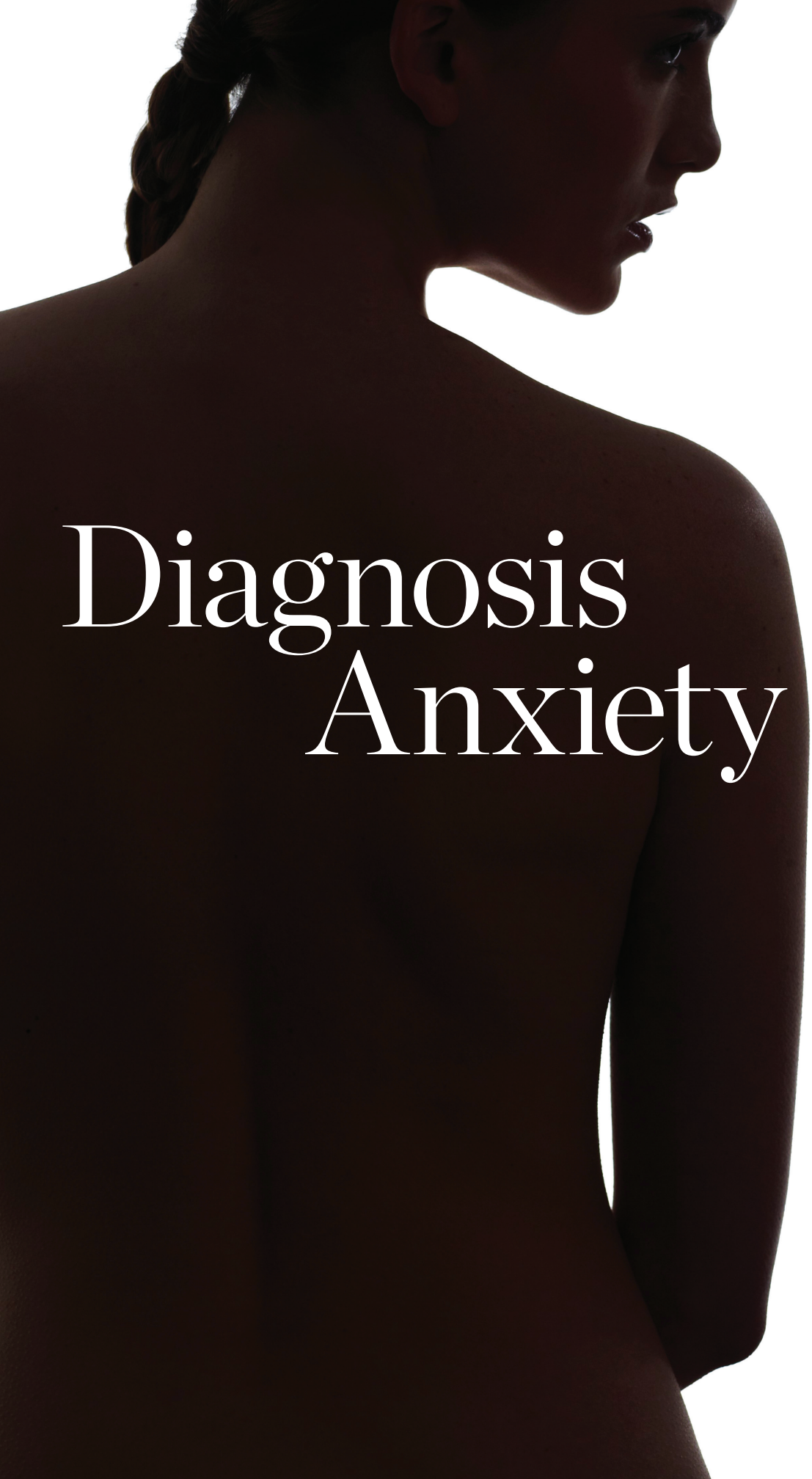


WORKING MOTHER Research Institute

Diagnosis Anxiety

THE WORKING MOTHER BREAST SCREENING REPORT

SPONSORED BY

Table of Contents

COVER: CORBIS

Dear Friends,

This new Working Mother Research Institute survey, *Diagnosis Anxiety: The Working Mother Breast Screening Report*, touches on a topic that affects all women, whether or not they're working and whether or not they're moms. Many of us have personally experienced a diagnosis of breast cancer, and we've almost all supported friends and family members through biopsies or treatments.

The big questions about how to protect ourselves (When should we start getting screened? What lifestyle factors will be helpful or detrimental? Should we be taking supplements or swearing off cosmetics?) always loom, and the annual ritual of mammography is a time of intense anxiety for many of us.

I'm really proud of the research we've done here with the support of GE Healthcare. We asked 2,500 women what they know about breast cancer (including the vital topic of breast density), how they minimize their own risk for the disease and how they feel about the options and information available to them.

We learned that most women are diligent about getting annual mammograms, despite conflicting medical research. We learned that most women trust the information they get from their own doctors. And we learned that half our respondents have been asked to come back for further testing after a suspicious mammogram, which makes most of them nervous—understandably, a third say they felt extremely so.

I want to thank GE Healthcare for sponsoring this important research study and for supporting our efforts to disseminate the findings broadly among HR leaders, the medical community and the general public.

We invite you to study and share this report as well. For more on this and other Working Mother Research Institute surveys, please visit workingmother.com/wmri.

All the best,

Carol Evans
President
Working Mother Media

Dear Friends,

As a breast imaging physician I recognize that a healthy approach to breast cancer screening begins with a strong foundation of awareness. It is clear that all women want information which enables them to make intelligent choices and take charge of their breast health.

We at GE Healthcare are proud to invest in *Diagnosis Anxiety: The Working Mother Breast Screening Report,* which helps us better understand patients' needs and anxieties. A report like this guides us in the development of better health care technologies to help find breast cancer earlier when it is more treatable.

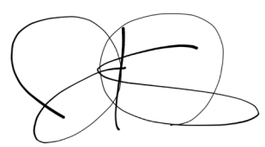
It is important to be aware of the different options available for screening and diagnosis. When it comes to breast health, there are many unknowns: What are my risk factors? Do I have dense breast tissue? What type of examinations will I need? Is a yearly mammogram enough?

Breast care is evolving. Every woman is different and requires a personalized approach to screening, diagnosis and monitoring. We are proud to be the sole manufacturer of FDA-approved technology designed for screening women with dense breast tissue, which has been shown to improve detection by 35.7 percent over mammography alone. Automated breast ultrasound (ABUS) is changing the way breast screening is managed for women with dense breast tissue. It provides more information to radiologists during the screening process. The survey shows that many women are not aware of the basic facts about dense breasts and what they mean to overall breast health. It's all about staying informed, staying healthy and reaching out to your physician if you have a breast health concern.

