Q: What is Automated Breast Ultrasound (ABUS)?
The ABUS system is safe, painless, radiation-free and non-invasive 3D ultrasound used to help improve the early detection of breast cancer. ABUS is specifically developed for whole breast imaging. Incorporating the latest state-of-the-art automated ultrasound technology, ABUS delivers uncompromised image quality increasing diagnostic confidence in breast ultrasound.

Q: I've had a breast ultrasound done before, how is this different?
The standard quality of automated breast ultrasound is exponentially better and more accurate than human operated ultrasound systems used elsewhere and very powerful for assessment of the entire breast.

Unlike the handheld probes used for regular ultrasounds, including pregnancy, ABUS uses a large automated probe that minimizes the chances of human error during the scan, which is often a concern with traditional ultrasounds. Unique to this system, the role of the operator is minimized so that the technologist is capable of automatically capturing accurate, consistent, exceptional images.

The large automated probe captures approximately 600 images with every sweep of the probe and takes a picture of the breast every two millimeters. These images are reconstructed as a 3D rendering of the breast creating a vivid image of the whole breast. The new high resolution ultrasound probe can show lesions as small as 1mm in size. ABUS can differentiate cysts, fibro adenomas, cancer or infections. The size of the lesion can be measured, the exact location is easily determined for surgical procedures or follow ups.

Q: What is the difference between a mammogram and automated breast ultrasound?
A mammogram is an x-ray of the breast which exposes patients to radiation every time they undergo this procedure. Every 100 000 mammogram tests triggers one breast cancer case due to radiation exposure. Automated breast ultrasound uses sound waves to obtain an accurate image of the breast without exposure to radiation.

ABUS screening is delicate as a pregnancy ultrasound, yet very accurate for the early detection of breast cancer in the initial stages before a lump is felt. Clinical evidence demonstrates that for women with dense breast tissue, supplementing mammograms with ABUS can substantially increase breast cancer detection. Ultrasound is used most commonly in conjunction with mammography, not as a replacement for mammography.

Q: What is the difference between this and regular ultrasound?
ABUS is specifically designed for breast ultrasound screening and diagnosis. Ultrasound is a proven breast imaging tool that we have used for years for diagnostic purposes and for guiding biopsies and other purposes; however handheld ultrasound is not well suited for broad screening use. Automated and used with a large probe for bilateral scanning, ABUS provides full-field breast scan that minimizes the chances of human error which is often a concern with conventional ultrasound. ABUS has the ability to capture precise anatomical detail of complex breast tissues and structures. In one sweep of the machine ABUS is able to take 600 images of the breast tissue and captures images approximately every two millimetres. Computerized software renders the images to provide a 3D image of the breast.

Q: I already get a mammogram done every year, why should I have this done?
Screening mammography, the mainstay for breast cancer detection, has known limitations in women with dense breast tissue and these women have a higher risk of breast cancer. Clinical evidence demonstrates that for women with dense breast tissue, supplementing mammograms with ABUS can substantially increase breast cancer detection. Undergoing an automated breast ultrasound can provide you with additional peace of mind by obtaining a more comprehensive, clearer picture of your breast health.
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Q: Is this that digital mammogram I’ve been hearing about?
No. Although digital mammography does improve the ability to distinguish between cancerous and non-cancerous cases, compared to viewing regular mammography images – mammography has known limitations in women with dense breast tissue. Since both dense breast tissue and cancer appear white on a mammogram, it is difficult to detect cancer when there is increased breast tissue; often described as seeing a cloud in a cloud filled sky.

Adding a high resolution ABUS scan can prevent false negative mammograms. ABUS provides reproducible results in localizing, characterizing and sizing breast masses. ABUS images are 3D and easy to compare with other modalities including MRI and mammography for screening and post therapy follow-ups.

Q: Why not have an MRI right away instead of a mammogram?
MRI is the most highly sensitive imaging study for the detection of invasive breast cancer and recent studies indicate it may also be highly sensitive for the detection of intraductal breast cancer. Although it is highly sensitive, it is not highly specific. This means that it also finds lesions which are not cancerous and leads to false positive results and unnecessary biopsies. Because of its high false positive rate, high cost and the fact that it benefits from specialized expertise for interpretation, general screening of the population with breast MRI is not ready for prime time. It should be used only for specific indications, as an adjunct to mammography and breast ultrasound. At this point, MRI should be used in screening only for high risk patients.

Q: What is the difference between Thermography and ABUS scan?
Thermography measures the infrared radiation (heat) which is emitting away from the surface of the human skin. Abnormal thermographic scans of the breast demonstrate abnormal areas of heat. Something might be wrong with physiology of the breast; however there is not much information about the anatomy of the lesion. It could be an infection, inflammatory disease, trauma or cancer. Increased temperature can be reason of any of these lesions. Since its specificity is low it can be used as an adjunctive test however is not an approved test for screening or diagnosing breast cancer.

ABUS is a more advanced application of ultrasound especially for breast lesions. New high resolution ultrasound probes are used for ABUS applications and can show lesions as small as 1mm in size. The information provided by an ABUS scan is more valuable and important than thermography. Thermography is still considered a skeptical test for many researchers. ABUS can differentiate cysts, fibro adenomas, cancer or infections. The size of the lesion can be measured, the exact location is easily determined for surgical procedures or follow ups. These features can not be obtained by Thermography. ABUS images are 3D and easy to compare with other modalities including MRI and a Mammogram.

