Awareness and Access to Supplemental Screening Among Women with Dense Breasts in Canada

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DENSE BREASTS CANADA

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1. Executive Summary

Approximately 40–50% of Canadian women eligible for breast cancer screening have dense breasts, a common finding that both reduces the sensitivity of mammography and independently increases breast cancer risk (1–3). While breast density notification is now widely implemented across Canada, current screening and surveillance pathways do not consistently translate this known risk into appropriate and consistent clinical communication, follow-up, or access to supplemental screening (4,5). As a result, women with dense breasts face a higher likelihood of missed cancers, delayed diagnosis, and uneven access to risk-appropriate care (1,6,7).

This report presents findings from a national, cross-sectional survey of 1,100 Canadian women who reported having dense breasts. The survey examined awareness of breast density, communication with healthcare providers, access to supplemental screening, wait times, and screening experiences across provinces and territories. The central finding is that follow-up care for women with dense breasts is not consistently aligned with clinical need and varies substantially across jurisdictions, driven by regional capacity and provider practice in the absence of standardized, program-level guidance (8).

Across the national sample, awareness of breast density and its impact on mammographic detection was high. Most respondents understood that dense breast tissue can obscure cancers on mammography and that supplemental imaging such as ultrasound or MRI can detect additional cancers (1,6,7). However, this awareness was not consistently reflected in clinical practice. Only about half of respondents recalled ever discussing breast density with a healthcare provider, and fewer than four in ten recalled discussions about supplemental screening options. Some respondents reported being told that dense breasts were not clinically concerning, while others received no guidance regarding follow-up care.

Access to supplemental screening was frequently constrained. More than half of respondents reported that no additional imaging had been ordered following mammography. Among those who sought ultrasound or MRI, experiences included denial of requested imaging, prolonged wait times, and reliance on private, out-of-pocket services, patterns consistent with previously documented system-level access variation. A majority of respondents perceived access to supplemental screening in their region as inadequate or unclear.

Survey findings also challenge commonly cited assumptions that patient anxiety related to recalls or false positives represents a major barrier to screening. Nearly all respondents reported that the possibility of additional testing would not discourage future screening.

Overall, these findings indicate that breast density is not yet systematically incorporated into screening communication, referral practices, or program-level policy across Canada. Addressing these gaps will require clearer clinical guidance, more consistent follow-up pathways, and attention to system capacity so that access to supplemental screening is determined by clinical need rather than geography or local practice variation.

2. Key Findings at a Glance

Survey sample: 1,100 Canadian women who reported having dense breasts

1. High patient awareness is not translating into standardized follow-up care

Most respondents demonstrated strong awareness of breast density and its impact on mammographic detection. However, this awareness was not consistently reflected in clinical communication or follow-up practices.

- 95.0% were aware that dense breast tissue reduces mammographic sensitivity
- 85.9% were aware that supplemental imaging can detect additional cancers
- Only 54.2% recalled discussing breast density with a healthcare provider
- Only 37.6% recalled a discussion about supplemental screening options

Key finding:
Patient awareness alone is insufficient to trigger follow-up care in the absence of standardized screening pathways.

2. Supplemental screening is not routinely integrated into screening programs

Despite documented breast density and notification to patients, more than half of respondents reported no supplemental imaging following mammography.

- 54.5% reported no additional imaging
- 37.0% received screening ultrasound
- 12.8% received screening MRI

Key finding:
Breast density is not being systematically incorporated into screening program follow-up or referral practices.

3. Access to supplemental imaging is constrained by system factors

Access to ultrasound and MRI was shaped by referral practices, availability, and capacity rather than patient reluctance or unwillingness.

- 12.3% reported denial of screening ultrasound by a provider
- 9.4% reported denial of screening MRI
- Among those receiving ultrasound, 11.3% waited more than 12 months
- 55.6% perceived access in their region as inadequate

Key finding:
System capacity, referral criteria, and service availability are primary determinants of access.