GE Healthcare plans to deliver better care to 10 million patients by 2020. The campaign against cancer combines the strength of GE's portfolio of health care technologies with the innovations born from collaborations with key partners. These commitments position GE to drive oncology solutions forward to help advance individualized cancer care.

We are honored to have the opportunity to support the breast health journey.

Warm regards,



Jessie Jacob, MD, MMM
Chief Medical Officer of Breast Health
GE Healthcare

Diagnosis Anxiety

The Working Mother Breast Screening Report

This year, the American Cancer Society estimates that more than 200,000 women in the United States will be diagnosed with breast cancer.[1] "Breast cancer remains the most common life-threatening malignancy in Western women," says Clifford Hudis, MD, president of the American Society of Clinical Oncology and chief of the Breast Cancer Medicine Service at Memorial Sloan-Kettering Cancer Center in New York. Indeed, more American women will die from the disease than from any other form of cancer except lung cancer.

Beyond the statistics, breast cancer is a disease with profound cultural impact. Fund-raisers bring thousands together to walk in solidarity, October is devoted to awareness, and millions of dollars are raised annually—primarily through women-led initiatives—for research and education. Breast cancer survival rates are climbing,[2] but fear of diagnosis is still pervasive, and confusion over the best ways to protect oneself has grown as some studies have questioned the value and efficacy of mammograms. For instance, a study published this year concluded that a regular mammogram does not increase the breast cancer survival rate,[3] while others have concluded that regular screening reduces breast cancer mortality by between 15 and 25 percent.[4,5] [See "Clinical Controversy," page 7.]

Given this, the Working Mother Research Institute (WMRI), along with sponsor GE Healthcare, set out to explore what women know about breast cancer today, what women do to prevent disease or detect it early, and how women feel about the options and information available to them. To answer these questions, WMRI surveyed more than 2,500 women nationwide, ages 35 and older, in December 2013. This report, *Diagnosis Anxiety: The Working Mother Breast Screening Report*, summarizes the survey's findings, including the fact that 9 out of 10 participants consider mammograms an important part of health management. WMRI also finds that 80 percent of respondents have had at least one mammogram, and nearly as many, 70 percent, get screened annually. This survey also finds that a woman's decision to get her first mammogram is most often a proactive choice, rather than a reaction to finding a lump in her breast.

"This is incredibly encouraging," says Dawn Leonard, MD, medical director of the Herman & Walter Samuelson Breast Care Center at LifeBridge Health in Randallstown, Maryland. "Breast cancer should absolutely be afforded respect and attention. If we diagnose early and treat appropriately, we anticipate survival."

In our survey, 5 out of 10 women who had a mammogram were asked to return for additional testing. Seventy-six percent of the additional tests led to a finding of nothing suspicious, 16 percent to nothing conclusive, and 8 percent to a cancer diagnosis.

ISTOCKPHOTO

But while the WMRI survey reveals much good news about women's choices, not all of our findings are positive; in fact, many women have incomplete or inaccurate information about breast health. Most pressingly, our survey reveals that many women lack knowledge about the health implications of breast density, a classification that applies to breasts that contain more than 50 percent fibroglandular (glandular and connective) versus fatty tissue. An estimated two-thirds of premenopausal women have dense breasts, as do a quarter of postmenopausal women, says Sandhya Pruthi, MD, a breast diagnostic clinic consultant with the Mayo Clinic. Women with dense breasts are at higher risk for developing cancer, and, what's more, traditional mammography can miss tumors in dense breasts. Our survey finds that a majority of women do not know these facts, and nearly half do not know if their own breasts are dense.

Similarly, WMRI also discovered that women who are screened don't know what kind of mammogram technology is used or what options are available to them. (Women with dense breasts, specifically, may benefit from technologies other than traditional mammograms.) Finally, WMRI uncovered that many women are still unclear about how lifestyle factors can impact breast health.

1. http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics
2. http://www.cancer.gov/cancertopics/factsheet/cancer-advances-in-focus/breast
3. http://www.nytimes.com/2014/02/12/health/study-adds-new-doubts-about-value-of-mammograms.html?_r=0 http://www.bmj.com/content/348/bmj.g1403 and http://www.bmj.com/content/348/bmj.g366
4. http://www.bmj.com/content/348/bmj.g1403
5. http://www.ncbi.nlm.nih.gov/pubmed/21413892

A Snapshot of Participants

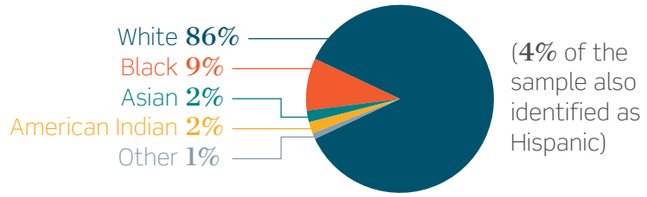
Eighty percent of survey respondents say they have had at least one mammogram.

2,502
qualified participants
(50 states and Washington, DC, represented)

80%
of respondents have had a mammogram, breast ultrasound or other breast imaging

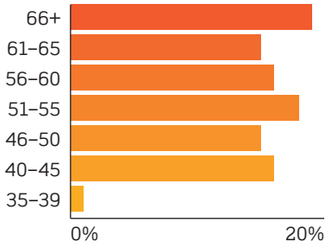
38%
have at least a four-year college degree

The respondents' average annual household income is
$57,000



(4% of the sample also identified as Hispanic)

All respondents are at least
35
years old, and the average age is 56.



76%
have given birth

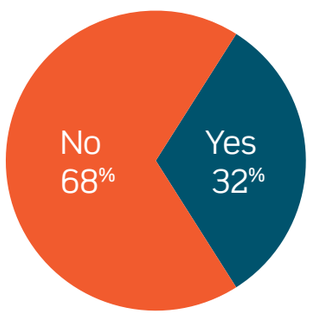
Their average age at the birth of their first child was
27

54%
breastfed; 41% breastfed for one month or more

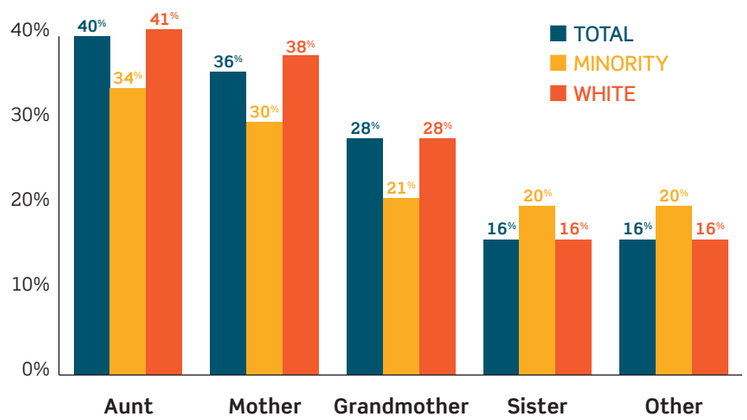
All in the Family

About a third of survey respondents report a family history of breast cancer.

