

Are You High Risk?



You are considered at high risk for breast cancer if you have:

- Known ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, PALB2, PTEN, STK11, or TP53 gene mutations
- First-degree relative (parent, brother, sister, or child) with a BRCA1 or BRCA2 gene mutation, and you have not had genetic testing
- Taken a risk assessment based on family history that shows greater than 20% for developing breast cancer
- Undergone radiation therapy to the chest between the ages of 10 and 30

If you are identified as high risk, you will be referred to a member of our clinical team in the MetroHealth Center for Breast Health.

**Call 216-957-2778 (BRST)
to schedule your annual
mammogram.**

MetroHealth is one of a few Ohio hospitals who participate in the Breast and Cervical Cancer Project, which provides payment assistance for screening, diagnosis, and treatment. To find out if you qualify, call 419-335-3907.

MyChart
metrohealth.org/mychart



Breast Health

Diagnostic Tests

At MetroHealth, we take breast care seriously, offering specialized diagnostic tests that provide precise answers. Sometimes after a mammography screening, your provider may want to do further testing. That happens if results from the initial imaging reveal something abnormal. Additional diagnostic tests provide a closer look, ultimately allowing your provider to confirm or rule out cancer.

Diagnostic Tests

Providing the Most Accurate Diagnosis

Your provider will most likely start with additional imaging using mammography, ultrasound, or MRI. Ultimately, these diagnostic tests provide the most accurate diagnosis—a critical factor for identifying the best treatment for a particular type of breast cancer.



Diagnostic Mammogram

Secondary X-ray exam for women experiencing symptoms

Purpose: Better evaluate a specific area of concern after an abnormal screening mammogram

What to expect: Same day results that are used to provide any recommendations for further intervention or treatment

Key point: Diagnostic mammograms are used with women experiencing symptoms (lump, nipple discharge, or skin changes) as well as if there is a history of breast cancer or previous breast therapy.



Breast Ultrasound

Noninvasive medical test to examine breasts

Purpose: Get a closer look at any abnormalities found on a physical exam or seen on mammography or ABUS, and to determine if a mass is cystic (filled with fluid) or solid

What to expect:

- Completed in 30 minutes or less
- May be asked to change positions during exam
- Resume normal activities immediately
- Same day results that are used to provide any recommendations for further intervention or treatment

Key point: A breast ultrasound complements the mammogram and may provide additional information, but is not a substitute for a mammogram.



Breast MRI for High-Risk Patients

Advanced, state-of-the-art, medical imaging method

Purpose: Provide detailed images of the breast and its internal structures

What to expect:

- Completed in one hour or less
- Relatively comfortable exam, posing minimal risk
- Requires an injection of a contrast agent

Key point: Although an MRI is a more sensitive test, it may not detect some cancers that a mammogram can. If an MRI is used, it should be in addition to, not instead of, a yearly screening mammogram.