4. Patient acceptability of follow-up imaging is high

Concerns that additional testing may result in further tests and deter screening were not supported by respondent preferences.

97.3% reported that if additional testing was needed, it would not discourage future screening

5. Follow-up pathways for women with prior breast cancer and dense breasts are inconsistent

Women with a prior breast cancer diagnosis reported greater supplemental screening than those without cancer, but nearly half received only mammography.

- 48.8% reported no supplemental screening beyond mammography
- 53.1% of cancers in this group were detected after symptom onset

Key finding:
Surveillance pathways for women with elevated risk from breast cancer lack clarity and consistency.

6. Geographic and equity-related differences influence screening experiences

Reported access varied by province and territory, and racialized respondents experienced additional barriers.

- Higher rates of denied imaging requests
- Higher rates of out-of-pocket payment despite comparable awareness

Key finding:
Current screening pathways are not experienced equitably across regions or populations.

Overall interpretation

Across the findings, gaps in follow-up care appear to reflect the absence of clear, consistently implemented program guidance for women with dense breasts, rather than a lack of patient awareness or engagement. Breast density is not yet consistently integrated into screening communication, referral pathways, or access planning across Canada.

3. Introduction

Breast cancer is the most commonly diagnosed cancer among women in Canada and remains a leading cause of cancer-related mortality (9). In 2025, an estimated 31,900 women were diagnosed with breast cancer and approximately 5,400 died from the disease, underscoring the importance of effective screening strategies for early detection (9).

Mammography is the foundation of population-based breast cancer screening and has contributed substantially to reductions in breast cancer mortality (4). However, its effectiveness varies across populations. Breast density reduces the sensitivity of mammography and is independently associated with increased breast cancer risk (1,2). Dense breast tissue can obscure malignancies on mammography, increasing the likelihood of missed cancers and interval diagnoses (1).

Dense breasts are common among women eligible for screening, with population-based studies estimating that approximately 40–50% of women have mammographically dense breast tissue (3). Despite the prevalence and clinical significance of breast density, screening pathways have not consistently incorporated these limitations into follow-up and surveillance practices (5–8).

In Canada, breast cancer screening programs are organized and delivered at the provincial and territorial level (4). While all jurisdictions now provide breast density notification, approaches to communication, interpretation, and follow-up vary across programs (5). Access to supplemental screening modalities, such as ultrasound or magnetic resonance imaging (MRI), typically requires a healthcare provider requisition, contributing to differences in counselling practices, referral patterns, and availability of additional imaging services across regions (8).

Given this context, there is limited national evidence describing how women with dense breasts experience communication about breast density and subsequent access to supplemental screening and follow-up care. To address this gap, Dense Breasts Canada conducted a national survey examining awareness of breast density, communication with healthcare providers, access to supplemental screening, and screening experiences among women with dense breasts across Canada. This report presents the findings of that survey and examines how current screening practices are experienced in practice, highlighting implications for program guidance, equity, and alignment with clinical need.

4. Methods

This report is based on data from a national, web-based survey developed by Dense Breasts Canada for women with dense breasts in Canada. The survey was disseminated from October 1 to November 30, 2025 through Dense Breasts Canada's website, newsletter, email list, social media platforms, and partner and community networks. Participation was voluntary and anonymous.

Respondents included women with and without a personal history of breast cancer from multiple provinces and territories across Canada.

4.1 Survey Instrument

The questionnaire included both closed-ended and open-ended questions. Fixed-response items captured information on:

- Demographic characteristics (age, province or territory, race or ethnicity)
- Breast cancer history and mode of detection, where applicable
- Awareness of breast density, cancer risk, masking, and supplemental imaging
- Access to supplemental screening (ultrasound or MRI), including whether tests were ordered, denied, or paid for out of pocket
- Perceptions of access to additional screening within respondents' province or territory
- Breast health practices, including self-examination and discussions about breast density with healthcare providers

All respondents were asked whether healthcare providers had discussed breast density with them and about their experiences seeking additional screening. A dedicated open-ended question invited respondents to share additional comments related to their breast cancer screening experiences. The full survey instrument is provided in Appendix B.

