

BreastCheck for Healthcare Providers

Questions?

If you or your patients require assistance accessing BreastCheck, let us know! Email us at screening@cancercare.mb.ca

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Intention

This document is intended for physicians, registered nurses, advanced practice nurses, licensed practical nurses, clinical assistants and/or physician assistants in Manitoba seeking to:

- **Initiate** learning about colorectal cancer screening in Manitoba,
- **Mentor** colleagues in the area of colorectal cancer screening, and/or
- **Review** current practice in Manitoba.

This resource was created to as a supplement to the CancerCare Manitoba Screening Guidelines to help inform healthcare provider practice in supporting patients to be appropriately screened for breast cancer. Additionally, some of the language in this resource is written in plain language and intended for the healthcare providers to use in conversations with patients.

Acknowledgements

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Contact Person

If you have questions or concerns about this resource, contact us.

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Importance of Organized Breast Cancer Screening

Burden of Disease

Breast cancer is one of the most commonly diagnosed cancers in Manitoba. Each year, there are approximately 900 new cases and 200 deaths from breast cancer in Manitoba. By finding these cancers earlier, we can improve survival rates, treatment effectiveness and related costs, and quality of life for people living with cancer in the province.

	STAGE AT DIAGNOSIS (2016)
STAGE	BREAST (FEMALE ONLY)
STAGE I	42.7%
STAGE II	36.7%
STAGE III	12.6%
STAGE IV	6.6%
UNKNOWN	1.4%

(CancerCare Manitoba (2019). Manitoba Cancer System Performance Report. <https://www.cancercare.mb.ca/export/sites/default/About-Us/galleries/files/corporate-publications/System-Performance-Report.pdf>)

The estimated five-year survival rates by stage at time of diagnosis are listed below.

Breast Cancer Stage I has a 100% five-year survival.
Stage IV has a 22% five-year survival.

Canadian Cancer Society (2018). Canadian Cancer Statistics: A 2018 special report on cancer incidence by stage (page 20). <https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2018-statistics/canadian-cancer-statistics-2018-en.pdf>

Quick Facts

- 8 out of 10 breast cancers occur in women age 50 or older.
- Regular mammograms can find breast cancer 2 to 3 years before it can be felt by you or your doctor.
- Only 10% of women diagnosed with breast cancer have a family history of breast cancer.
- Regular screening mammograms are the best way to find breast cancer early.
- Regular screening mammograms have been proven to reduce deaths from breast cancer by 20-30%.

Breast Cancer Screening in Manitoba

What is breast cancer screening?

Cancer screening may occur on an opportunistic or organized basis.

The goal of BreastCheck is to find early stage breast cancer in asymptomatic eligible individuals. Detecting breast cancer at earlier stages can result in treatment that has the possibility of better outcomes. The test used to screen for breast cancer is a screening mammogram.

CancerCare Manitoba's BreastCheck Program

Organized cancer screening programs use a systematic approach to:

- Identify and invite eligible people to participate.
- Implement care across the healthcare system.
- Maintain quality assurance measures to monitor, report, and improve service delivery.

BreastCheck is the provincial organized breast cancer screening program, provided by CancerCare Manitoba. BreastCheck:

- Operates the provincial breast cancer screening registry.
- Promotes equitable opportunities for Manitobans to participate in breast cancer screening.
- Supports the work of Manitoba's healthcare providers.
- Provides consistent communication to patients, healthcare providers, specialists, and stakeholders.
- Facilitates follow-up testing and support for abnormal results and breast cancer diagnoses.
- Monitors and applies current evidence to practice.
- Ensures quality assurance for testing, image review, and follow-up testing.
- Educates the general public and healthcare providers about the importance of screening, and how to access the test.

Role of Healthcare Providers

Healthcare providers are essential partners in organized breast cancer screening program. They support breast cancer screening by:

- Staying current with the CancerCare Manitoba Screening Guidelines.
- Facilitating open, non-judgmental conversations about breast health and breast cancer screening with their patients.
- Discussing the potential benefits and harms of breast cancer screening with their patients.
- Recommending patients eligible for breast cancer screening make an appointment with BreastCheck for a screening mammogram.
- Assess risk early and often to determine your patient's breast cancer screening needs using the [BreastCheck Screening Guidelines](#) (pdf).

[illegible]

Role of the Patient

Patients play an important role in their own healthcare. For cancer screening to work best, patients should:

- Discuss the potential benefits and harms of breast cancer screening with you.
- Participate in routine breast cancer screening.
- Self-monitor for signs and symptoms of breast cancer.

Breast Cancer Risk

In determining an individual's breast cancer risk, the following factors are considered:

- Age.
- Family history of breast and ovarian cancer.
- Personal history of lobular carcinoma in-situ (LCIS), atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH), or breast cancer.
- History of radiation to the chest area in childhood or young adulthood.

A screening mammogram may not be the appropriate test for persons at increased risk of breast cancer. Refer to guidelines for testing recommendations and intervals.

For more information about how to reduce one's risk of breast cancer by addressing modifiable risk factors, see the prevention section towards the end of this document.

Under age 50

Routine breast cancer screening mammograms are not recommended for people under age 50. People under age 50 who are at increased risk (personal or family history factors) or symptomatic should be referred to a diagnostic facility.