Do you have a family history of breast cancer?



Which family member?



Clinical Controversy

As a new technology, mammography was tested in clinical trials worldwide between 1960 and 1980, resulting in a 15 to 25 percent reduction in death from breast cancer for women ages 50 to 69, according to researchers.[6]

However, results from a large Canadian study published this year in the *British Medical Journal* took issue with that long-accepted finding, showing virtually no benefit from mammography. For 25 years, researchers tracked 90,000 Canadian women (some of whom had had annual mammograms for five years in the early 1980s and some of whom had not), expecting that as the women aged, benefits of screening would become apparent. But the analysis showed no survival benefit for women who'd been screened versus those who had not been screened and, moreover, suggested that some women were treated for cancers that most likely would not have become life-threatening.

And yet, experts warn patients against changing choices based on this study. "The more studies published that question the value of mammography, the more patients may doubt their utility," says Clifford Hudis, MD, president of the American Society of Clinical Oncology. "What everyone should know is that there are no new studies. There are simply longer follow-ups of older studies or new pooled analyses of previously reported results. The core data has not really changed."

Kelly Roberts, MD, an assistant professor of diagnostic radiology and director of breast imaging curriculum at the University of Illinois Hospital and Health Sciences System in Chicago, for one, believes the Canadian study is flawed because it used mammography technology that is now outdated and lacked standardized guidelines for image positioning and reading.

Controversy aside, the American Cancer Society has not changed its guidelines recommending annual mammograms for women age 40 and older.[7]

6. http://www.bmj.com/content/348/bmj.g1403
7. http://www.cancer.org/cancer/news/canadian-study-questions-mammogram-screening-findings-unlike-those-of-other-studies

GE

Mammograms Today: Where and When

For three decades, education campaigns have touted the value of regular mammograms, telling women to "Get screened!" Women who took the WMRI survey say they got the message: The majority know the recommended age to get a first mammogram, they know how the procedure is done, and they know where to go to get screened. The vast majority of participants had their most recent mammogram at a hospital, breast care clinic or imaging center. Only 2 percent were screened via mobile mammogram, typically a van outfitted with imaging equipment.

Valarie Cap, a Philadelphia-based pharmaceutical sales representative and mom of one, had her first mammogram at age 35 based on her primary care physician's recommendation to get a baseline screening. Like Valarie, roughly half our participants say they had a first mammogram because their doctor recommended it, while another 21 percent of participants say they wanted to be proactive about their health. "I go because you just never know," says Rebecca Stazi, a 43-year-old mom of two boys who informed her primary care physician that she wanted to get a baseline before her fortieth birthday. "I'd rather have this diagnostic experience versus something worse down the road. To me, it's worth it."

Overwhelmingly, the decision to get a mammogram is a *proactive choice*: Only 10 percent of participants say they got their first mammogram because their doctor recommended one due to a suspicious lump in a breast. More good news? For a majority of participants, that initial choice becomes a habit: After getting a first mammogram, 70 percent of women began getting mammograms annually.

MINORITIES AND MAMMOGRAMS

WMRI found that minority women (14 percent of survey participants) report slightly different breast screening experiences than white women. Minority respondents are:

- More likely to say they received their first mammogram in order to be proactive about their health (25 percent of minority women, compared with 21 percent of the total sample) and less likely to have gotten their first mammogram because a doctor recommended one as a baseline (42 percent, versus 48 percent of the total sample).
- Twice as likely to have been tested for a BRCA gene mutation (12 percent, versus 6 percent of the total sample).
- More likely to do research if called back for additional tests (38 percent, compared with a quarter of the total sample).

SCIENCE SOURCE

What kind of imaging?

WMRI finds that nearly half of all women surveyed don't know what kind of breast screening they receive. Breast imaging tools used for initial screening include:

Screening Mammogram A low-dose x-ray image of breast tissue is ordered when no cancer symptoms are present.

Tomosynthesis Three-dimensional x-ray that allows doctors to see problem areas more clearly than the standard mammogram.

Automated Breast (3D) Ultrasound Used as an adjunct to mammography for screening of women with dense breast tissue.

Contrast Enhanced Spectral Mammography (CESM) After an intravenous injection of contrast solution, the patient undergoes a mammogram; this test can help practitioners identify and localize lesions that may not be apparent on a standard mammogram.

These breast imaging tools are used to investigate abnormalities:

Diagnostic Mammogram Includes multiple views of the breast and may involve special compression plates to get a detailed looked at a specific area. These are ordered when a woman has a symptom of cancer or tissue that appears atypical on a screening mammogram.

Handheld Ultrasound Uses sound waves to image breast tissue. This approach is useful in investigating abnormalities seen on a mammogram and to guide biopsy procedures.

Magnetic Resonance Imaging (MRI) Uses magnetic pulses and radio waves to create a detailed picture of breast tissue. Effective as an additional tool in detecting cancers missed by mammography, this tool is costly and not always reimbursed by insurance.

The "First Time" Hurdle

Many women approach their first breast screening with trepidation.

"It can be quite a hurdle for some women," says Dr. Leonard. "I find they are frightened more of a mammogram than other intimate, invasive procedures [such as an internal gynecological exam]. I think with mammograms it's really the fear of the finding."

Fear—of the results, of being uncomfortable or of being embarrassed—discourages some women from getting screened. More than a quarter of survey participants who *hadn't* had a mammogram say it's because they are afraid of pain and/or feel uncomfortable with medical settings, while one third of Hispanic women say mammograms are embarrassing.

For Valarie Cap, for example, her first mammogram came with some fear. "I'm a modest person, so the first time was stressful," she says. "You hear that they flatten your breasts and that it's painful. I wasn't sure what to expect."