4.2 Quantitative Analysis

Quantitative data were analyzed using descriptive statistics, including counts and percentages, overall and across selected subgroups. Subgroup analyses included comparisons by:

- Personal history of breast cancer (yes vs. no)
- Age group (40–49, 50–59, 60–69, 70+)
- Province or territory, where sample size permitted reporting
- Self-identified race or ethnicity (White vs. racialized respondents), recognizing that sample sizes for some racialized groups were small

These analyses were conducted to examine differences in reported awareness, access to supplemental screening, and screening experiences across groups.

4.3 Qualitative Analysis

All narrative responses were reviewed and analyzed using thematic coding. Responses were read in full, and recurring themes were identified through an iterative review process. Illustrative quotations are included in the Results section to reflect respondents' experiences in their own words. Respondents' comments can be read in Appendix C.

4.4 Summary of Survey Respondents

A total of 1,419 individuals completed the survey. Of these, 1,100 respondents reported having dense breasts and formed the analytic cohort for this report; 319 respondents were excluded because they did not report having dense breasts. Respondents were drawn from across Canada and were largely within age groups targeted by organized breast cancer screening programs.

Most participants were between 40 and 69 years of age, with the largest proportion in the 50 to 59 age group. Ontario, British Columbia, Manitoba, and the Atlantic provinces were the most represented regions, although respondents from all provinces and territories were included. The sample was predominantly composed of respondents identifying as White or Caucasian, with smaller numbers identifying as Indigenous or from other racialized groups.

Approximately 41% of respondents reported a personal history of breast cancer. The majority of respondents reported having undergone mammographic screening within the past two years, indicating recent engagement with breast cancer screening services.

5. Results and Analysis

Results are organized to describe survey findings related to awareness of breast density, communication with healthcare providers, access to supplemental screening, wait times, and selected subgroup differences.

5.1 Awareness and Understanding of Breast Density

Overall awareness of breast density and its impact on mammographic sensitivity was high among respondents. Nearly all participants (95.0%) reported understanding that dense breast tissue can obscure cancers on mammography, and most (85.9%) were aware that supplemental imaging such as ultrasound or MRI can detect additional cancers in women with dense breasts.

Awareness of broader breast cancer risk concepts was lower. One-quarter of respondents (25.4%) did not report awareness that dense breasts are associated with increased breast cancer risk. More than one-third (36.2%) were unaware that most breast cancers occur in women without a family history of the disease. Use of formal breast cancer risk calculators was uncommon, with 18.5% of respondents reporting prior use.

Table 1. Awareness of Breast Density Implications

Question	Response
Did you know that 80-85% of women who are diagnosed with breast cancer have no family history of the disease?	63.8% aware 36.2% unaware
Are you aware that dense breasts make it more difficult to see cancer on a mammogram?	95.0% aware 5.0% unaware
Are you aware that having dense breasts increases the risk of developing breast cancer?	74.7% aware 25.4% unaware
Are you aware that ultrasound or MRI, when used with mammography, can find more cancers in women with dense breasts?	85.9% aware 14.2% unaware
Have you or your health care provider used a risk calculator to assess your lifetime risk of breast cancer? (This is usually done using a risk calculator like the Tyrer-Cuzick/IBIS model.)	18.5% used 73.2% have not 8.3% do not know

5.2 Provider Communication and Access to Supplemental Screening

Communication with healthcare providers regarding breast density varied among respondents. Approximately half (54.2%) recalled discussing breast density with a healthcare provider, while fewer than four in ten (37.6%) reported discussions about supplemental screening options. Fewer than one-third (28.9%) reported being informed that dense breasts both increase breast cancer risk and reduce mammographic sensitivity.

A subset of respondents (13.8%) reported being told by a healthcare provider that dense breasts were not clinically concerning. Others reported no discussion regarding risk management or additional screening options.

