What Are Breast Calcifications

As women get older, they sometimes get tiny spots of calcium in their breast. These little calcium deposits are called “calcifications.” They are too small to feel, but can be seen on a mammogram.

They show up as small, bright white spots. Most of the time, they are harmless. But when they show up in certain patterns they may be a cause for concern. For example, sometimes they grow in clusters or all in a line. These can be a sign of cancer.

Calcifications are common. They are found on about half of all mammograms in women ages 50 and older (and on about one in 10 mammograms of women under 50).

Calcifications may be related to older age, past injury or inflammation (swelling) of the breast tissue (from an infection, for example). They are not related to the amount of calcium in a woman’s diet.
There are two main types of calcifications: macro and micro.
- Macrocalcifications appear large and round on a mammogram. They are almost always linked to a benign (not cancer) breast condition. They need no follow-up.
- Microcalcifications are small. They appear more numerous than macrocalcifications. They are usually benign, but can be a sign of breast cancer. Your doctor will note if they have changed over time. Follow-up tests may be needed to rule out cancer.

**Can I Feel Calcifications?**

As they are often very small, smaller than a pin point, it is unlikely that you would feel any calcifications. However, it is still essential that you continue your monthly breast examination so that you are able to detect other signs of abnormality.

**Questions to ask your Doctor**

Has my mammogram changed since my last one?
- What changes do you see?
- What do those changes mean?
- If you suggest I come back for a follow-up mammogram, is there harm in waiting?
- If you suggest I have a biopsy, what are the benefits and risks?

**Diagnostic Evaluation**

If calcifications are seen on your screening mammogram, our Breast Specialist Radiologist may suggest one or more of the following to evaluate them further:

**Magnification Mammogram:** A mammogram is the most useful test but it is not the final proof that the calcifications are serious. Magnification mammograms are often required to look more closely at the calcifications to see their quantity, shape and arrangement.

**Six Month Follow-Up:** If the calcifications are indeterminate and the radiologist feels that they are probably benign, she may recommend that you return in six months for a follow-up mammogram to see if the calcifications have changed.

**A Biopsy:** When suspicious microcalcifications appear on a mammogram, even if no lump is felt, breast biopsy is recommended. In the case of indeterminate calcifications, our Breast Specialist Radiologist may recommend a breast biopsy to see whether malignancy is present.

**Bermuda Cancer Genetics Risk Assessment Programme**

Using the latest genetic testing, it is possible to identify the hereditary genes that place women and men in the ‘most at risk’ category for developing breast or ovarian cancer at an early age.

Dr. Kevin Hughes, breast cancer specialist at the Massachusetts General Hospital in Boston, runs Bermuda’s only Cancer Genetic Risk Assessment Programme. “The intention is to identify the patients before the cancer occurs” states Dr. Hughes.

Bermuda Cancer and Health Centre is pleased to be working with Partners Healthcare providing a confidential environment for Dr. Hughes to host quarterly clinics, which primarily focus on patient education and evaluation services.

This programme is open to all women and men in Bermuda with a goal of identifying people who may have the hereditary gene.

For more information on the programme visit www.chc.bm

**How you can participate**

If you are interested in learning your family’s risk, please pick up a questionnaire from our front desk or download a copy from www.chc.bm.

Completed forms can be returned to Bermuda Cancer and Health Centre, faxed to 236-0880 or emailed to info@chc.bm.