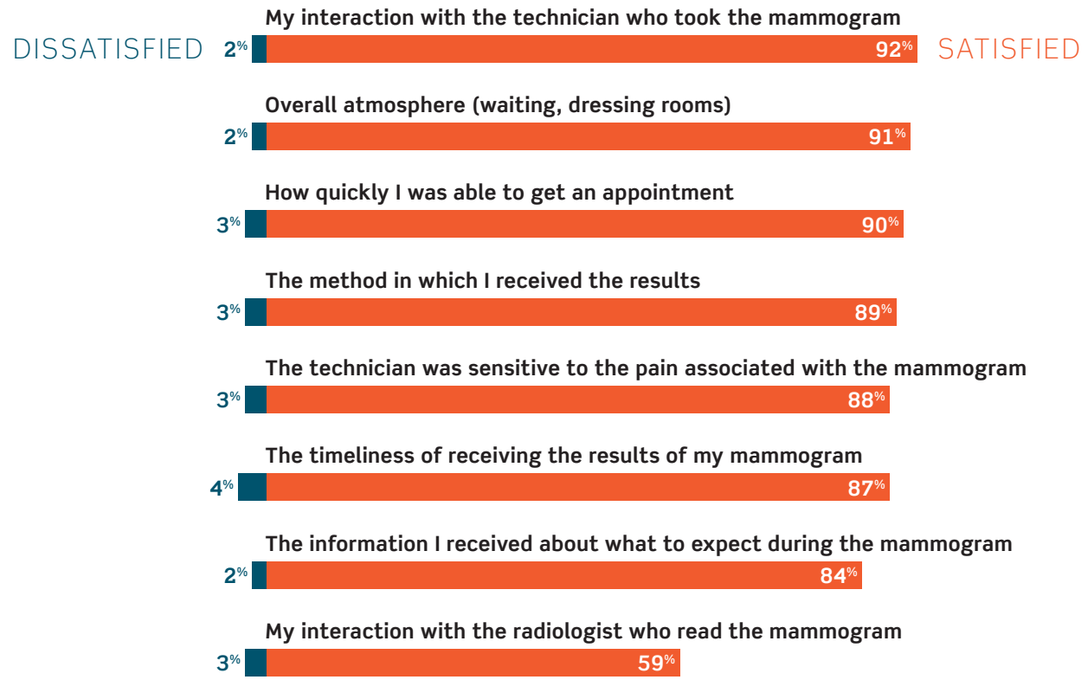
But once a woman gets her first screening, some fears seem to abate. The majority of women surveyed who'd had a mammogram say the procedure is "uncomfortable" but not painful. Respondents also report that a majority of breast screening facilities provide them with thoughtful care: 92 percent of participants are satisfied with the technicians' demeanor, 91 percent give a thumbs-up to the facility's quality, and 90 percent say it's easy to get an appointment.

When Cara Gaudino came in to have her first mammogram, the facility's spa-like atmosphere set her at ease. "There was hot tea, snacks, warm robes and TV," recalls the Wilmington, Delaware-based mom of one.

A Pleasant Surprise

A majority of respondents find the mammogram experience to be better than they expected.

We asked how satisfied women are with each of the following aspects of the experience:



The majority of survey participants say they received their mammogram results within a week, while 16 percent were told the same day.

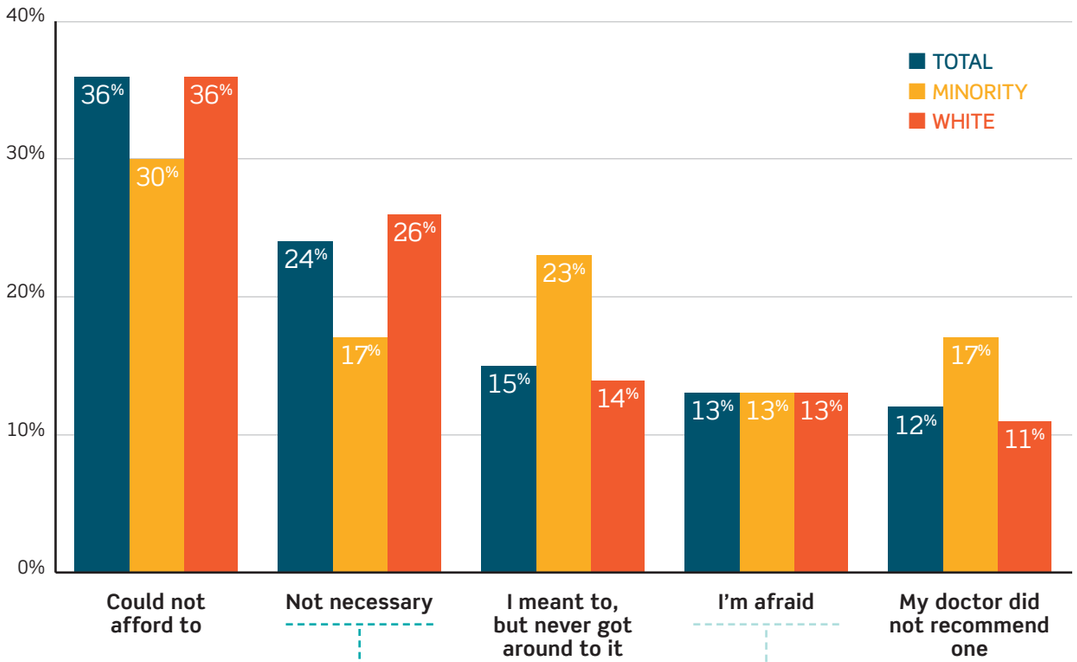
Why Women Skip Breast Screenings

For the 20 percent of women in our survey who *hadn't* had a mammogram, cost is the top reason cited for skipping a screening. What's more, the perception of high cost is found across the board: 44 percent of all respondents agree with the statement "mammograms are expensive," in spite of the fact that most private insurance plans and Medicare cover the procedure without deductibles or co-payments, and free or low-cost mammograms are available to many low-income women through the National Breast and Cervical Cancer Early Detection Program.

The second most common reason for missing a mammogram (just behind cost) is the belief among respondents that the procedure is "not necessary." Of this group, nearly half—41 percent—say they don't believe the test is valuable and thus, they don't intend to have one. For respondents, the reasons behind this opinion range from a belief that a regular breast self exam is sufficient for cancer detection to "I have no family history of breast cancer." But such reasoning may be flawed: "Most women who develop breast cancer have no identifiable risk factors and no family history," Dr. Hudis notes.

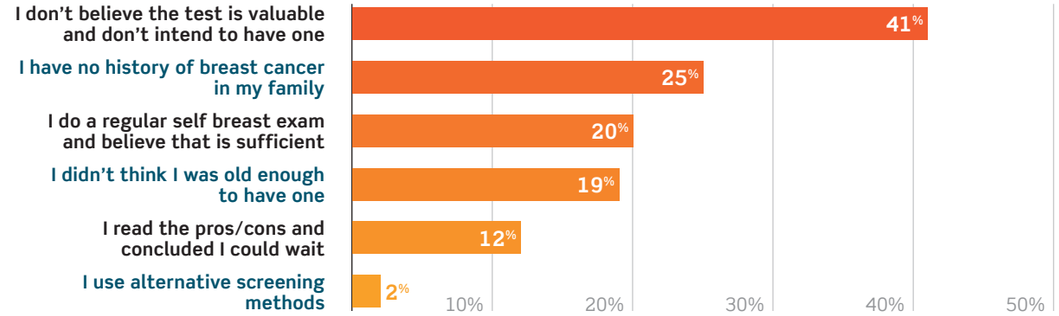
Why Women Don't Get a Mammogram

Among women who don't get tested, the most common reason cited is cost.