More than half of respondents (54.5%) indicated that no supplemental imaging had been ordered following mammography. Ultrasound was the most commonly ordered supplemental modality (37.0%), while MRI was ordered less frequently (12.8%). Some respondents reported requesting additional imaging and experiencing denial at either the provider or imaging facility level.

Respondents' perceptions of access aligned with these reports. A majority indicated that access to supplemental screening in their region was inadequate or unclear (Appendix Table A1).

Table 2. Communication With Healthcare Providers

Question	Response
Have you ever discussed the implications of having dense breasts with a health care provider? (For example: family doctor, nurse practitioner, radiologist, surgeon, or oncologist)	54.2% yes 43.6% no 2.2% do not recall
Told dense breasts were not clinically concerning by provider	13.76%
No discussion about ways to manage risk	18.64%
No discussion about additional screening	20.21%
Told density increases cancer risk AND may mask cancers on mammogram	28.92%
Discussion about supplemental screening options	37.63%
Discussion about false positives/call-backs	20.21%
Could not recall discussion	3.31%

Table 3. Access to Supplemental Screening

Measure	Response
No supplemental tests ordered	54.5%
Ultrasound ordered	37.0%
MRI ordered	12.8%
3D mammogram	7.2%
Automated breast ultrasound (ABUS)	3.2%
Contrast-enhanced mammography	2.4%
Requested ultrasound and denied by provider	12.3%
Requested ultrasound and denied by clinic/hospital	4.29%
Requested ultrasound and received	15.3%
Never requested ultrasound	53%
Requested MRI and denied by provider	9.42%
Requested MRI and denied by clinic/hospital	1.86%
Requested MRI and received	8.64%
Never requested MRI	80.08%

5.3 Wait Times and System Delays

Among respondents who obtained supplemental ultrasound, reported wait times varied. Approximately half (49.2%) received an appointment within two months. Others reported longer waits, including delays exceeding one year.

Table 4. Wait times for Supplemental Ultrasound

Wait Time Category	Result
Under 2 months	49.2%
2–4 months	26.2%
5–8 months	11.5%
9–12 months	1.87%
Over 12 months	11.27%

5.4 Acceptability of Follow-Up Imaging and Recall Anxiety

Approximately one-fifth of respondents (20.2%) recalled healthcare providers discussing false positives or call-backs related to screening. When asked about their own preferences, nearly all respondents (97.3%) indicated that the possibility of additional testing following a screening ultrasound would not discourage them from future screening.

5.5 Surveillance Gaps Among Women With Prior Breast Cancer

Among respondents with a personal history of breast cancer, use of supplemental screening was reported more frequently than among those without a prior diagnosis. However, nearly half of women with a breast cancer history (48.8%) reported no supplemental screening beyond mammography.

Reported communication and perceived access remained limited among this group.

Table 5. Supplemental Screening And Surveillance By Breast Cancer History

Outcome	Breast cancer history (n = 455)	No breast cancer history (n = 646)
Supplemental ultrasound ordered	40.28%	34.54%
Supplemental MRI ordered	23.61%	5.97%
No additional screening ordered	48.84%	58.40%
Discussed breast density with a healthcare provider	58.65%	51.47%
Believe access to supplemental screening is adequate	27.75%	21.38%

5.6 Geographic and Equity Considerations

Reported access to supplemental screening varied across provinces and territories. Differences were observed in reported communication with healthcare providers, ordering of supplemental imaging, and perceived adequacy of access.

Racialized respondents reported similar or higher levels of awareness of breast density concepts compared with White respondents, but were more likely to report denial of requested imaging and out-of-pocket payment for supplemental screening. Detailed subgroup results are provided in appendices A2 and A5.

5.7 Qualitative Analysis

A total of 399 respondents provided written comments describing their experiences with breast cancer screening, follow-up imaging, and interactions with the healthcare system. The themes below summarize commonly reported experiences, illustrated using respondents' own words. A complete compilation of qualitative comments is provided in Appendix C.