Under special circumstances, people under age 50 who are not able to reasonably access a diagnostic facility, may submit a request to be seen at a BreastCheck mobile clinic:

- 1- The person's healthcare provider must complete a [BreastCheck Appointment Form](#) and submit for review at least 4 weeks in advance of a BreastCheck mobile clinic.
- 2- The BreastCheck Medical Lead will review and either approve or decline the appointment.
- 3- BreastCheck will notify the requesting healthcare provider of the review result and required next steps.

People with breast implants

People age 50-74 who have breast implants should be screened for breast cancer with a screening mammogram at a diagnostic facility and require a referral from their healthcare provider to a diagnostic facility (not BreastCheck).

Over age 74

Clients over age 74 can continue with breast cancer screening at BreastCheck if they have already been attending BreastCheck. If an eligible person has not attended BreastCheck prior to age 74 and wants to undergo breast cancer screening, they will need a doctor, physician assistant, or nurse practitioner's referral to a diagnostic site.

History of breast cancer

Individuals with a **family history** of breast cancer can be seen at BreastCheck as long as they also meet BreastCheck's eligibility criteria. At each mammogram appointment, the mammogram technologist will inquire about family history of breast and ovarian cancers. The answers provided will inform the frequency at which the client will need to be seen.

Individuals with a **personal history** of breast cancer require a referral by their healthcare provider to a diagnostic facility.

Patients with signs or symptoms suggestive of breast cancer

Patients with [signs or symptoms](#) which may suggest breast cancer should be investigated appropriately and not be screened with a screening mammogram. A screening mammogram is not intended to be used for diagnostic purposes. Refer patients with breast cancer symptoms to a diagnostic facility using the [Manitoba Provincial Breast Imaging Consultation Request Form](#) (pdf).

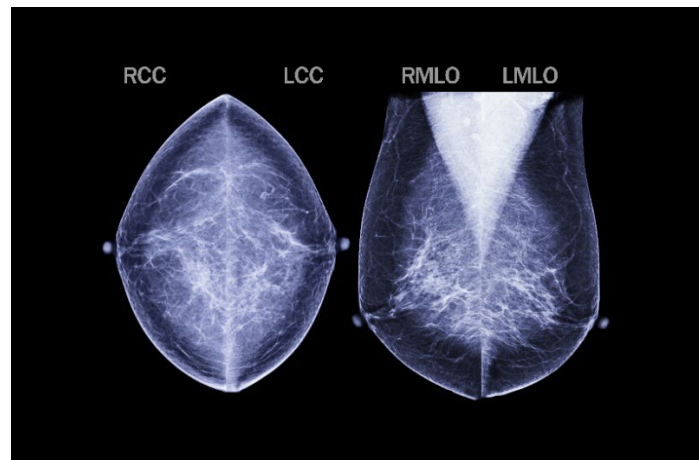
Symptomatic clients in remote communities

Clients should discuss their concern with a healthcare provider. If a client is symptomatic or is at increased risk for breast cancer due to personal or family history factors, and the BreastCheck mobile clinic will be attending the community in the near future, their healthcare provider can submit a request for review at least 4 weeks in advance of a BreastCheck mobile clinic:

- The person's healthcare provider must complete a [BreastCheck Appointment Form](#) (pdf) and submit for review at least 4 weeks in advance of a BreastCheck mobile clinic.
- The BreastCheck Medical Lead will review and either approve or decline the appointment.
- BreastCheck will notify the requesting healthcare provider of the review result and required next steps.

Screening Mammogram

A screening mammogram is an x-ray of the breast tissue. A small amount of radiation is used to create a clear image of the breast tissue. Four views are taken, two views of each breast. Two positions are used:



CC = bilateral craniocaudal

MLO = mediolateral oblique

Screening mammogram sensitivity
(True positive rate) for cancer

89%

Screening mammogram specificity
(True negative rate) for cancer

95%



Tell patients

Breast Cancer

- Breast cancer is one of the most commonly diagnosed cancers in Manitoba.
- 8 out of 10 breast cancers occur in women age 50 or older.

Breast Cancer Screening

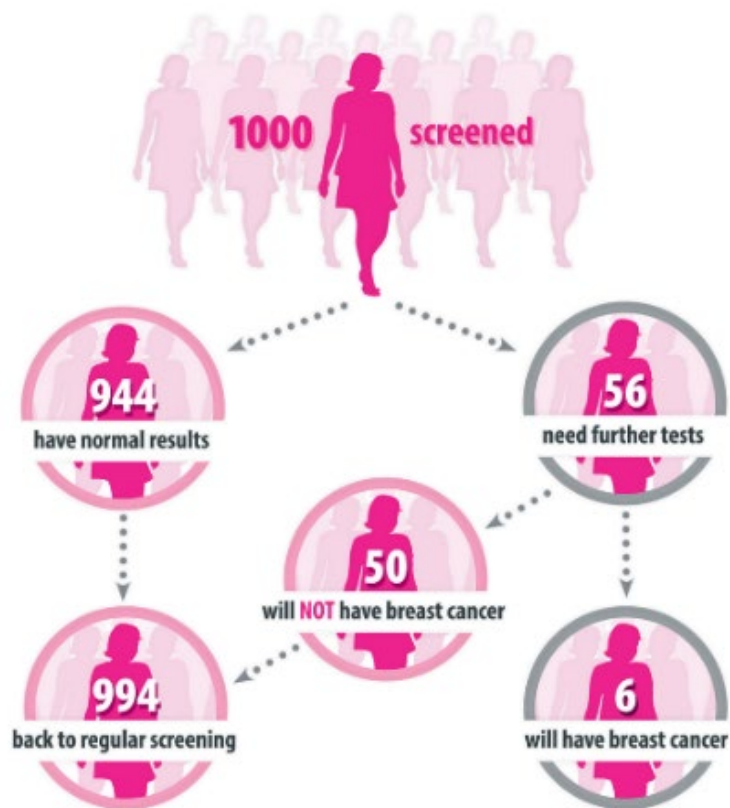
- Regular mammograms can find breast cancer 2 to 3 years before it can be felt by you or your doctor.
- Only 10% of women diagnosed with breast cancer have a family history of breast cancer.
- Regular screening mammograms are the best way to find breast cancer early.