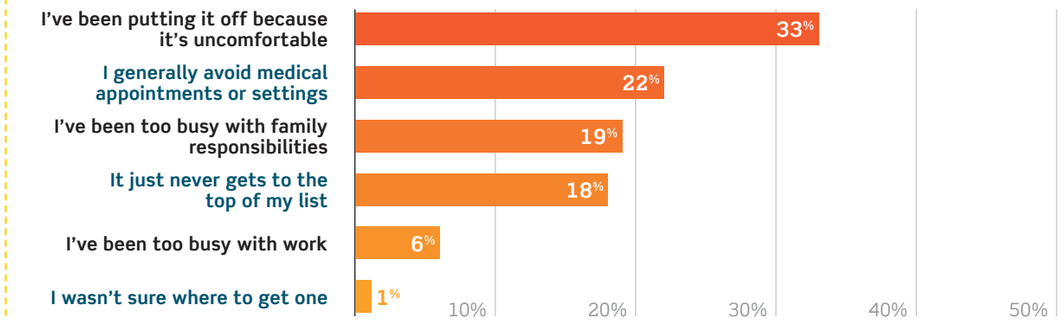
Not Necessary

Among women who believe a mammogram is unnecessary, 41 percent say the test isn't valuable and they don't intend to have one.



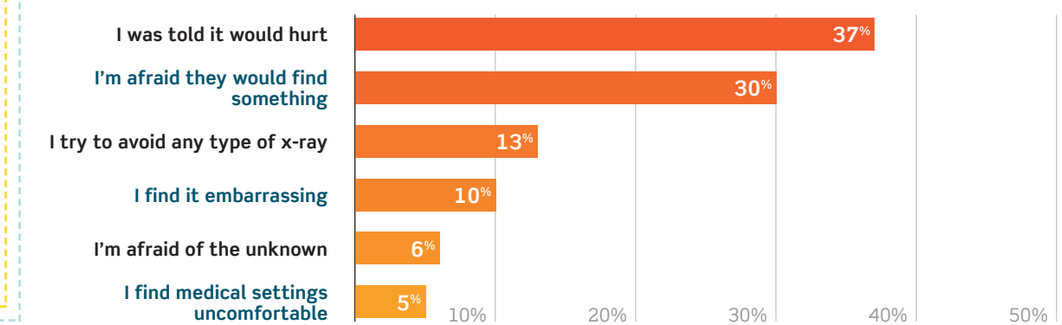
I Meant to, but Never Got Around to It

For women who have never gotten around to having a mammogram, discomfort is cited as the No. 1 reason for putting it off.



I'm Afraid

Among women who are afraid to have a mammogram, the top reason is the expectation of pain. Second place is a fear of an abnormal finding.



The Angelina Effect

When actor Angelina Jolie shared that she had tested positive for the BRCA1 gene mutation that's linked to breast cancer and had an elective mastectomy, it became headline news. Two gene mutations—BRCA1 and BRCA2—are responsible for an estimated 25 percent of hereditary breast cancers, and according to the National Cancer Institute, 65 percent of women with a BRCA1 mutation and 45 percent of women with a BRCA2 mutation will develop breast cancer by age 70.[8]

Sandhya Pruthi, MD, a breast diagnostic clinic consultant with the Mayo Clinic, says her facility has experienced an increase in BRCA testing following Jolie's announcement. In our survey, only 6 percent of respondents overall have been tested for a faulty BRCA gene. (Twelve percent of minorities have been tested.) Of the women who were tested, 17 percent are positive for one or both mutations.

But while our survey finds women aware of BRCA gene mutations, it also reveals that women are not necessarily fully informed about their risk for breast cancer: Only half of survey participants know that *women without BRCA1 or BRCA2 gene mutations* can also develop the disease.

8. http://www.cancer.gov/cancertopics/factsheet/Risk/BRCA

The Callback Quandary

If many women feel nervous before their first mammogram, that anxiety skyrockets when they get called back for additional testing. Nearly half the survey respondents who've had a mammogram have been asked to return for more tests. That number is even higher, 69 percent, for women with dense breasts. For women who do undergo additional testing, about half receive diagnostic mammograms and ultrasounds, while roughly one quarter have a breast biopsy.

After Valarie Cap's first mammogram, a radiologist spotted an area to check further and called her back for more images. "I'll remember that day forever. Time stopped," she says, noting that she'd been eating lunch, but lost her appetite immediately. All she could think about was her son, Miles, then 2 years old, and whether her life was threatened.

Three quarters of women in the survey who have been called back feel nervous about the results of additional testing. Like Valarie, about a third feel "extremely concerned/scared," and nearly half, 43 percent, find it difficult to focus on day-to-day activities while waiting for results.

While Valarie opted not to do additional research before returning for a diagnostic mammogram, about one quarter of the women in our survey do seek more information. Most commonly, women visit medical websites for information, with three quarters of these women choosing to visit the health website WebMD.

As for the actual results, our survey shows that women who receive follow-up tests typically receive their results faster than women getting routine screenings. Roughly a third of participants who had a diagnostic follow-up procedure received results the same day, while fewer than 15 percent of women got same-day results after an initial screening. Overall, 64 percent of the group that had to have additional tests got a follow-up appointment within a week, and 85 percent received their test results in less than a week. Many hospitals and screening facilities track response times as part of breast screening care standards, says Dr. Leonard. The goal is twofold: to treat women who have malignancies as fast as possible, and to assuage the fears of the majority of women who are not sick.