Theme 1. Experiences Seeking Supplemental Screening

Many respondents described difficulties obtaining ultrasound or MRI, including situations in which breast density had been documented or a requisition had been issued. Respondents reported encountering refusals, long wait times, or limited availability of services.

"It seems very difficult to access supplemental screening for women in my area, even after the practitioner approves the request and sends the requisition."
"It seems impossible to get an ultrasound even when my doctor orders it."

Some respondents described needing to follow up repeatedly or travel outside their local area to obtain imaging.

Theme 2. Communication With Healthcare Providers

Respondents frequently commented on the extent and quality of communication they received from healthcare providers regarding breast density and screening options. Several reported that breast density was not discussed, or that its relevance was minimized.

"My doctor never discussed density with me."
"I was told dense breasts were nothing to worry about."

Others described uncertainty about next steps following mammography due to limited or unclear explanations.

Theme 3. Post-Treatment Surveillance Experiences
Women with a prior breast cancer diagnosis described their experiences with post-treatment surveillance. Several reported reliance on mammography alone and shared experiences of cancers that were not detected on mammography.

“My mammogram did not detect my breast cancer. I found it myself.”
“I’m terrified the next cancer will be missed again.”

Theme 4. Experiences of Delay and Uncertainty
Respondents described emotional responses related to delays, uncertainty, and waiting for follow-up imaging or results. Comments focused on the stress associated with not knowing whether additional testing would be available in a timely manner.

“It rattled my cage knowing how easily something could be missed.”

Theme 5. Navigating Care Through Self-Advocacy
Many respondents described the need to actively advocate for themselves in order to obtain referrals, follow-up imaging, or additional information. Experiences included repeatedly requesting tests or seeking private imaging options.

“If I hadn’t pushed, nothing would have been done.”
“I had to fight for every test and it shouldn’t be this hard.”

Theme 6. Experiences Related to Location and Availability of Services
Respondents from rural and remote regions, as well as some specific provinces, described limited local availability of supplemental screening. Some noted changes in access when moving between regions.

“There is simply nowhere to go where I live.”
“When I moved provinces, the care I received changed completely.”

6. Implications

The findings of this survey point to a structural disconnect between what is known about breast density and how breast cancer screening systems operationalize that knowledge in practice. While breast density is widely recognized as both a masking factor and an independent risk for breast cancer, it is not consistently embedded into organized screening pathways in a way that reliably informs communication, referral decisions, or access to follow-up care.

In the absence of consistently implemented guidance for women with dense breasts, responsibility for interpreting and acting on density information is effectively devolved to individual providers and local service availability.

This results in follow-up care that is shaped less by clinical need than by discretionary practice, regional capacity, and administrative barriers. Such variability reflects system design rather than patient behaviour or preference.

The findings indicate that gaps in care arise primarily from how screening programs are structured and implemented, rather than from lack of patient awareness or engagement. Despite high levels of understanding among respondents, awareness alone did not translate into consistent discussions, referrals, or access to supplemental screening. This suggests that patient knowledge, in the absence of clear pathways and accountability mechanisms, is insufficient to ensure risk-appropriate care.

Variation in provider communication emerged as a key determinant of downstream access. Where breast density was discussed in a limited or incomplete manner, follow-up imaging was less likely to occur. Without clear program-level expectations, providers appear to apply inconsistent thresholds for referral, contributing to unequal experiences among women with similar risk profiles.

Women with a prior breast cancer diagnosis reported somewhat higher use of supplemental screening; however, nearly half remained reliant on mammography alone for surveillance. Given the combined risks associated with prior breast cancer and dense breast tissue, this finding points to a lack of clarity and consistency in follow-up pathways for women with elevated risk.