The Screening Mammogram

- Bring your Manitoba Health card to the appointment.
- The entire appointment takes between 10 to 20 minutes.
- Avoid wearing any lotion, deodorant, or powder on your chest or in your armpit area.
- Do wear a two-piece outfit on the day of the appointment.
- You will be asked a series of questions prior to your mammogram to determine your risk for breast cancer and your recommended screening interval (every 1 or 2 years).
- You will be asked to remove your clothes from the waist up.
- A screening mammogram does not require any fasting, sedation, or needles.
- Four images will be taken, two on each breast, and each image last seconds.
- You will feel pressure when the breast tissue is compressed.
- Compression:
 - is not harmful to the breast tissue.
 - is used to get a clear image of the breast tissue.
 - reduces the amount of radiation needed for the mammogram.
 - is tolerable for most clients.
 - lasts only for a few seconds.
- You are in control of the test and can stop it at any time.

Results

- A radiologist will read your images within a few days after your mammogram. BreastCheck will notify you and your healthcare provider of the result within 2 weeks.
- Of 1000 women screened at BreastCheck,
 - 944 will have a normal result.
 - 56 will have an abnormal result and go for follow-up testing.
 - Of those 56, 6 people will have breast cancer.
- If you require further testing, you may be referred for additional testing which could include:
 - Diagnostic mammogram with or without biopsy.
 - Ultrasound with or without biopsy.



Health Promotion & Education

Health Promotion

With the support of the CancerCare Manitoba Foundation, CancerCare Manitoba implements targeted awareness public campaigns to increase participation in breast cancer screening. A variety of media are used: digital, social media, posters, billboards, radio ads, and more. If you have a specific need in your community for health promotion or a health promotion resource, contact the Health Educator Professionals at the CancerCare Manitoba Screening Programs:



☎ Call 1-855-95-CHECK and to speak with a Health Educator.

✉ Email the Health Educator Team at Screening@cancercare.mb.ca

We have a variety of resources to support health promotion. If you cannot find what you are looking for on our website, let us know what you what you are looking for, and might already have something that would be helpful.

Education

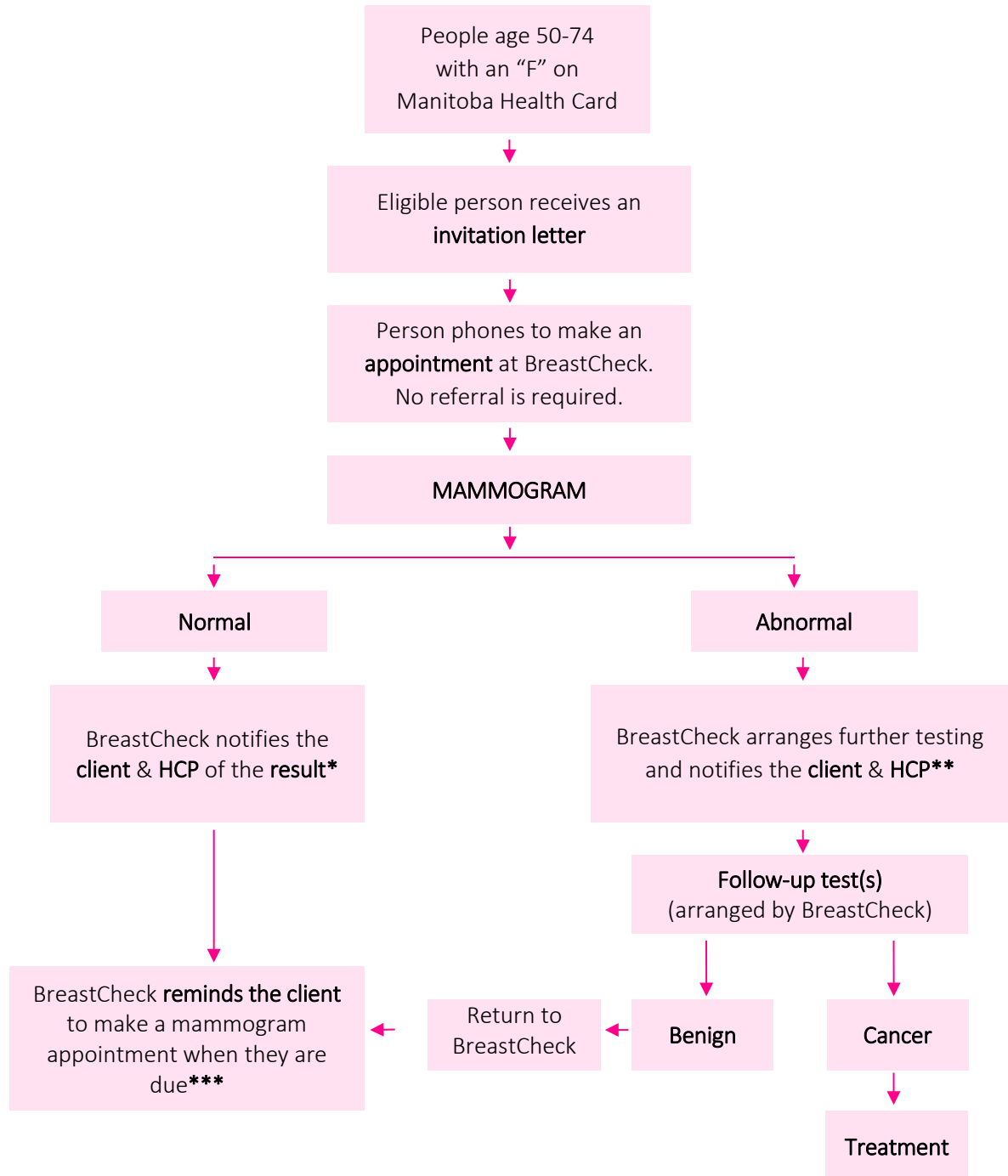
CancerCare Manitoba Health Educators are trained professionals in a variety of disciplines including public health, education, and marketing. They provide education to the general public, underserved community groups, and training for community educators, and healthcare providers, about:

