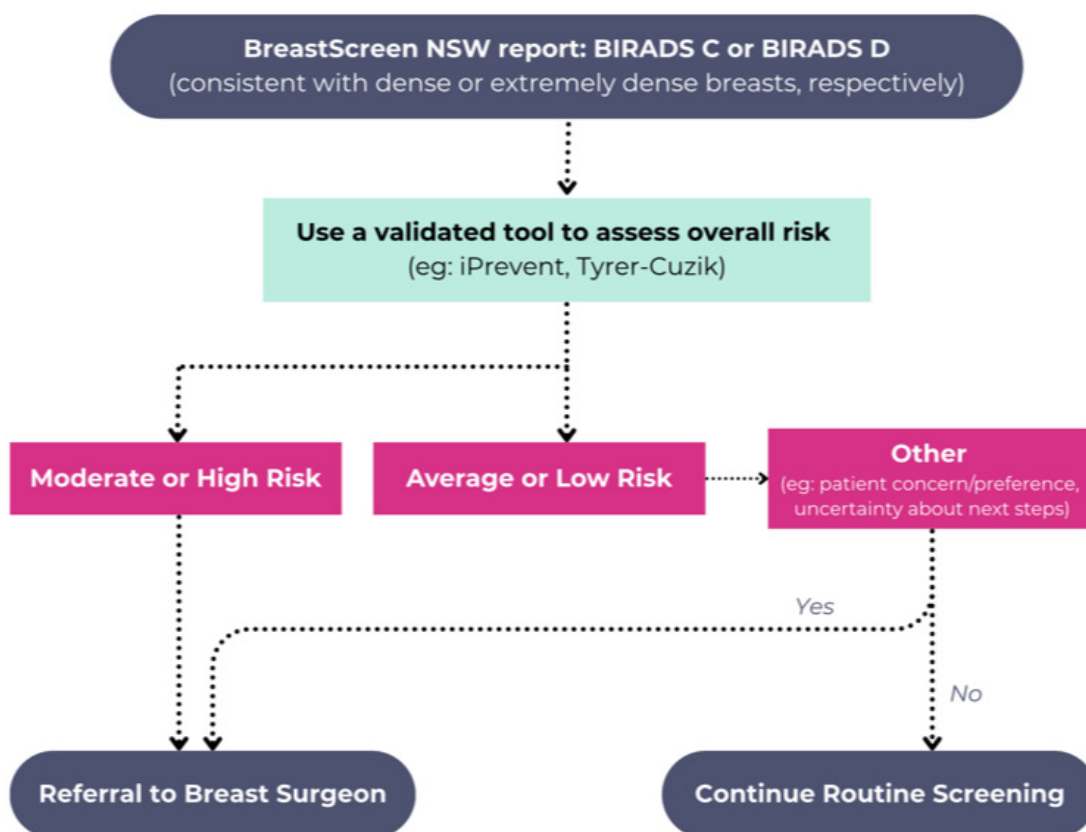
When to Refer to a Breast Surgeon

Refer patients for specialist assessment when the following is present:

- Breast density plus moderate or high overall risk for breast cancer (using a validated risk assessment tool)
- Personal history of atypical hyperplasia or LCIS
- Strong anxiety or preference for supplemental imaging
- Clinical abnormalities not explained by imaging
- Uncertainty about next steps

Continued Over...

GP Decision Flowchart: Responding to Breast Density Notification



Take-Home Messages

- Breast density reporting is now routine in NSW—expect more patient questions.
- Use structured communication and validated tools to guide shared decisions.
- Refer to a specialist when dense tissue coexists with elevated risk, patient concern or uncertainty about next steps.
- Early GP involvement can reduce anxiety and optimise screening outcomes.

References

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3. BreastScreen NSW. Dense breast tissue and screening [Internet]. Sydney: NSW Health; 2025 [cited 2025 Apr]. Available from: <https://www.breastscreen.nsw.gov.au/breast-cancer-and-screening/dense-breast-tissue-and-screening>.



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