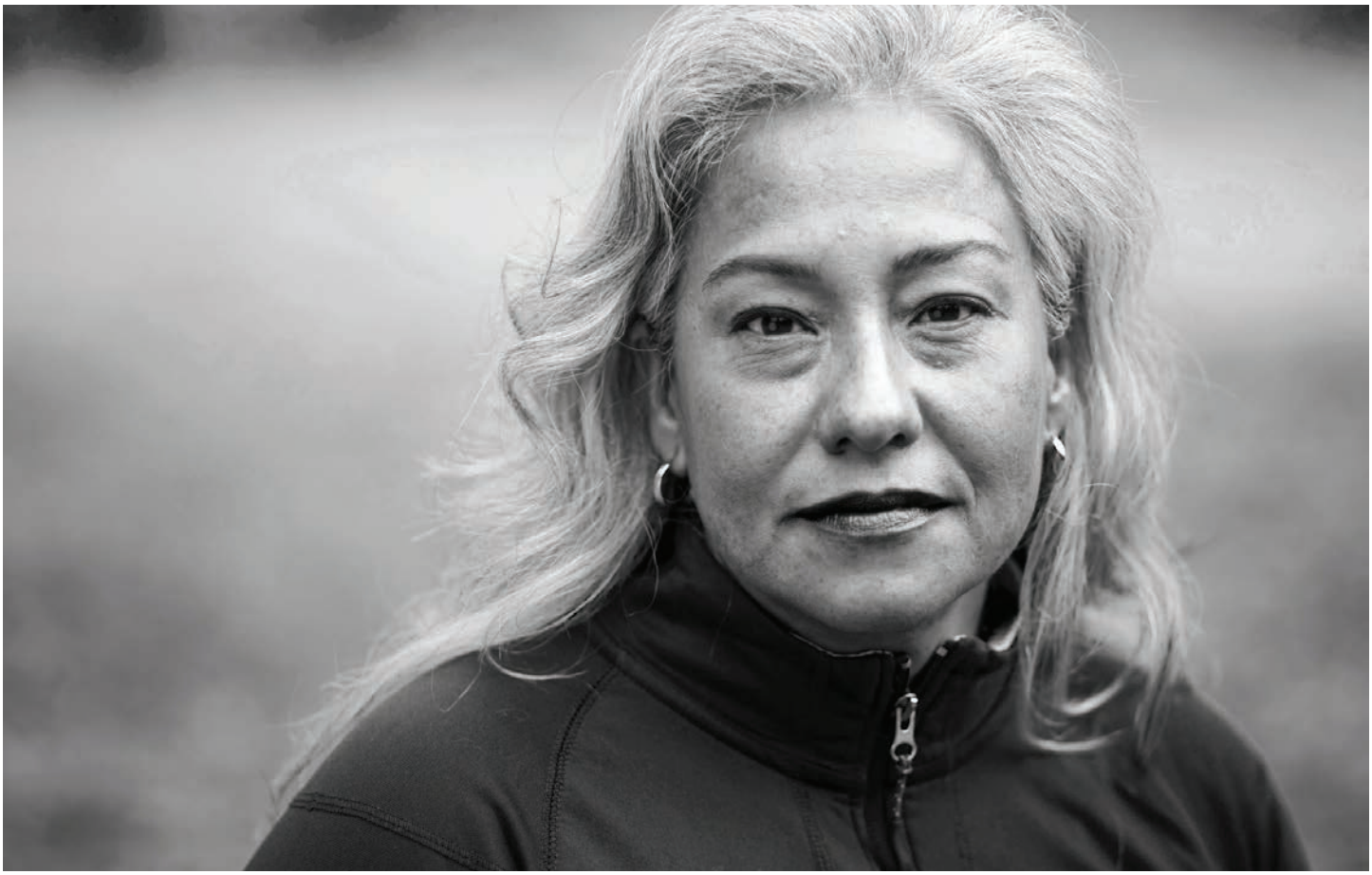
Finally, differences reported across provinces, territories, and racialized groups highlight important equity considerations. Geographic variation reflects differences in program design and resource distribution, while higher rates of denied imaging and out-of-pocket payment among racialized respondents suggest that existing screening pathways may not be experienced equitably across populations.