Q: Is there any special preparation required to undergo an automated breast ultrasound?
Unlike other modalities like mammography and thermography there is absolutely no prior preparation required to undergo an automated breast ultrasound.

Q: Do I need a requisition from my doctor?
A doctor’s referral is not necessary. Many women today are taking charge of their own health, and seeking out new treatments that their doctor may not by yet aware of. VIP Breast Imaging is pleased to offer this service to all Canadian women who wish early screening as a personal choice. If your doctor would like more information, please feel free to refer him/her to us and we will gladly answer any questions about the service we provide. Also available on our website is a special information page for professionals.

Q: How often do you recommend having this screening done?
Women can receive an automated breast ultrasound screening without the worry of radiation as often as they like.
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Q: How early can I book my scan?
Appointments are by appointment only. Booking your scan is as easy as calling our imaging clinic to arrange a convenient day and time. We have flexible appointments and our clinic is open on Saturdays. There is little to no waiting time for an appointment.

Q: What is the cost for this?
The total cost for a bi-lateral breast scan is $300.00. This fee includes automated breast ultrasound conducted by a licensed ultrasound technologist, and read by a radiologist that specializes in 3D ultrasound imaging, and the radiologist report sent to your primary healthcare provider.

Q: Who reads the images?
A licensed radiologist that specializes in breast imaging reads your images. Our radiologists specialize in all breast imaging modalities including digital mammography, MRI, ultrasound and they are specially educated and trained to read high resolution 3D digital automated breast ultrasounds.

Q: Can it be done after breast reduction/implants/augmentation?
Women are thrilled to learn that ABUS offers a comfortable and pain-free breast screening experience, in contrast to a mammogram which uses compression. ABUS is the test of choice for women with breast implants, postoperative or scar tissue, and those women who avoid mammography screening due to radiation, anxiety or fear.

Q: Does my primary healthcare provider get a report or do I have to pick it up?
A: Similar to other diagnostic tests, once the radiologist has completed reading your 3D breast ultrasound, his/her report is sent directly to your primary healthcare provider. If you would like a copy for your own files, please make a special request and we’ll send it to you.

Q: Can I get the report instead of my doctor?
We need to send our Radiologist’s report to your primary health care provider. We would be happy to provide you a copy of your report.

Q: Is this covered by Public Health Care System?
Automated breast ultrasound is only accessible outside the public health system and is not currently covered yet. ABUS may however, be covered as a diagnostic service with private or extended healthcare plans. Check with your insurance provider. The cost of ABUS scan is $300 and it includes screening both breasts.

Q: Does extended healthcare insurance cover it?
Many extended healthcare providers do cover diagnostic imaging services in their plans. The coverage may be a portion or total cost of your scan depending on your insurance policy. Please check with your provider.

Q: Can I claim the fee for my tax return?
Yes, as other health care expenses ABUS can be claimed for the personal tax returns.

Q: What are dense breasts?
When women are young, their breasts are made up of the specialized breast tissue that produces milk during lactation. This tissue is very thick, or dense. Thicker breast tissue makes it more difficult to identify abnormalities on a mammogram. On a mammogram film, tumors and thick tissue show up in white. This can cause missed cancerous tissue in the dense breast, making it difficult to see tumors especially in the early stages.
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Women who have dense breasts are also at a higher risk of developing breast cancer. Dense breast tissue is comprised of less fat and more connective tissue which appears white on a mammogram. Cancer also appears white on a mammogram thus tumors are often hidden behind the dense tissue.

Women with a family history are definitely at greater risk, but 75% of women who get breast cancer have no family history of the disease. Women with dense breasts are also at increased risk for breast cancer. It is widely accepted that up to 40% of North American women and up to 70% of Asian women have dense breasts.

Q: How do I know if I have dense breasts?
A: A radiologist determines the density of a woman's breasts by examining a mammogram. Request a copy of your mammography report from your referring doctor. Look for descriptions of your breast tissue. To find out more about your breast density, talk to your doctor and ask the question – do I have dense breasts? You should also be asking the women in your family if they know if they have dense breasts. To learn more about dense breasts, visit www.areyoudense.org.

Q: Is there any age requirement for this screening?
A: The ABUS system is safe, painless, radiation-free and non-invasive 3D ultrasound used to help improve the early detection of breast cancer available as a personal choice for all women regardless of age or family history. ABUS can be used safely for younger, pregnant, lactating, post-operative or women who are high risk and would otherwise be adverse to receiving a radiation dose from a mammogram.

Q: Is breast screening only necessary for women?
A: Men have breast tissue just like women, and can develop breast cancer. In Canada, less than 1% of all breast cancers occur in men. Breast cancer is most commonly diagnosed in men over 60, but can be found in men of all ages. As breast cancer is the same for men and women, our information about risk factors, diagnosis, staging, and treatment are the same for both. VIP Breast Imaging encourages everyone to undergo breast cancer screening regardless of age or medical history.