Breast Density: What Women Don't Know

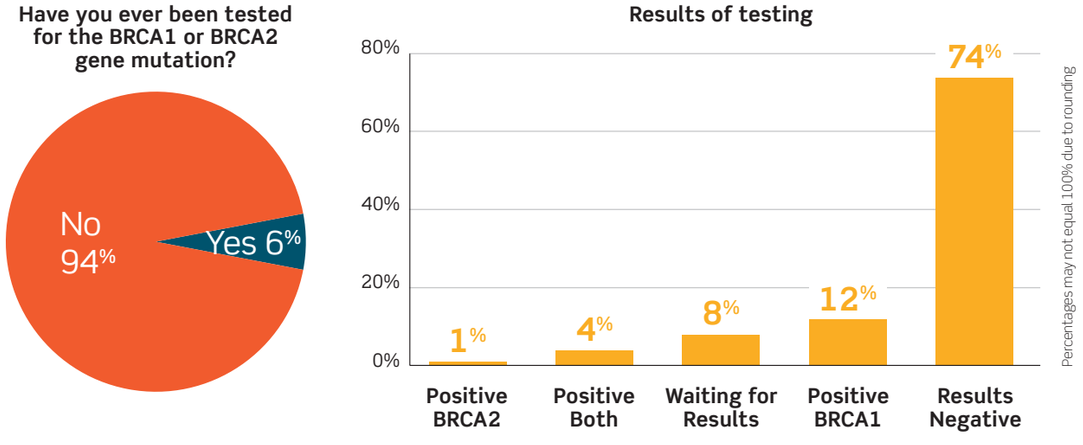
There are compelling health reasons to pay attention to breast density, yet our survey finds that many women are unaware of the issue. Fewer than half know that mammography is less accurate in screening dense breast tissue—and a mere 13 percent of participants are even aware that women with dense breasts have an increased risk of cancer.

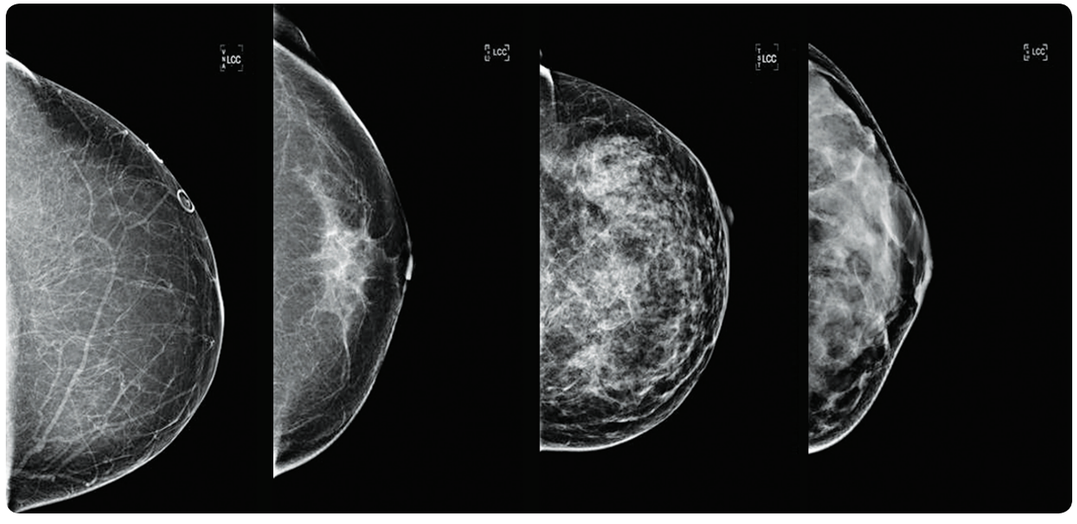
To Dr. Roberts, an expert on breast density, this finding is "alarming," considering that a woman with extremely dense breasts has twice as much risk of developing cancer in the next 10 years as a woman with average density. In addition, mammography is estimated to be only 48 percent effective in detecting cancers in dense breasts, compared to 98 percent effective in typical fatty breasts, according to Dr. Roberts. (Both tumors and fibroglandular tissue appear white on mammograms, making it harder to distinguish between the two. Fatty tissue, in comparison, appears dark. See below.)

In general, WMRI finds that women seem *uninformed* about breast density, rather than misinformed. For instance, a majority of respondents can't verify the accuracy of statements about breast density: They don't know that there's no relationship between breast size and density or that a majority of premenopausal women have dense breasts. They also aren't aware that density is determined by measuring the ratio of fatty tissue versus fibroglandular tissue in the breasts. As well, a majority of women don't know that breast density can be hereditary.

Testing 1,2,3...

Just 6 percent of respondents have been tested for the BRCA1 or BRCA2 gene mutation. Of these, 74 percent tested negative.





GE

Fibroglandular tissue looks white on mammograms. These images show a range of density starting with a mostly fatty breast on the left and a very dense breast on the right.

DENSITY LEADS TO DIFFERENT EXPERIENCES

The WMRI survey finds that women with dense breasts have different screening experiences than women without dense breasts. Women with dense breasts are more likely to:

- Be younger at first mammogram (38 years versus 40 years).
- Be screened annually.
- Get diagnostic mammograms initially.
- Get called back for more testing.
- Do research about additional testing and density.
- Have ultrasounds for additional testing.

Screening is the only way to determine breast density; a physical exam cannot determine the ratio of fatty to fibroglandular tissue.

Women who *do know* their density status are somewhat better informed—they understand that dense breasts are more difficult to screen. Still, only half of the women surveyed who have dense breasts say they truly understand the ramifications. In recent years, says Dr. Roberts, grassroots and legislative efforts have aimed to make women more aware of breast density. To wit, 19 states have passed breast density laws requiring women be notified in writing of their status.[9] But the medical community has not yet reached a consensus on a specific additional screening protocol for dense breasts, says Dr. Hudis. Individual doctors might suggest MRI for high-risk women or automated breast (3D) ultrasound, among other protocols.

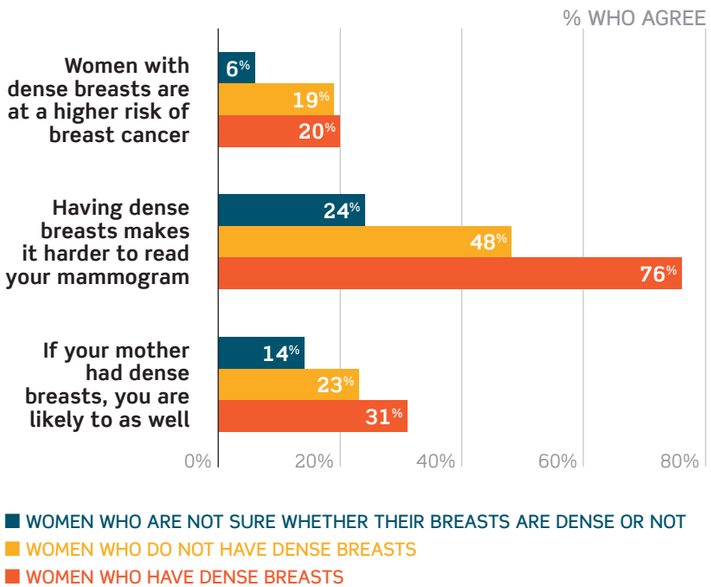
As a result, it is critical for a woman to know her own breast density. In the absence of standardized clinical recommendations, a woman must discuss the issue with her doctor and serve as her own advocate, says Dr. Roberts. (In our survey, only 9 percent of participants with dense breasts say their doctor recommended an alternate type of breast exam in the future.)

