

AVERAGE  
Risk Screening

- Individual† 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

- Individual† 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 gender-affirming 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)

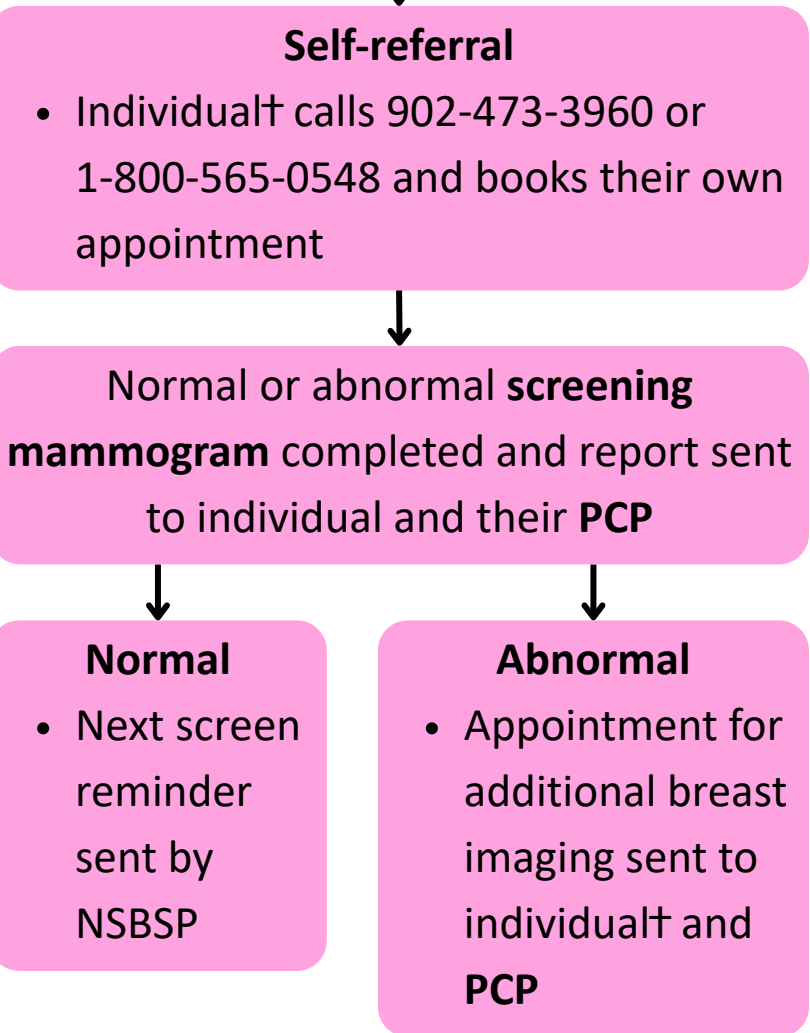
- Known genetic mutation associated with high lifetime risk of breast cancer (i.e., BRCA1, BRCA2, Cowden’s syndrome) OR;
- Has declined genetic testing and is a first degree relative of a known mutation carrier (e.g., BRCA1, BRCA2) OR;
- High lifetime risk (>25%) of breast cancer, established and documented 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

