



Ascension

# Screening Guidelines: Breast Cancer - Average and High-Risk Individuals

## Executive Summary

The Ascension Oncology Service Line recommends annual screening mammograms for average risk women between age 40 and 74.

Screening is recommended to continue for women age 74 or older who are in good health with a life expectancy of 10 years.

For women with **dense breast tissue and no personal history** of breast cancer or atypia and no significant family history, consider additional screening with breast MRI or 3D mammography.

Clinicians are encouraged to incorporate individual patient values and insurance coverage considerations in shared decision making regarding screening.

Following are additional guidelines for specific populations including: pregnant and/or lactating women, and women at high-risk.

### **Imaging pregnant and/or lactating women:**

- For those qualified based on age and risk status, screen with mammograms
- For abnormal nipple discharge, both diagnostic mammograms and ultrasound are recommended
- For a patient presenting with a lump at any age/risk status, ultrasound should be the first modality considered

### **Screening for high-risk women:**

- For women with a **known pathogenic variant** or those untested with a first-degree relative with a known pathogenic variant for one of the following: BRCA1, BRCA2, CDH1, NF1, PALB2, PTEN, STK11, TP53:
  - Annual screening mammography starting at age 30
  - Consider annual screening breast MRI:
    - TP53 – start at age 20
    - BRCA1, BRCA2, STK11 – start at age 25
    - CDH1, PALB2, PTEN – start at age 30
    - NF1 – age 30-50 only, then discontinue.



Ascension

**Screening for high-risk women *continued*:**

- For women with a **known pathogenic variant** or those untested with a first-degree relative with a known pathogenic variant for one of the following genes: ATM, CHEK2, NBN:
  - Annual screening mammography and annual breast MRI starting at age 40.
- For women with a **20% or greater lifetime breast cancer risk** as calculated by accepted risk assessment models:
  - Annual screening mammography starting at age 35 or 10 years younger than the age at which a first-degree relative was diagnosed, not before age 30.
  - Consider annual screening MRI starting at 10 years before earliest diagnosis of a family member, not before age 25.
- For women with **history of lobular carcinoma in situ (LCIS), atypical lobular hyperplasia (LDH), or atypical ductal hyperplasia (ADH)**:
  - Annual screening mammography from time of diagnosis
  - Consider annual screening MRI
    - ❖ When annual MRI screenings are added, they should alternate every 6 months with annual mammograms.

Clinicians are encouraged to incorporate individual patient values and insurance coverage considerations in shared decision making regarding screening.

*Source and background information is available from your Ministry Market Oncology service line leader.*

*Disease Site Guideline Lead: Douglas Reding, MD, Ascension Wisconsin*

**March 2021**