Risk-based Guidelines for Breast Cancer Screening

Onsite WOMEN'S HEALTH

Onsite Women's Health adheres to the American College of Radiology (ACR) Appropriateness Criteria® for breast cancer screening. Risk of breast cancer, as calculated by statistical models such as the Tyrer-Cuzick, stratifies patients into average, intermediate, or high lifetime risk of breast cancer. Management varies depending on risk, with high risk patients warranting the most aggressive screening.

Risk levels are as follows:

Average risk = < 15% lifetime risk

Intermediate risk = between 15-20% lifetime risk

High risk = >20% lifetime risk

Average Risk

Patients at Average Risk of Breast Cancer

- **Annual screening mammography starting at age 40**
- **Screening breast ultrasound (automated or hand-held) may be appropriate for women with dense breast tissue**

High Risk

Patients at High Risk of Breast Cancer

- **Annual screening mammography starting at age 30**
  - No earlier, regardless of history
- **Annual screening breast MRI**
  - No earlier than age 25
  - If the patient has had an MRI, screening breast ultrasound adds no additional benefit
  - If the patient cannot undergo MRI, screening breast ultrasound may be obtained as second-line test

Intermediate Risk

The ACR recommends recognition of the intermediate risk category in order to better manage specific subsets of patients that are likely to benefit from more aggressive screening. However, formal ACR guidelines for intermediate risk patients per se do not yet exist. Using existing data and Appropriateness Criteria®, Onsite Women's Health has created a questionnaire to help guide management of these patients.

Does the patient have a history of atypia on breast biopsy?

NO → Does the patient have dense breast tissue on mammogram (Category C or D, heterogeneously or extremely dense)?

NO → Is the patient very concerned, or very interested in screening aggressively?

NO → Does the patient fall into the upper half of the risk category (17.5% - 19.9%)?

NO → **Reassurance. Continued annual screening mammography.**

YES → Screening contrast-enhanced breast MRI

YES → Screening breast ultrasound

YES → Screening breast ultrasound with discussion of caveats, may not be covered by insurance.

YES → Strongly emphasize need for her to keep up with annual mammograms. Attention to risk assessment going forward, in case new information raises her to the high risk category.