- The eligibility criteria for participating in breast, colorectal, or cervical cancer screening.
- How to access the various cancer screening tests.
- The potential benefits and harms of participating in cancer screening.
- Education, health promotion, and recruitment strategies for cancer screening.

Contact us if you have a specific education request for community members or providers.

Community	Make an online request using our Education Request Form found at https://www.cancercare.mb.ca/screening/info
Healthcare Providers	Contact the Health Education Team at: 1-855-95-CHECK (ask to speak with a Health Educator) or Screening@cancercare.mb.ca

BreastCheck Pathway



*within 2 weeks of the BreastCheck mammogram
**within 5 days of the BreastCheck mammogram
***within 2 years of the last BreastCheck mammogram

HCP= Healthcare Provider
BreastCheck phone number: 1-855-95-CHECK

Potential Benefits and Harms of Breast Cancer Screening

Discuss breast cancer screening with your patients to:

- foster the participant's understanding of the test, its potential benefits and harms, and
- support the participant to make an informed decision about cancer screening that is consistent with their preferences and values.

Potential Benefits

Reduced cancer mortality	- 20-30% fewer women will die from breast cancer. This is due to early detection. Most breast cancers discovered through regular screening are found at an earlier stage when there may be more treatment options and better chance of survival or cure.
Enhanced treatment options	- Earlier detection may result in simpler treatment, more treatment options, and/or less need for radiation and chemotherapy.

Potential Harms

False positives	- A false positive result is a result that comes back as positive when really it is negative. False positive screening tests can result in unnecessary and potentially invasive follow-up.
False negatives	- A false negative result comes back as negative when really it is positive. False negative screening tests can result in missed cancers, and potential delays in diagnosis and treatment. Screening with mammography does not find all cancers.

Potential Harms (continued)

Overdiagnosis	<ul style="list-style-type: none">- Screening mammograms are not guaranteed to save your life. Not all breast cancers found at screening can be cured. Some people will die of breast cancer even though it was found by a screening scan; some will die of something else before they would die of breast cancer. For these people, their quality and length of life may not be increased by finding the breast cancer. There is no way to know who will fall into these groups and who will be truly helped by screening.
False reassurance	<ul style="list-style-type: none">- While cancer screening is effective in reducing mortality, interval cancers (cancer diagnoses that occur between screening tests) do occur.- If you notice any symptoms, even if your most recent screening test result was normal, contact me.
Distress	<ul style="list-style-type: none">- Breast cancer screening can cause some people to feel distress and anxiety. If this is a concern for you, let's discuss further.
Radiation	<ul style="list-style-type: none">- Radiation is found all around us – the sun, the ground, and even rocks give off radiation. This type of radiation is called background radiation.- A screening mammogram uses a very low dose of radiation. The dose of radiation from a mammogram is about the same as the dose of <i>background radiation</i> you would receive in 2 months.- The benefits of breast cancer screening likely outweigh the risks of radiation exposure from a screening mammogram.- Research shows that the risk of developing and dying from a cancer caused by the radiation from a mammogram is minimal.

Screening Mammogram Access

Program Recruitment

BreastCheck sends a letter of invitation to participate in breast cancer screening as people become eligible according to their age.

No referral is required for an eligible patient to participate in breast cancer screening at BreastCheck. Patients should call BreastCheck at 1-855-952-4325 to make an appointment. Interpreter services are available upon request.

BreastCheck Clinics

BreastCheck has six clinics in total. Patients call the same number to make an appointment regardless of the location.



BreastCheck Brandon

620 Frederick Street
Monday – Friday
8:00am – 3:30pm



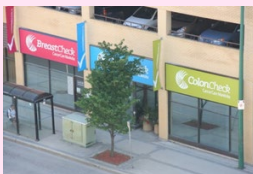
BreastCheck Boundary Trails

Jct. Hwy 2 & 14, Winkler
Tuesday and Friday
8:15am – 3:15pm



BreastCheck Thompson

Thompson General Hospital
871 Thompson Drive
Thursday
8:30am – 2:20pm



BreastCheck Winnipeg

#5-25 Sherbrook Street, Winnipeg
Monday – Friday from 8:00am – 5:00pm
Saturday from 8:00am – 3:30pm



BreastCheck Mobile Clinics (2)

The BreastCheck has two mobile clinics that visit over 90 locations across Manitoba every two years. Visit www.cancercare.mb.ca/breastcheck to see a map of upcoming BreastCheck clinics.