Cara Gaudino, who has dense breasts as well as an aunt who died at age 48 of breast cancer, feels trapped in this uncertainty. Cara's first mammogram led to a breast ultrasound and the discovery of microcalcifications, which can be a precursor to cancer. Her doctor chose to monitor the area and, though the status has not changed in two subsequent screenings, Cara still worries. "No one has really come out and talked to me in layman's terms about what this means for me with my aunt's history," she says. "I'm left wondering how potentially serious this is."

9. http://www.areyoudense.org/worxcms_published/news_page189.shtml

Breast Density Confusion

Many survey respondents don't know basic facts about dense breasts.



Testing Info: Where Women Learn

Throughout our survey, WMRI finds women eager to be knowledgeable about the breast cancer screening process. Women feel well-informed about how to prepare for a mammogram (no underarm powder, lotion or deodorant), and a majority (84 percent) call the level of detail about their mammogram results "acceptable." But amid these generally positive reports are feelings of frustration and concern over lack of interaction and information related to breast screening options.

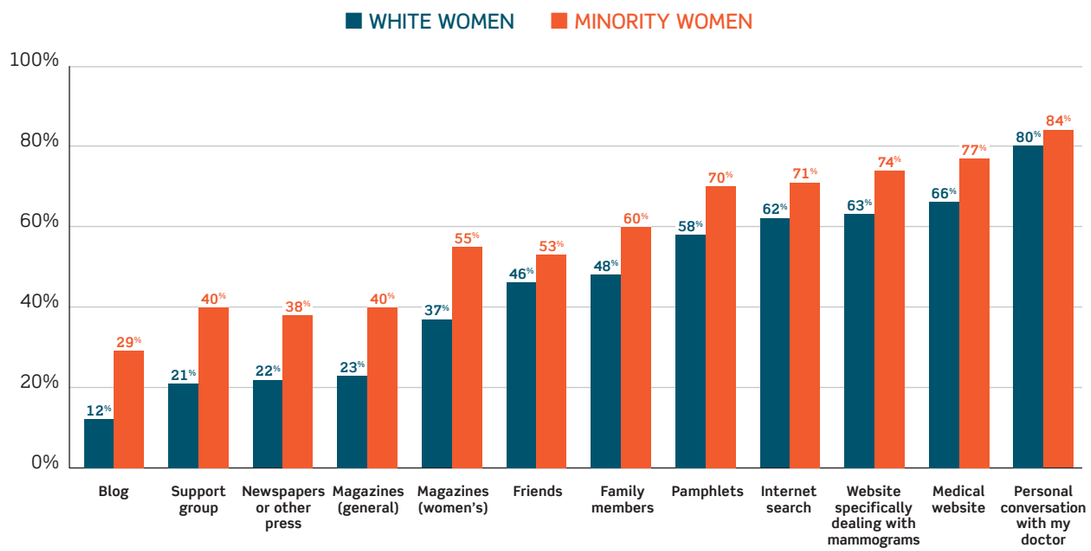
For example, only 59 percent of respondents say they are satisfied with their interaction with their radiologist, and slightly fewer feel informed about the different types of breast imaging technology available to them. In fact, about 9 percent are *actively dissatisfied* with the availability of information. Though this is a relatively small number, it is more than twice the level of dissatisfaction expressed for any other part of the screening experience. What's more, only a third of women say it is easy to understand current medical recommendations about mammograms.

Perhaps for these reasons, we see women supplementing the information they receive from medical professionals. Sixty-eight percent of respondents say they visit general medical websites for research, and about as many look at mammogram-specific sites. About half of women say they are satisfied by the information they gather on the Internet, suggesting an opportunity for better information online. (It's worth noting that women still consider their doctor the gold standard for information: Three quarters of participants cite their doctor as their preferred source of information, the top answer in the category.) Our survey also shows a generational shift in information-gathering habits: Younger women are more likely to consult blogs, friends, and family members than older women are.

Nearly 60 percent of women agree with the statement "I believe there are things I can do to reduce my chances of getting breast cancer."

Imaging Information

Respondents overwhelmingly turn to their doctors, but websites are gaining ground as trusted sources, too.



Lifestyle and Risk

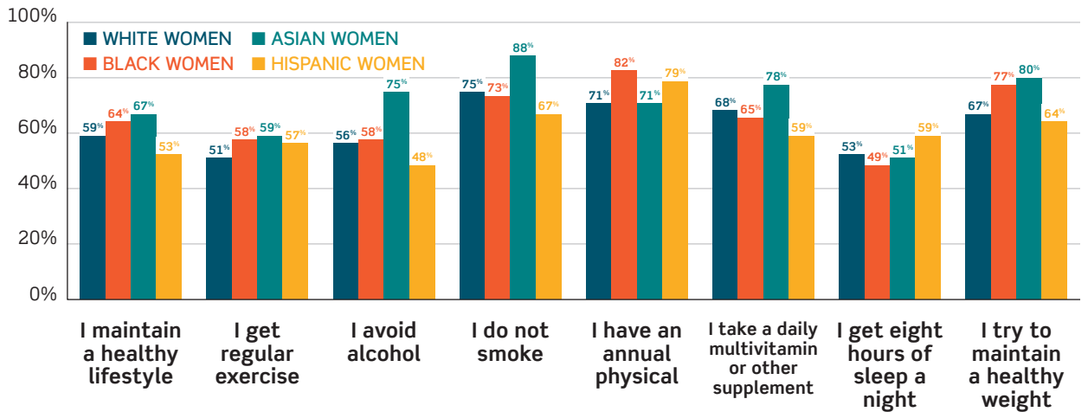
What do women do to reduce their risk of developing breast cancer? Participants seem to adhere to lifestyle choices that maintain good health in general.

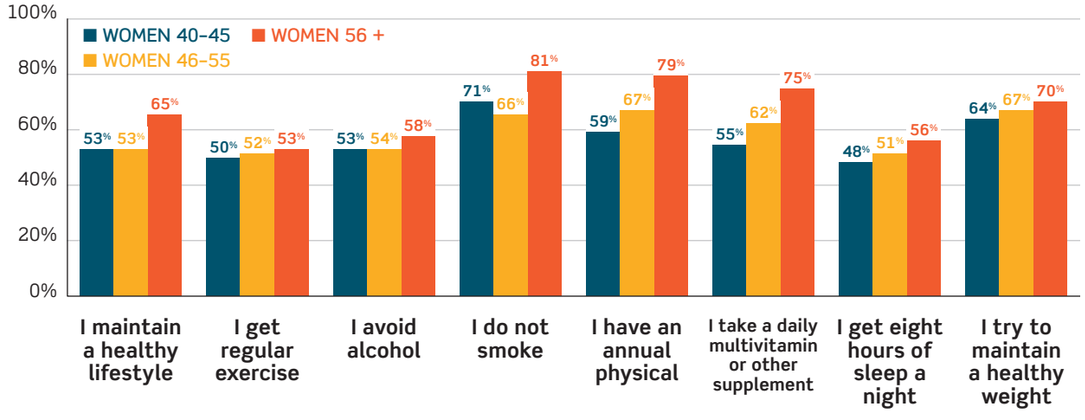
Women surveyed were most likely to report that they have annual physicals, take a daily multivitamin or supplement and do not smoke. Regular exercise and eight hours of sleep a night are the least common health habits followed by respondents (especially the youngest women in our survey), but even so, about half of women surveyed say they regularly accomplish both.