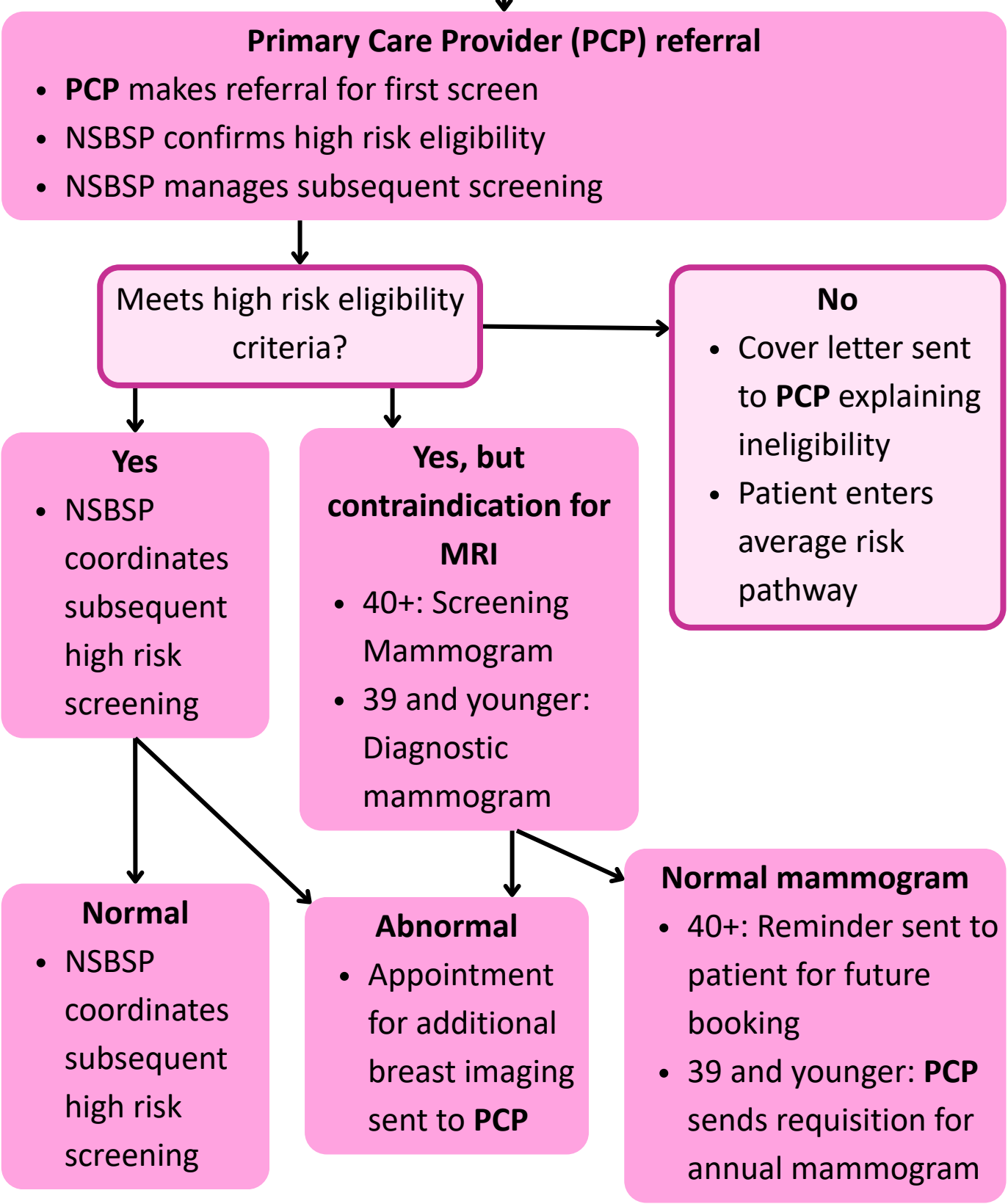
- Screening Interval
- Average Risk
    - Annual (40-49y); Biennial (50-74y)
  - Increased/High Risk - Annual



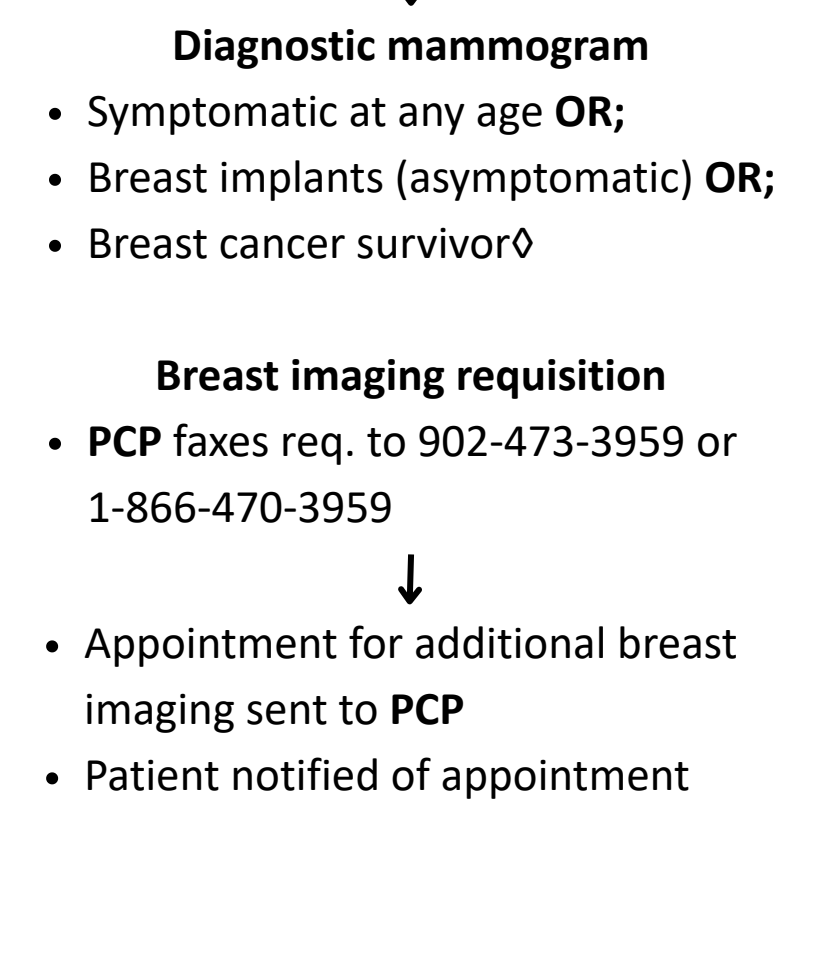
**AVERAGE and INCREASED**  
Risk Screening



**HIGH**  
Risk Screening



**BREAST IMAGING REFERRAL**



**‡ BREAST CANCER SURVIVOR (Survivor Surveillance)**