BreastCheck Mobile Clinics

BreastCheck visits approximately 90 communities across Manitoba every two years. Communities that host a mobile clinic were selected based on physical environment (access to power, transportation) and the needs of the Manitoba population. Generally, a community hosts a clinic once every two years, but if the size of population warrants, a community may host annual clinics. BreastCheck works with site contacts to plan each visit and coordinate the program:

**6-8 weeks
before the
scheduled
visit:**

- BreastCheck reaches out to the community contacts to begin the planning process.
- Community contacts may assist in planning, promotion, and organizing group trips to the mobile clinic.

**6 weeks
before the
scheduled
visit:**

- BreastCheck mails a letter to each client who is eligible in the area.
- BreastCheck updates their mobile map found at <https://www.cancercare.mb.ca/screening/info/breast#clinics> to list an open site as “Booking appointments.” Contact information to book the appointment can be found under each listing at the link above.

**4-6 weeks
before the
scheduled
visit:**

- BreastCheck engages community contact to post promotional literature within site location to inform the community that it is “coming soon.” This can include: newspaper or newsletter pieces, radio promotion, and posters at local locations.

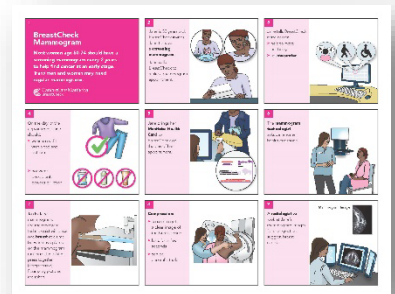
**1-2 days
before the
scheduled
visit:**

- BreastCheck mobile vehicle arrives in the community for set-up and to prepare for the appointments.

Making the Test More Accessible

Language Barriers

- BreastCheck provides free interpreter services to support Manitobans who are not English or French speaking. This service is promoted in an insert found in all BreastCheck correspondences that reads:
 - *Free interpreter services are available. To get translated information about cancer screening call CancerCare Manitoba at 1-855-952-4325. Cancer screening can save your life.*
- BreastCheck has an **illustrated version** of the main program brochure in English and French. This resource explains the breast cancer screening process using illustrations and minimal text. It can be downloaded from:
<https://www.cancercare.mb.ca/screening/resources>



Manitoba Health Card



BreastCheck sends eligible people invitation, recall, and result letters based on the address information on their Manitoba Health Card. It's important to remind patients to maintain their Manitoba Health Card information. If a patient moves they should update their Manitoba Health Card information with Manitoba Health at <https://forms.gov.mb.ca/notice-of-change/index.html> or by phone at 204-786-7101, toll free 1-800-392-1207, or through the deaf access line TTY/TDD at 204-774-8618.

Clients with Mobility Issues

BreastCheck staff provide support to clients needing assistance:

- navigating the waiting areas.
- positioning during the mammogram.



All BreastCheck clinics are wheelchair accessible (BreastCheck mobile clinics have a motorized lift). Mammograms can be performed while the client is seated.

Department of National Defense (DND) Clients

DND clients without an MHSC or PHIN number can request an appointment by calling BreastCheck:

1. When calling BreastCheck to make an appointment, the client should state they are from the Department of National Defense and under federal coverage.
2. BreastCheck will use the client's DND number to facilitate a BreastCheck appointment.

Travelling for appointments

Patients travelling for a cancer screening appointment may be entitled to reimbursement for travel. Appointment confirmation letters can be requested from BreastCheck.

Community-Led Facilitation to BreastCheck Clinics

BreastCheck will work with community healthcare providers to facilitate access to BreastCheck clinics to increase participation in the community. This may include:

- Group trips
- Transportation
- Promotional posters
- Educational materials

For more information contact: Screening@cancercare.mb.ca

Questions Asked by BreastCheck

Each patient is asked a series of questions at different points in the breast cancer screening process. The questions are asked to assess eligibility to participate in breast cancer screening, and a patient's individual risk for breast cancer, and the interval at which they should be screened moving forward.

First BreastCheck Appointment Eligibility Questions

1. What made you call today?
2. Do you currently have breast implants?
3. Are you currently having any problems with your breasts?
4. Have you ever had breast cancer?
5. When was your last mammogram (if ever) use month and year? (e.g.; June 2015)
6. Where did you have your last mammogram?
7. Do you have any physical limitations?

Subsequent BreastCheck Appointment Eligibility Questions

1. What made you call today?
2. Have you had a mammogram since your last (breast cancer screening) appointment?
 - a. ...if yes, what was the reason for the mammogram?
 - b. ...if yes, when was the mammogram?
 - c. ...if yes, where was the mammogram performed?
3. Do you currently have breast implants?
4. Have you ever had breast cancer?
5. Are you currently having any problems with your breasts?
6. Do you have any physical limitations?

