

NOVA SCOTIA

BREAST SCREENING PROGRAM

GUIDELINE: RADIOLOGICAL SCREENING OF INDIVIDUALS AT HIGH RISK OF BREAST CANCER

Eligibility

Individuals are eligible for radiological screening managed by the NSBSP if they:

- have no signs or symptoms of breast cancer,
- have never been diagnosed with breast cancer,
- have not undergone prophylactic double mastectomy,
- are aged 30 to 74 years,
- have not been pregnant or breastfeeding for 6 months, **and**
- fall into one of the high-risk categories below.

High Risk Categories

1. Known genetic mutation carrier where mutation is associated with a high lifetime risk of breast cancer (e.g., BRCA1, BRCA2, Cowden's Syndrome). The recommendation of a genetics service will also be accepted in the event that a single mutation has not, or cannot, be identified, but the person is considered by the genetics service to be at high risk.
2. Someone who has declined genetic testing and who is the first degree relative of a known mutation carrier (e.g., BRCA 1, BRCA2).
3. High lifetime risk (>25%) as established, and documented, by a standard risk model (e.g., IBIS, BOADICEA).
4. History of having received radiation as cancer treatment to the chest area before age 30. Screening is not indicated until 8 years after the end of radiotherapy or age 30, whichever date is later.

Screening Protocol

High risk individuals aged 30 to 69 are screened annually with mammography, followed by breast magnetic resonance imaging (MRI) approximately one month later. Those aged 70 to 74 are screened annually only with mammography. Individuals who are in good health at age 75 may continue to be screened, but will not receive reminders from NSBSP.

Individuals cannot self-refer for high risk screening. A person who may be at high risk of breast cancer should speak to their health care provider about whether screening is right for them.

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INFORMATION FOR HEALTH CARE PROVIDERS AND PATIENTS: RADIOLOGICAL SCREENING OF INDIVIDUALS AT HIGH RISK OF BREAST CANCER

The purpose of this guideline is to assist radiologists, primary care providers, radiologists, oncologists, surgeons, and medical genetics providers in understanding the approach to radiological screening for breast cancer in high-risk individuals, and to utilize these resources appropriately and effectively in Nova Scotia.

Q. How are individuals referred for high risk screening at NSBSP?

- Referral from the Maritime Medical Genetics Service,
- Referral from IWK Pediatric Oncology or NSHA Radiation Oncology, or
- Submission of a breast imaging requisition with clear documentation of patient eligibility

Q. Can individuals under the age of 30 be screened?

Yes, patients between the ages of 25-29 can be referred by submitting a requisition with evidence of high risk.

Q. Are both mammography and MRI required?

Yes. Mammography is performed first, and until it has been completed, the MRI cannot be booked. A person who has a contraindication for MRI (e.g., claustrophobia, cardiac pacemaker), will be screened only with mammography.

Q. What happens if the screen is abnormal?

If an abnormality is found on either the mammogram or the MRI, the report to the health care provider will contain the date, time and location and nature of the diagnostic investigation.

Q. What happens if the diagnostic investigation following a screen abnormal turns out to be normal?

The individual will be sent a reminder to contact NSBSP to book their next screen.

Q. If I have questions, who can I contact?

The NSBSP Navigator is available to answer any general questions, or to discuss a specific patient, 902-471-1411