Taken together, these implications underscore the importance of aligning screening communication, referral practices, and system capacity with the needs of women with dense breasts. Without systematic incorporation of breast density into screening pathways, variability in care is likely to persist, with consequences for early detection, equity, and system accountability.

7. Policy and Program Considerations for Governments

The findings in this report highlight opportunities to strengthen breast cancer screening policy and program design for women with dense breasts. Areas for consideration include:

1. **Clarifying the role of breast density within organized screening programs,** including how density information should inform follow-up communication and referral practices.
2. **Developing program-level guidance for supplemental screening,** with the aim of reducing variation driven by provider discretion and regional practice norms.
3. **Supporting consistent provider education and clinical guidance** related to counselling and follow-up for women with dense breasts, including those with a prior breast cancer diagnosis.
4. **Assessing system capacity and workforce constraints** that contribute to delays in accessing supplemental imaging.
5. **Monitoring access, wait times, and reported experiences** among women with dense breasts to inform ongoing program improvement and equity planning.



8. Conclusion

This report documents persistent gaps in how breast cancer screening systems in Canada respond to the needs of women with dense breasts. While breast density notification is now widespread, the findings indicate that awareness alone has not translated into consistent communication, referral practices, or access to risk-appropriate follow-up care.

Women with similar risk profiles may experience markedly different screening pathways depending on where they live and how density information is interpreted within local systems.

Access to supplemental screening appears to be shaped primarily by structural and administrative factors, including referral criteria, resource availability, and workforce constraints.

Without clearer alignment between evidence, program design, and implementation, variability in follow-up care for women with dense breasts is likely to persist. Addressing these gaps has the potential to support earlier detection, reduce avoidable delays, and contribute to more consistent and equitable breast cancer screening outcomes across Canada.

9. Limitations

This study has several limitations that should be considered when interpreting the findings. Participation was voluntary and may over-represent women who are already engaged, informed, or concerned about breast density. White respondents comprised the majority of the sample, limiting the ability to draw definitive conclusions for racialized communities and other underserved populations. In addition, small sample sizes in some provinces reduced the reliability of certain provincial comparisons.

All data were self-reported and may be subject to recall or reporting bias. As with most survey-based research, findings may not be fully generalizable to all women with dense breasts in Canada.

Despite these limitations, the survey provides detailed insight into reported screening experiences among women with dense breasts across Canada. The consistency of findings across quantitative and qualitative responses supports their relevance for understanding how screening pathways are experienced in practice.

10. Acknowledgements and Disclosures

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The authors thank the women across Canada who shared their experiences through this survey. Their willingness to describe both positive and challenging aspects of breast cancer screening provides important insight into how screening programs are experienced in practice.

We also acknowledge the contributions of community partners and organizations that assisted with survey dissemination and outreach, supporting participation from women across provinces and territories.

We gratefully acknowledge Hilary Gauld of One for the Wall for permission to reproduce photographs from the I Want You To Know photo series.

Organizational Role

Dense Breasts Canada developed and administered the survey and supported dissemination of the findings, consistent with its mandate to raise awareness and inform evidence-based discussion related to breast cancer screening.

Funding and Conflicts of Interest

No external funding was received for this study. The authors declare no financial conflicts of interest. Dense Breasts Canada is volunteer-run.

Disclaimer

The findings and interpretations presented in this report are based on self-reported survey data and reflect the experiences of respondents. The views expressed are those of the authors.

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12. Appendices

The appendices provide supporting descriptive data and methodological detail referenced in the main body of the report. They are included to enhance transparency and allow further examination of subgroup findings. All primary findings, interpretations, and policy considerations are presented in the main report.

Appendix A1 Perceived Adequacy of Access to Supplemental Screening

This appendix presents respondents' perceptions of access to supplemental breast screening (ultrasound or MRI) in their region. These data provide context for access barriers discussed in Section 5.2.

Appendix Table A1. Perceived adequacy of access to supplemental screening.

Perception of Access	Result
Inadequate access	**55.64%**
Adequate access	23.75%
Do not know	20.7%

Appendix A2. Provincial Variation in Provider Communication and Access

This appendix provides descriptive provincial subgroup data on reported provider communication and access to supplemental screening.