During the BreastCheck Appointment

1. Are you aware of any problems with your breast tissue?
2. What is your height and weight?
3. Have you ever had breast surgery?
4. What is your highest level of education?
5. Are you willing to be contacted in the future for studies related to breast cancer?
6. How old were you when you had your first menstrual period?
7. Have you had a menstrual period in the last year?
8. At what age did you have your last menstrual period?
9. Have you had a hysterectomy?
10. Have you had **both** your ovaries removed?
11. Have you ever used hormone replacement therapy?
12. How many pregnancies have you carried to 20 weeks or more gestation?
13. Are you of Ashkenazi Jewish descent?
14. Have you ever had ovarian cancer?
15. Is there a history of breast or ovarian cancer in your family?



The questions above are available in print in English, French, Chinese, Vietnamese, German, and Punjabi. After the questions have been addressed, the client will be asked to remove their bra and top. BreastCheck gowns are available for use and come in a variety of sizes.

Mammogram Technologists provide directions on how to participate in the test, and provide adaptations when needed. For example, if a client is in a wheelchair, the mammogram machine can be lowered so the images can be taken while the client is in the wheelchair.

Screening vs. Diagnostic

Reason for Mammogram

SCREENING MAMMOGRAM	DIAGNOSTIC MAMMOGRAM
Routine imaging of the breast for early breast cancer detection in eligible, asymptomatic people.	Targeted imaging to investigate a concern in the breast.

There is often confusion about which site a patient should be seen at for a mammogram. Below is a chart to help clarify. If you have questions, contact BreastCheck at screening@cancercare.mb.ca

Mammogram Site

	BREASTCHECK CLINIC	DIAGNOSTIC CLINIC
Eligibility	<ul style="list-style-type: none">- Asymptomatic females age 50-74 with no breast implants- Asymptomatic age 50-69 trans men, non-binary, and gender diverse people who have not had chest surgery- Asymptomatic age 50-69 trans female, non-binary, and gender diverse people who have been on gender-affirming hormone therapy for 5 years or more <p>Individuals with a strong family history of breast cancer are eligible for screening at BreastCheck if they also meet the above criteria.</p>	<ul style="list-style-type: none">- Asymptomatic female age 50-74 with breast implants- Asymptomatic trans female, non-binary, and gender diverse people age 50-69 with breast implants,- Is under age 50 and:<ul style="list-style-type: none">▪ Has a personal history of lobular carcinoma in-situ, atypical ductal hyperplasia, or atypical lobular hyperplasia, or▪ has BRCA1 and/or BRCA2 gene mutations.- Is of any age and:<ul style="list-style-type: none">▪ symptomatic for breast cancer,▪ has a personal history of breast cancer.
Referral required	No	Yes
How to Make Appointment	Clients should call BreastCheck, CancerCare Manitoba at 1-855-95-CHECK to make an appointment.	For referrals to a diagnostic facility , use the Manitoba Provincial Breast Imaging Consultation Request form. A full list of diagnostic mammography locations can be found on the form linked above.

Results and Follow-up

Mammogram images are read by a radiologist the same or next day. Results are either:

Normal

No abnormalities were found in the mammogram images. Approximately, 94% of BreastCheck results are normal.

BreastCheck will:

- Review the digital images and create a report with the findings.
- Send the breast cancer screening result (mammogram result and breast density category) letter to the client and healthcare provider within 2 weeks. The recommended interval for the next screening mammogram (one or two years) will be indicated.

Abnormal

Approximately, 6% of BreastCheck results are abnormal meaning that the mammogram image(s) showed something that the radiologist wants to examine further with follow-up test(s).

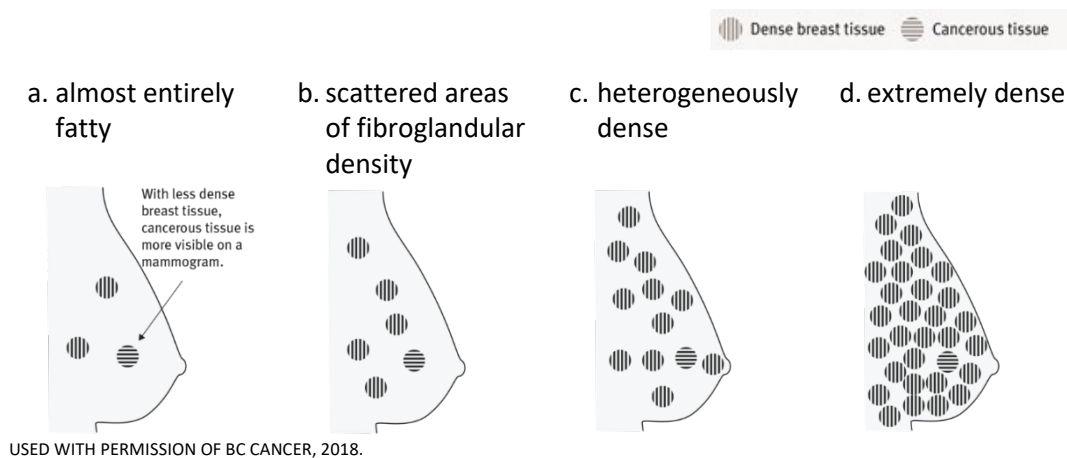
BreastCheck will:

- Review the digital images and create a report with the findings.
- Phone the client to notify them of their breast cancer screening result, and advise them of their follow-up diagnostic appointment within 5 days.
- Send the breast cancer screening result (mammogram result and breast density category) letter to the client and to their healthcare provider including information on their follow-up appointment.

