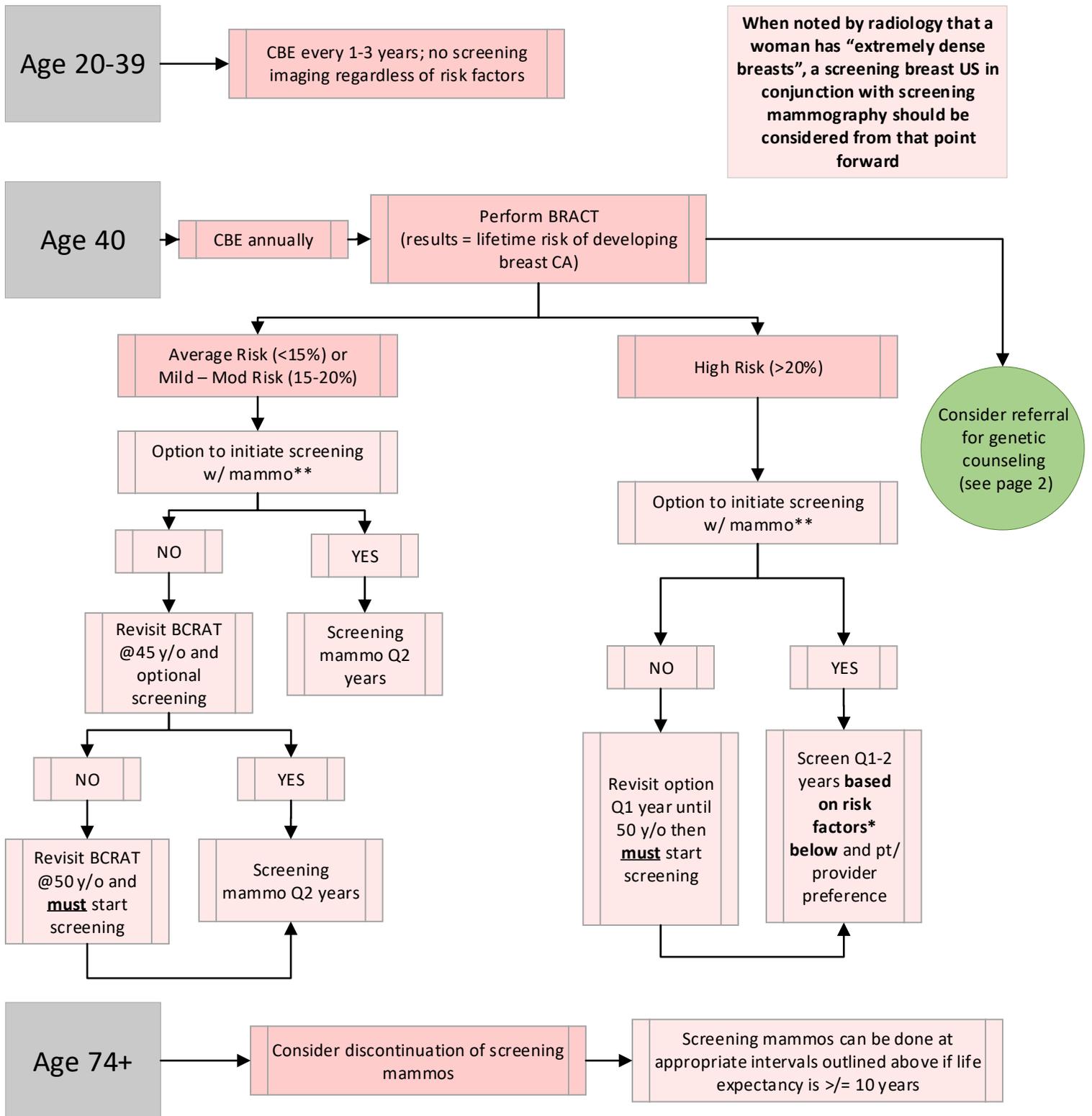


Breast Cancer Screening Recommendations

These recommendations are a culmination of multiple national recommendations and reflect Hudson Headwaters' **minimum requirement** for breast cancer screening. Alternative, medically accepted, care plans for screening can be used if mutually agreed upon by the clinician and the patient AND is clearly documented in the patient's chart.



Federal regulations require that any imaging facility performing mammography services must notify patients with their results by letter which is specific to each BI-RADS classification. Additionally, the letter will inform her if she is found to have dense breasts and that it can increase her risk of cancer with the recommendation that she should discuss further screening with the ordering provider.
(Consult the performing imaging facility for further information as needed)

CBE = Clinical Breast Exam

BCRAT = Breast Cancer Risk Assessment Tool found under Third Party Applications in Athena (also termed the Gail Model); This will be done at 5 year intervals from 40 years old to assess for change in risk until the age of 70.

*** Risk Factors**

- Genetic testing positive for PT53ATM, PTEN, BRCA1 or BRCA2 mutations
- Mother or sister with breast CA (further increased risk for patient if diagnosed family member was younger at the time of diagnosis)
- Age 70-74 (risk increases with inadequate screening)
- First birth over 30 years old or nullparity
- Onset of menopause over 55 years old
- Use of OCP's; past or current
- Current HRT use
- Alcohol consumption of more than 2-5 servings per day
- Patient's bone density lays in the highest quartile
- History of a breast biopsy; benign or atypical pathology
- Daughter of DES exposed mother

****MRI indications**

If ANY of the below criteria are met, then MRI can be considered in place of mammography for breast CA screening:

- Known BRCA mutation
- First degree relative is a BRCA gene carrier
- Had radiation therapy to the chest between ages 10 and 30 years old
- Has genetic mutations resulting in Li-Fraumeni, Cowden or Bannayan-Riley Syndromes
- >20% score on BCRAT

Genetic counseling is generally done through an Oncology group. When a woman is deemed at increased risk for breast cancer and genetic screening indicates a further increased risk, certain prophylactic therapies or procedures to protect against that increased risk can be recommended and should have oncology clearly involved with discussion of such options.