



Clinically Proven Automated 3D Density Assessment

VolparaDensity is the first automated breast density assessment software with **clinically proven performance**. It offers real, actionable advantages.

Fast, Objective 3D Density Assessment

- Immediate identification of women with dense breasts who may benefit from supplemental screening
- Reproducible, quantitative, volumetric assessment of breast density with consistent results—compatible with most digital mammography or tomosynthesis units

Unique Measurement Features

- Volpara Density Grade (VDG) score:
 - Correlates with BI-RADS Atlas 5th (or 4th) Edition breast composition categories
 - Describes the compressed thickness and volume of dense tissue measured to show when regions of “focal density” present a masking risk
- Volpara Volumetric Breast Density (VBD%):
 - Enables easy, objective triage for greater clinical flexibility
 - Strongly correlates with the sensitivity of mammography
 - Features as a key risk factor in Tyrer-Cuzick 8, the leading breast cancer risk model

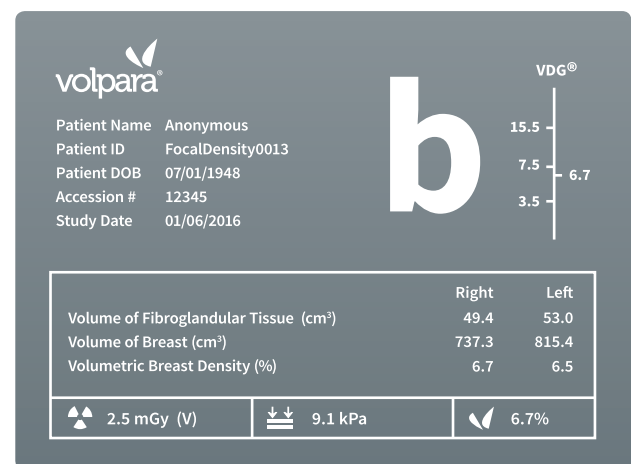
Clinically Validated Analysis

VolparaDensity is the only **3D Density** solution validated in more than 40 peer-reviewed clinical studies at academic institutions around the world. It has been strongly associated with:

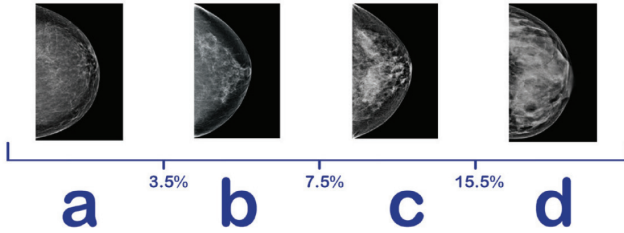
- **Risk of interval cancers:** Higher VDG is strongly associated with increased risk of interval cancers.^{1,2,3}
- **Risk of developing breast cancer:** VolparaDensity’s measurement of mammographic density is strongly correlated with the risk of developing breast cancer.^{4,5,6}

Automated 3D Density – Simple and Quick

VolparaDensity software processes every screening mammogram and produces a Volpara scorecard that appears on the radiologist’s or technologist’s workstation, enabling discussion with the woman immediately after her exam.



The large letter score is easily read as a thumbnail on most workstations, so the Scorecard may not have to be included in the hanging protocol.



Supplemental Screening

Insurers and referring physicians require justification for supplemental screening. That's why it's so important to have objective evidence of high breast density for triaging women to supplemental screening. This is especially true in states with density notification laws, where the number of women offered supplemental screening has risen.

Density notification laws demand objective assessment. Increasing focus on the cost-effectiveness of medical procedures means you must offer supplemental screening to the right women:

- Failing to offer ultrasound to women with dense breasts can delay the detection and diagnosis of a breast cancer, as ultrasound provides improved cancer detection in these women.⁷
- Offering ultrasound to women with fatty breasts costs time and effort, as ultrasound is marginally effective in those patients.⁸

Effective triage saves money. Guiding a woman with dense breasts to ultrasound while she's still in the facility for her annual mammogram saves the cost of scheduling an additional appointment and an extra trip for the woman.

Join Us. Say "Yes" to the Benchmark in 3D Density Assessment.

Used to analyze the breast density of more than 10 million women around the world, VolparaDensity is an essential component for any breast imaging department. To see how VolparaDensity can support your breast screening program, contact your Volpara Solutions representative for a live demonstration, or visit www.volparasolutions.com.

¹ van Gils. European Congress of Radiology, March 2-6, 2016, Vienna, Austria. European Institute for Biomedical Imaging Research Session 1 [A-225].

² <http://www.assure-project.eu>

³ Destounis et al. Radiological Society of North America 2015 Scientific Assembly and Annual Meeting, November 29 - December 4, 2015, Chicago IL. <http://archive.rsna.org/2015/15017085.html>

⁴ Eng et al. Breast Cancer Res 2014;21(13):4124-32 DOI 10.1186/s13058-014-0439-1

⁵ Brand et al. Cancer Epidemiol Biomarkers Prev 2014; 23(9):1764-72. DOI: 10.1158/1055-9965.EPI-13-1219

⁶ Park et al. Ann Surg Oncol 2014;21(13):4124-32. DOI 10.1245/s10434-014-3832-1

⁷ Tagliafico et al. J Clin Oncol 2016;34(16):1882-1888. DOI 10.1200/JCO.2015.63.4147

⁸ Leconte et al. AJR Am J Roentgenol 2003;180(6):1675-1679. DOI 10.2214/ajr.180.6.1801675

BI-RADS® is a registered trademark of the American College of Radiology.

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