Breast Density Category

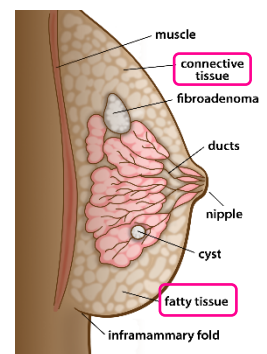
In addition to the breast cancer screening result, the radiologist will also report the breast density **category**.

Breast density is how breast tissue appears on a mammogram image. Breast tissue is made up of two types of tissue: glandular and connective (dense) tissue and fatty (non-dense) tissue. A person's breast tissue may be called dense if they have more glandular tissue than fatty tissue. Breast density is measured by a radiologist using the Breast Imaging Reporting and Data System (BI-RADS). Breast density categories are grouped into one of four categories (a, b, c and d):



Tell patients

- **Breast density is not an abnormal finding.** It is a measure of the ratio of glandular and fibrous connective tissue to fatty tissue in the breast.
- **Breast density can only be assessed on a mammogram by a radiologist.** It is not related to the way breast tissue feels, and cannot be measured with a clinical exam.
- **Breast density can affect breast cancer risk** in two ways:
 - o Dense breast tissue masks cancerous tissue on mammograms, thereby decreasing the sensitivity.
 - o Increased breast density is an independent risk factor for breast cancer.
- Despite this increased risk, **there is no known association between dense breasts and increased breast cancer mortality.**
- There is insufficient evidence to show that women with dense breasts who are otherwise at average risk, should have more frequent mammograms or different screening tests (e.g. MRI, ultrasound). Mammography is the most effective



screening test for women age 50-74 to reduce breast cancer mortality. We do not recommend referring women for additional testing based only on their density.

- **No screening test is perfect.** We encourage you to know what looks and feels normal for your breasts and to book an appointment with myself if you notice any changes in the breast tissue, even if your most recent screening mammogram was normal.

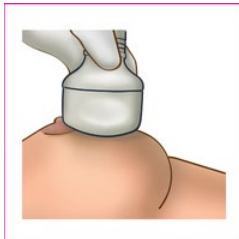
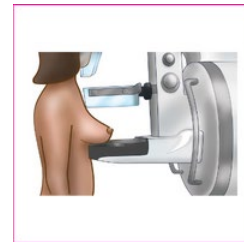
Follow-Up for an Abnormal Screening Mammogram Result

Results are communicated to the patient within 5 days. BreastCheck mammogram results are reported as normal or abnormal.

The type of follow-up needed after a screening mammogram depends on size, appearance, changes in calcification(s) or mass(es) found by the radiologist. The radiologist assesses the abnormality(ies) for the likelihood, or *chance*, that it is or will develop into cancer. Possible follow-up tests recommended after an abnormal screening mammogram result may include:

Diagnostic Mammogram

A diagnostic mammogram is performed the same way as a screening mammogram. It focuses on a specific area of the breast by taking x-ray images from different angles of the breast, applying extra pressure, or magnifying tissue.



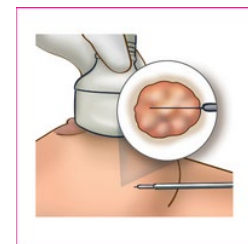
Breast Ultrasound

A breast ultrasound uses sound waves to create an image of the breast. A technologist or radiologist will glide a wand-like device over the breast to create an image.

Ultrasound core biopsy

An ultrasound core biopsy uses a needle to remove tissue for testing when a lump can be felt, or seen on an ultrasound.

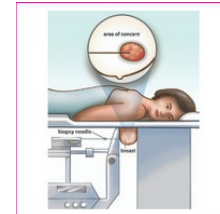
- A probe (wand) will be pressed against your breast to create an image and find the area of concern. You will feel some pressure on your breast.
- A small amount of local anesthetic (freezing) is injected into your breast with a needle. You will feel a sting.
- A small cut will be made in the breast area where the tissue will be removed.



- You may hear a click as the tissue samples are collected (biopsy).
- A bandage is placed over the skin opening.

Stereotactic biopsy

A stereotactic core biopsy uses a needle to remove tissue when an area is seen only on a mammogram.



- A small amount of local anesthetic (freezing) is injected into your breast with a needle. You will feel a sting.
- You will lie face down on a table and place your breast through a hole in the table. The breast is compressed in a mammography machine. You will feel some pressure in the breast.
- A small cut will be made in the area of the breast where the biopsy needle will be inserted. A sample of tissue will be taken (biopsy).
- A bandage is placed over the skin opening.



Tell patients

- You will be provided information about the test, the appointment time, and directions to access the follow-up test(s) for which you are recommended.
- Maintain any follow-up appointments. Screening works best when you receive regular screening to monitor for any changes and attend all recommended follow-up testing appointments.
- If you require support during this time, you can contact the [Breast and Gynae Cancer Centre of Hope](#) at 204-787-2970 or toll free at 1-866-561-1026.

BreastCheck Forms & Resources

Below is a listing of commonly used resources and forms related to breast cancer screening. All resources can be found at www.cancercare.mb.ca/screening/hcp under BreastCheck.