Respondents are uncertain, however, about what lifestyle factors can reduce their risk of breast cancer. Fewer than a third know that having a child before age 30 or breastfeeding can reduce breast cancer risk, while slightly more than a third know that being overweight raises one's breast cancer risk. And only a quarter are aware of the link between alcohol consumption and breast cancer. On the flip side, participants are aware of risk factors they can't change—84 percent of women know that having a close family member with breast cancer is a risk factor, and half know that one's cancer risk increases with age.

Healthy Habits

Asian women and older women are leading the way with healthier lifestyles.





Better Informed = Healthier Choices

Our survey highlights areas where both health care providers and advocacy groups can make a difference. Education initiatives aimed at referring physicians, in particular, could help ensure that more women understand breast health (including density), types of screening technologies and ways to manage the cost.

Educate about breast density. Women lack awareness of breast density, a physical condition that is identified by imaging and affects up to two thirds of premenopausal women. Although 19 states now require that women be informed about density after a screening, most states do not. Our survey finds that many women don't know basic information about breast density, their own density status or the relationship between dense breasts and cancer risk. And even women who do know that they have dense breasts can benefit from outreach, since only half say that they are comfortable they understand the ramifications.

Address the issue of cost. The most common reason women avoid mammograms is that they believe they can't afford to get one. Information about low-cost and free mammogram programs must be shared widely with low-income women, while women with access to private health insurance should be educated about how their plans cover charges for breast imaging.

Reach women where they are receptive. Our survey finds that women prefer to gather information online (especially from reputable medical websites), as well as from pamphlets and women's magazines. Nevertheless, only half of the women surveyed say they are satisfied with the information they amass, suggesting an opportunity for more comprehensive, user-friendly resources. Among survey participants, blogs are considered a less important source of information about breast health at present, but younger women and minority women show greater receptivity to using them.

Emphasize prevention. The majority of women surveyed are aware of risk factors they can't change (such as genetics and age), yet many aren't aware of breast cancer risk factors that they *can* control—such as maintaining a healthy weight, breastfeeding and limiting their consumption of alcohol. As women reach out for information regarding breast screenings, that information should also include preventive tips and strategies.

Methodology

The Working Mother Research Institute developed a national survey and fielded it through a series of email blasts sent by Survey Sampling International in December 2013 to women who had agreed to participate in surveys. The email blast contained a link to an online survey questionnaire hosted by Bonnier Custom Insights (a division of Bonnier Corporation). A total of 2,502 qualified, completed questionnaires were received from women over the age of 35. Bonnier Custom Insights received and tabulated the responses, which were analyzed by Maria S. Ferris Consulting LLC. The final results are documented in this report, which was written by the Working Mother Research Institute.

More Resources for Information on Breast Health and Density

Breast cancer information from the National Cancer Institute at the National Institutes of Health
www.cancer.gov/cancertopics/types/breast

A table of proven and possible breast cancer risk factors
ww5.komen.org/BreastCancer/BreastCancerRiskFactorsTable.html

A personal breast cancer risk assessment tool
www.cancer.gov/bcrisktool

General health tools, including a BMI calculator, nutrition quiz and cancer screening guidelines
www.cancer.org/healthy

Information about breast density
www.areyoudense.org

Support for people with breast cancer
ww5.komen.org
www.breastcancer.org

GE Healthcare provides transformational medical technologies and services to meet the demand for increased access, enhanced quality and more affordable health care around the world. GE (NYSE: GE) works on things that matter—great people and technologies taking on tough challenges. From medical imaging, software & IT, patient monitoring and diagnostics to drug discovery, biopharmaceutical manufacturing technologies and performance improvement solutions, GE Healthcare helps medical professionals deliver great health care to their patients.

WORKING MOTHER Research Institute

The Working Mother Research Institute, a division of Working Mother Media, is home to the Working Mother 100 Best Companies, the Best Companies for Multicultural Women and the National Association for Female Executives Top 50 Companies for Executive Women, among other initiatives. WMRI produces insightful benchmarking reports and important research papers on work life and the advancement of women and also conducts surveys, such as *Diagnosis Anxiety: The Working Mother Breast Screening Report,* to further culture change nationwide.

WORKING MOTHER Research Institute

PRESIDENT	**Carol Evans**
DIRECTOR	Jennifer Owens
SENIOR RESEARCH EDITOR	Krista Carothers
CONTRIBUTING WRITER	Katherine Bowers
SENIOR MANAGER, EDITORIAL & RESEARCH INITIATIVES	Kristen Willoughby
SENIOR MANAGER, CORPORATE RESEARCH INITIATIVES	Michele Siegel
CUSTOM INSIGHTS COORDINATOR	Tierney O'Brien
CREATIVE DIRECTOR	Eric Siry
COPY EDITOR	India Cooper

SALES & MARKETING

VP, GROUP PUBLISHER	Joan Sheridan LaBarge
EXECUTIVE SALES DIRECTORS	LaQuanda Murray
	Jennifer Smyth
SENIOR ACCOUNT DIRECTORS	Peggy L. Beane
	Katrina Crawford
	Alisa Nadler
ACCOUNT DIRECTOR	Linda Bowers
SENIOR MANAGER, SALES OPERATIONS	Lauren Macri
MARKETING DIRECTOR	Nancy Intrator
CORPORATE MARKETING DIRECTOR	Jessica Goldman
CREATIVE SERVICES DIRECTOR	Helena You

WORKINGMOTHER.COM

ONLINE MANAGER	Kelli Daley

BONNIER CUSTOM INSIGHTS

VICE PRESIDENT, CORPORATE RESEARCH	Heather M. Idema
SENIOR MANAGER, CUSTOM INSIGHTS	Paule Anne Kaziewicz

Working Mother Media
2 Park Avenue, New York, NY 10016
212-219-7470

BONNIER Corporation

WORKING MOTHER
Research Institute