Interpretive note: Provincial comparisons are descriptive and should be interpreted with caution due to variation in respondent numbers across jurisdictions. These data are presented to illustrate variability in reported experiences and are not intended as evaluations of provincial performance.

Appendix Table A2. Provincial subgroup analysis.

Outcome	Ontario (n=380)	British Columbia (n=166)	Alberta (n=87)	Manitoba (n=111)	Atlantic (n=199)
Aware dense breasts reduce mammogram sensitivity	96.30%	94.58%	96.55%	90.09%	94.47%
Aware dense breasts increase cancer risk	70.11%	81.33%	78.16%	74.77%	72.36%
Aware ultrasound/MRI finds more cancers	86.24%	94.58%	91.95%	72.07%	80.40%
Supplemental US ordered	38%	47%	61%	19.8%	18.1%
Supplemental MRI ordered	15.3%	9.6%	11.5%	7.2%	12.6%
No additional screening ordered	53.4%	46.4%	24.1%	72.1%	73.3%
Discussed density with provider	51.6%	66.9%	57.5%	46%	50.7%
Believe access is adequate	32%	16.9%	52.9%	11.7%	10%

This appendix supports findings discussed in Section 5.6 regarding geographic variability in access and communication across jurisdictions within Canada's provincially delivered screening systems.

Appendix A3 Mode of Detection of Breast Cancer

This appendix presents self-reported mode of breast cancer detection among respondents with dense breasts and a prior breast cancer diagnosis.

Appendix Table A3. Mode of detection (n = 435).

Symptom noticed, pursued testing	Routine screening mammogram	Diagnostic ultrasound after mammogram finding	Other
53.10%	18.62%	14.02%	14.25%

These data provide contextual support for findings discussed in Section 5.5.

Appendix A4. Impact of Breast Density on Diagnosis

This appendix summarizes respondents' perceptions of whether breast density affected cancer detection.

Appendix Table A4. Effect of breast density on diagnosis (n = 435).

Yes, mammogram did not detect cancer	Yes, neither mammogram nor ultrasound detected cancer	No, density did not impact diagnosis	Do not know
43.68%	8.97%	23.91%	23.45%

These findings provide additional context for surveillance considerations discussed in the main report.

Appendix A5. Comparison of White vs. Racialized Respondents

This appendix provides a descriptive comparison of selected responses among White and racialized respondents.

Interpretive note: The number of racialized respondents was relatively small (n = 80). Findings should be interpreted with caution but are included to support transparency and equity analysis.

Appendix Table A5. Comparison of White vs Racialized.

Outcome	White (n=925)	Racialized (n=80)
Mammogram in last 2 years	91.8%	93.8%
Knew most cancers have no family history	62.5%	68.8%
Used a risk calculator	17.9%	25%
Aware density increases BC risk	74.43%	76.25%
Aware ultrasound/MRI finds more cancers	86.13%	83.75%
Discussed density with provider	53.6%	60%
Ordered US due to density	35.9%	46.3%
Ordered MRI due to density	12.4%	15%
Denied US when requested	13%	25%
Paid out of pocket	4.7%	15%

Appendix B. Survey Instrument

Appendix B provides the full survey questionnaire used to collect data for this study, including closed-ended and open-ended items. The instrument is included to support methodological transparency and reproducibility.

Please see the full survey questionnaire online at:
https://www.densebreastscanada.ca/wp-content/uploads/2026/01/SURVEY-QUESTIONS-2025.pdf

Appendix C. Qualitative Comments

Appendix C contains a complete, unedited compilation of open-ended comments submitted by respondents. Selected quotations are integrated into Section 5.7 to illustrate key themes; the full set is provided here to preserve respondent voice and support transparency.

Please see the full set of comments submitted by respondents online at:
https://www.densebreastscanada.ca/wp-content/uploads/2026/01/Qualitative-comments.pdf