Nova Scotia Breast Screening Program: Screening and Referral Pathways

Quick reference card

AVERAGE

Risk Screening

- Individuals† with no personal history of breast cancer◊ AND;
- No breast implants AND;
- No breast symptoms* AND;
- Age 40 74
- No family history of breast cancer

*Breast symptoms for breast imaging referral

- A new lump in the breast or a thickening or hardening of the skin
- A change in the look or feel of the skin, such as puckering or dimpling, redness, thickening and pitting like the skin of an orange
- Bloody or clear fluid leaking from the nipple
- A change in the size, shape, or appearance of the breast, or change in nipple position such as the nipple being pulled in or pointed differently
- Peeling, scaling, crusting, or flaking of the area around the nipple

INCREASED

Risk Screening

- Individuals† with no personal history of breast cancer◊ AND;
- No breast implants AND;
- No breast symptoms* AND;
- Age 40 74
- Family history of first degree relative (i.e., mother, father, sister, brother, daughter, son) OR;
- Category D breast density OR;
- History of high-risk lesion (i.e., ADH or LCIS)

†Eligible individuals include:

- Cisgender women, Transgender, Gender Diverse, and Non-Binary people refer to those who are:
 - Assigned female at birth and have not undergone genderaffirming chest surgery (commonly referred to as Top surgery) OR;
 - Assigned male at birth and have been on feminizing hormone therapy for 5 or more years

HIGH Risk Screening

- No breast symptoms* AND;
- Age 30 74 (after 69, mammo only)
- Known genetic mutation associated with high lifetime risk of breast cancer (i.e., BRCA1, BRCA2, Cowden's syndrome) OR;
- Has declined genetic testing and is a first degree relative of a known mutation carrier (e.g., BRCA1, BRCA2)
 OR;
- High lifetime risk (>25%) of breast cancer, established and documented by a standard breast cancer risk assessment model (e.g., including, but not limited to, CanRisk, IBIS) OR;
- History of chest radiation as cancer treatment before age 30. Screening is not indicated until 8 years after the end of radiotherapy or age 30, whichever date is later

Screening over 75

- Screening over the age of 75 is a personal decision based on informed discussions with a healthcare provider.
- Key factors to consider:
 - Overall health and life expectancy:
 Screening is most beneficial for those who are in good health and have a reasonable life expectancy of 7 to 10 years
 - Comorbidities: Other significant health conditions may reduce the potential benefit of screening, as these conditions may limit life expectancy or complicate treatment options
 - Risks and benefits: As age
 increases, the potential benefit of
 detecting cancer early may decline.
 Risks may also become more
 significant, e.g., false positives,
 overdiagnosis, and overtreatment

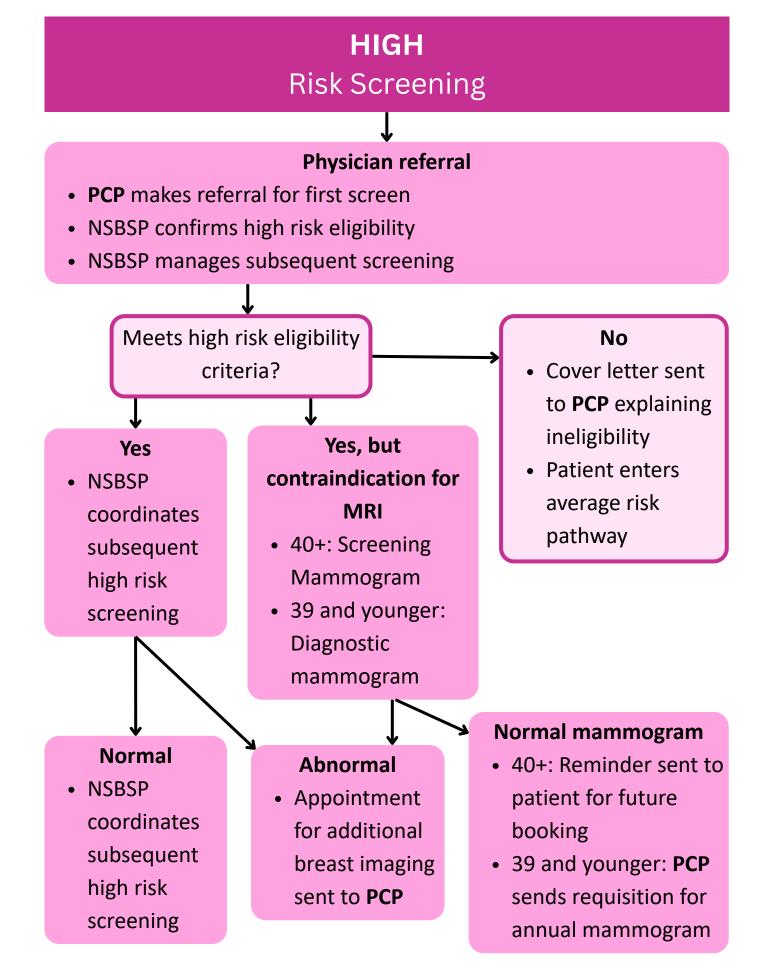
Screening Interval

- Average Risk
 Annual (40-49y); Biennial (50-74y)
- Increased/High Risk Annual



AVERAGE and INCREASED Risk Screening Self-referral • Individual† calls 902-473-3960 or 1-800-565-0548 and books their own appointment Normal or abnormal screening mammogram completed and report sent to individual and their PCP **Normal Abnormal** Appointment for Next screen additional breast reminder sent by imaging sent to **NSBSP** individualt and

PCP



BREAST IMAGING REFERRAL

Diagnostic mammogram

- Symptomatic at any age OR;
- Breast implants (asymptomatic) OR;
- Breast cancer survivor◊

Breast imaging requisition

- PCP faxes req. to 902-473-3959 or 1-866-470-3959
- Appointment for additional breast imaging sent to PCP
- Patient notified of appointment

♦ BREAST CANCER SURVIVOR (Survivor Surveillance)

- Individuals† with personal history of breast cancer AND:
- No symptoms AND;
- No breast implants AND:
- No bilateral mastectomy

Physician referral

- PCP makes first referral
- NSBSP manages subsequent surveillance



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