

The "Crushing" Truth About Compression

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Objectives

- Identify the goal of compression during mammographic exams and why it's so important
- Distinguish when and how compression should be applied
- Recognize common challenges that may prevent the application of adequate compression
- Use communication tools to aide in achieving adequate compression



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Mammography Technologists

- Creatures of habit
- Scripts are familiar
- Live and breathe patient care
- Understand our role is personal



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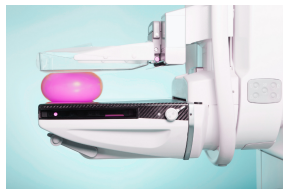
"Please take everything off from the waist up and make sure your gown is open to the front."



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Noun

com·pres·sion
 /kəm'preSHən/



1. The act of compressing or being compressed
 - a. The reduction in volume



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Compression in Mammography



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Compression in Mammography

- Pulls breast away from chest wall
- Minimizes motion
- Creates more uniform thickness
- Spreads out overlapping tissues
- Reduces radiation dose to the patient
- Increases contrast of the image
- Reduces scatter

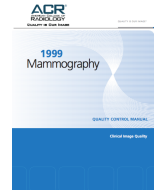


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What's Required?

According to the 1999 ACR Manual, ideal compression should be based upon 2 factors:

1. The maximum amount an individual patient's breast can actually be compressed
2. The amount of compression that the patient can tolerate during the exam

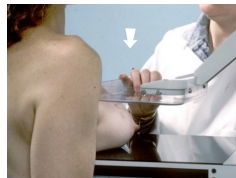


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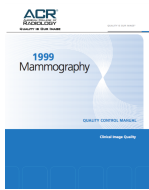
taut
/tôt/

Adjective

1. Stretched or pulled tight; not slack



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"Ideally the breast should be compressed until the tissue is taut: gentle tapping will not indent the skin when breast compression is taut. At a maximum, compression should be less than painful."

European Journal of Radiology December, 2014

"According to researchers, the lack of consistent guidelines regarding mammographic compression has led to wide variation in its technical execution."

NCBI
November, 2017

"While it is widely accepted that firm breast compression is needed to ensure acceptable image quality, guidelines remain vague about how much compression should be applied during mammogram acquisition."



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A lack of standardization in compression guidelines results in:

- Decreased reproducibility in imaging
- Increased risk of unnecessary pain
- Inadequate image quality



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”

Properly applied compression is one of the most neglected and most important factors affecting image quality in mammography*.

*Clinical Image Quality section, 1999 ACR Manual



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1. *Lack of consistent compression guidelines*
 - a) Inadequate image quality, higher recall rates and unnecessary pain for patients
2. Properly applied compression is neglected, even though it's an extremely important factor that affects image quality



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3. We know that how much technologists *should* be compressing the breast should be a combination of:
 - a) How much *TECHS* can actually *reduce the breast's volume*
 - b) How much the *PATIENT* can actually *tolerate*
4. Techs should compress until the breast is "*taut*" or less than painful

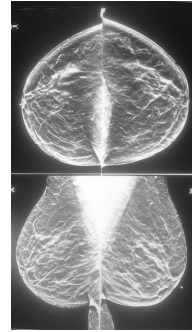


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Consistency in Compression



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TABLE 2: Compression Force and Posterior Nipple Line Measurements in 170 Patients in Study Group

Characteristic	FFDM (n=170)	DBT (n=170)
Compression force (N), mean (SD)		
ML0, mean (SD)	22.8 (6.61)	21.4 (6.00)
CC, mean (SD)	19.4 (4.63)	18.8 (5.07)

American Journal of Roentgenology (AJR) December, 2017:
Mammography Positioning Standards in the Digital Era: Is the Status Quo Acceptable?



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How is Compression Measured?

- daN
- lbs
- N
- kPa



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What do these have in common?



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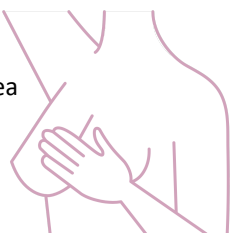
How is Compression Measured?

- PSI = Pounds per square inch
 - Pressure is measured in PSI / relates to contact area
- kPa =kilopascal
- N = Newtons
 - 1 newton of force – divide the force value by 4.448 to get amount of force in pounds
- daN = decanewtons (10 daN = 1 Newton)

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Compression force vs. Compression pressure

Pressure = Force / Contact Area



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How is Compression Measured?

Compression force is measured in pounds and daN, for most mammography units

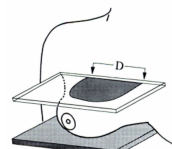


Figure 8-11 Compression in pounds per square inch (psi). The actual pressure applied to the breast is the force applied (in pounds) divided by the area over which the force is spread, giving psi. If the breast is assumed to be a hemisphere, then psi equals half the area of a circle whose diameter (D) is that of the part of the breast touched by the compression paddle, divided into the number of pounds applied. This diagram depicts the surface in contact with the compression paddle and film holder. The larger the surface in contact, the lower the pressure in psi.

Image courtesy Breast Imaging, Third Edition, Kopans 2007

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Compression Force vs. Compression Pressure

- Force = the amount of effort that it takes for the paddle to compress the breast
- Pressure = how much physical force is exerted on the breast

PRESSURE is a "FEELING" **FORCE** is an "ACTION"

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Compression in Mammography

1. Image quality
2. Cancer detection



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Compression and Image Quality



Compression pressure can be related to measures of mammographic performance such as:

- Recall rate
- False positive rate
- Screen-detected cancer rate



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Compression and Image Quality

"Inadequate compression played a role in up to 38% of image quality deficiencies."

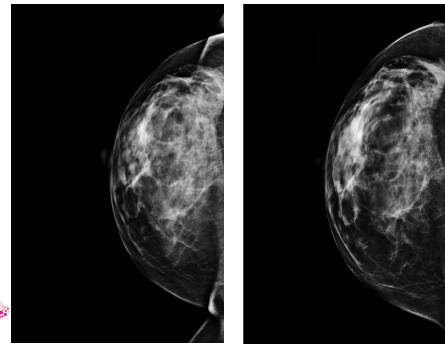
A. Positioning	B. Compression	C. Exposure Level	D. Sharpness
E. Contrast	F. Noise	G. Artifacts	H. Exam Identification

FDA's MQSA Insights article:
"Compression: Another Critical Factor in Image Quality"



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Compression and Image Quality



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Consistency and Compression



General Rule of thumb:
17% variance in compression

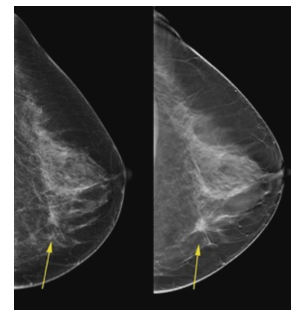
Reproducibility in mammographic images is just another key to quality and earlier detection



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Cancer Detection

inadequately compressed mammographic exams



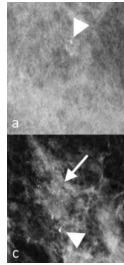
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Inadequate Compression

Inadequate compression results in:

- limited beam penetration
- increased tissue overlap

Patient motion can blur architectural distortion and microcalcifications. This is particularly true with spot compression and magnification views due to the long exposure times required.



Images courtesy of: <https://cme30.eu/detection-of-subtle-breast-cancers-with-mammography-the-importance-of-using-the-correct-technology-and-technique/>



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The Importance of Anterior Compression



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Nipple Areolar Complex

- Approximately 10% of breast cancers
- Vascular tissue / Subareolar complex
- Adequate compression is imperative
- Additional views may be required



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"Over-compressing" the breast

Is over-compressing even possible?



Marge, come quick. I think I've won the contest for the highest compression!!



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Too much pressure, can actually reduce the **sensitivity*** of mammography.

BMC, Nov 2017: "Influence of breast compression pressure on the performance of population-based mammography screening"

*Sensitivity is the probability of finding a cancer in mammography.



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Over-compression occurs less frequently in the United States, where under-compression, or extremely low applied pressure, is more common.



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How and when compression should be applied



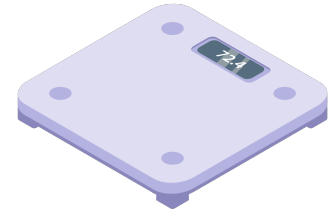
- Ensure your patient is ready
- Compression paddle should take the place of your hand during positioning
- Apply at a speed that ensures your patient is comfortable
- Use a combination of the foot pedal and the manual hand crank
- Override automatic compression release when necessary



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Compression Testing

- Quality Control Tests
- Medical Physicist Tests



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When to call for Service



Problems with compression testing and results



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"I wish there was a better way"....

Great news!
We're getting there!



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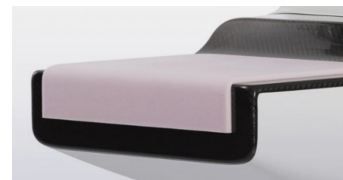
The FDA has cleared for U.S. marketing many devices, accessories, or features which may lessen the discomfort of breast compression.

- These include a cushion for the breast on the surface of the mammography unit
- Compression paddles with fixed or dynamic tilt that distribute compression across the front and back of the breast
- A curved compression paddle to fit some breast contours
- A compression paddle control device used by the patient



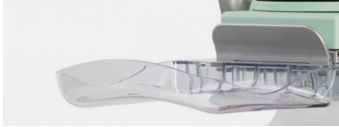
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Providing comfort during an exam that's "less than comfortable"



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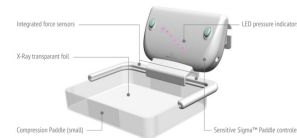
Paddles that "flex" or are "curved"



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Paddle that Determines Adequate Compression

- European-based company
- Paddle is based on the concept of optimized breast compression based on each individual breast **Sensitive Sigma™ Paddle**



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Patient-Assisted Compression (PAC)

- Patient-Assisted compression doesn't impair mammographic quality.
- Patient-Assisted compression increases breast compression and lowers dose
- Anxiety linked to mammography may be reduced
- Many patients reported overall satisfaction



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Patient Assisted Compression (PAC)

“Seventy-four percent of patients reported that the self-compressing device would facilitate their reattendance”
-*European Journal of Cancer, 2018*

“52.8% declared they were less anxious compared to previous examinations”
-*European Journal of Breast Health, 2019*



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It's all about CONTROL.

Patients need to feel as though they are active participants in their exam. This helps to reduce anxiety and fear associated with their mammogram.



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Pristina Dueta*

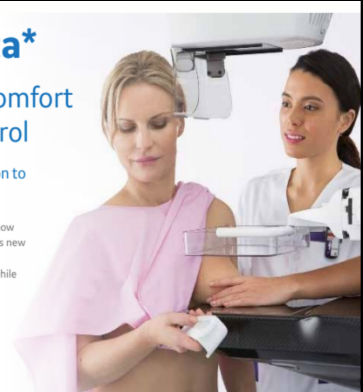
Providing patient Comfort and a sense of Control

Now compression is one less reason to avoid a mammogram.

Guided by technologist supervision, patients can now achieve the compression that is right for them. This new patient-assisted compression feature enables the patient to be an active participant in their exam, while helping to reduce anxiety associated with mammograms.



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Comfort for patients

Pristina Dueta™, patient-assisted compression: offer a way to regain a sense of control over the exam, under technologist supervision

Now compression is one less reason to avoid a mammogram.

Engage patients in their exam with the patient-assisted compression





80%

Found it improved the comfort of their exam**



93%

Were less or not anxious at all**


** IPDCC Patient Satisfaction Study sponsored by GE Healthcare, conducted with 112 patients across 10 sites in Europe, out of which 100 were offered the patient-assisted compression option, February 2022

Senograph Pristina Customer Presentation



How to obtain better compression

- Establish a rapport and connection with the patient to ensure trust
 - Educate the patient on what to expect, and ensure her that she's in control
- Explain how long compression may last
- Use analogies to assist in communication
- "Change" versus "Cancer"




The "Un-Compressibles"

- Explain that an under-compressed breast doesn't produce the quality needed
- Explain that subtle changes in the breast are difficult to see without proper compression
- Offer to have your patient auto compress
- Offer to reschedule at a time when the patient's breasts are less tender




The "Un-Compressibles"

- If you have virtually no compression
 - Tell the patient that you cannot submit images that are not of diagnostic value and offer to refer the patient to their physician in order to discuss alternative options for breast screening



Compression and Communication

- Use analogies
- Choose your words wisely
 - "detect changes" vs. "detect cancer"






Building Confidence through Communication

- Allow the patient to play a part in the imaging process
- Reassure the patient
 - Tell them they're doing a "great job"
- Remember anxiety clouds intake
 - Look for non-verbal communication cues





- Lack of standardization
- Goal of Compression
- Common Challenges
- Tips for adequate compression

Special thanks to:

-  Louise Miller, RT(R)(M)
-  The Mammography Educators Team
-  GE Healthcare
-  Robyn Hadley, RT(R)(M)

Resources

- https://www.acraccreditation.org/-/media/ACRAccreditation/Documents/Mammography/Clinical_Image_SECTION_1999MammoQC.pdf?la=en
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5706300/>
- <https://www.sciencedaily.com/releases/2014/11/141125074824.htm>
- <https://www.volparahealth.com/news/breast-compression-pressure-affects-performance-of-breast-screening-program/>
- <https://www.fda.gov/radiation-emitting-products/mosa-insights/compression-another-critical-factor-image-quality>
- Ashley J. Huppe, Kelly L. Overman, Jason B. Gatewood, Jacqueline D. Hill, Louise C. Miller, and Marc F. Inciardi. American Journal of Roentgenology 2017 209:6, 1419-1425
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- US Food and Drug Administration. Mammography Quality Standards. Final rule-21 CFR parts 16 and 900 [docket No. 95N-0192]. RIN 0910-AA24 ed. Washington, DC: Dept of Health and Human Services; 1997.
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Thank you!

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