BreastCheck Screening Guidelines

Forms

[BreastCheck Appointment Form](#) (pdf)

Healthcare Provider Resources

[BreastCheck Results: Patient Discussion Guide](#) (pdf)

[BreastCheck Results: Patient Discussion Guide References](#) (pdf)

[Breast Health Services](#) (pdf)

[Recall Guidelines](#) (pdf)

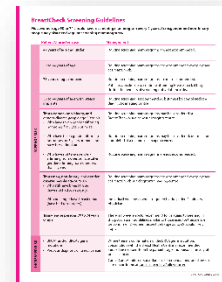
Patient Resources

What you need to know about reducing your risk of dying from breast cancer
[English](#) | [French](#)

BreastCheck mammogram illustrated guide [English](#) | [French](#)

Breast Health: What is normal? booklet [English](#) | [French](#)

To view/order resources, [click here](#).



Breast Cancer Symptoms

Tell patients

It is important to know how your breasts normally look and feel so you can notice changes. Let me know if you notice any changes that are not normal for you, and last more than a few days, such as:



puckering of the skin



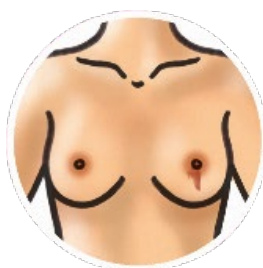
change in the size,
shape, or colour



a change in the nipple



thickened hard skin that
feels different than the
rest of the breast tissue



new or bloody discharge



a new lump

With your consent, I will examine your breasts and determine if you need further testing.
Most breast lumps or changes are not cancer.

Breast Cancer Prevention



Tell patients

To reduce your risk of dying from breast cancer:

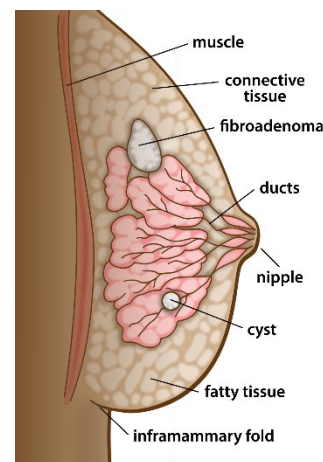
1- Get checked

Mammograms are the best way to find breast cancer early. When found early, there may be more treatment options and a better chance of a cure.

2- Be breast aware

Breast tissue extends across your chest from the underarms. Breast tissue can feel very lumpy because of fatty and non-fatty tissues that give the breast support and shape. Most of the time, lumps in the breasts are part of normal tissue.

Breasts go through many changes over your lifetime. Factors that can change the lumpiness or way your breasts feel include age, hormone levels, and breast-feeding. For example, as a woman ages, the balance between the amount of fatty and non-fatty tissue changes. With age, breasts have more fatty tissue.



Cysts and fibroadenomas are common lumps felt in the breast that do not cause breast cancer:

- A cyst is a pocket of fluid.
- A fibroadenoma is a solid lump of normal breast tissue.

It is important to know how your breasts normally look and feel so you can notice changes. Make an appointment with me if you notice any signs or symptoms (listed under the [symptoms section](#) of this document) that are not normal for you and last more than a few days.

3- Live a healthy lifestyle wherever possible



Maintain a healthy weight

- Maintain a weight within the healthy range.



Eat well

- Eat plenty of fruits and vegetables, whole grains, beans and lentils.
- Limit fast foods, highly processed foods, sugar-sweetened drinks and red meat.



Move more

- Be physically active for at least two and a half hours per week.
- Avoid sitting for more than six hours a day.



Avoid alcohol

- It is best not to drink alcohol. The less alcohol you drink, the more you reduce your risk.



Live smoke free

- Do not start smoking, quit smoking if you do smoke, and avoid second-hand smoke.
- Keep tobacco sacred. Do not smoke commercial tobacco.*

*Commercial tobacco smoke contains more than 7,000 chemicals, at least 250 of which are known to be harmful and over 70 can cause abnormal cell growth which can then become cancer. Traditional tobacco is unprocessed, natural tobacco gathered and used by some Indigenous peoples as a part of their cultures. Traditional tobacco is considered a sacred plant with immense healing and spiritual benefits in some Indigenous cultures, where it is used for rituals, ceremonies, and prayers. When commercial tobacco is used instead of traditional tobacco, it can be harmful.

Key Evidence

Canadian Association of Radiologists. (2016). CAR practice guidelines and technical standards for breast imaging and intervention. <https://car.ca/wp-content/uploads/Breast-Imaging-and-Intervention-2016.pdf>

Canadian Cancer Society Statistics. <https://cancer.ca/en/research/cancer-statistics/canadian-cancer-statistics>

Canadian Population Attributable Risk of Cancer (ComPARE) study. (2019). *Number of cancer cases that could be prevented in Manitoba*. https://prevent.cancer.ca/wpcontent/uploads/2019/05/CMPR_1pgr_NmbrCasesPrev-MB-EN.pdf

Canadian Population Attributable Risk of Cancer (ComPARE) study. (2019). Impact of risk factors. <https://data.prevent.cancer.ca/future/impact-of-cancer>

Canadian Task Force on Preventive Health Care. (2018). *Recommendations on screening for breast cancer in women 40-74 years of age who are not at increased risk of breast cancer*. <https://canadiantaskforce.ca/guidelines/published-guidelines/breast-cancer-update/>

Claus E.B., Risch N., Thompson W.D. (1994). Autosomal dominant inheritance of early-onset breast cancer. *Cancer* (73),643-51.

The College of Physicians and Surgeons of Manitoba. (2013). Manitoba Diagnostic Imaging Standards. <http://www.cpsm.mb.ca/assets/MANQAP/Mammography-Standards-April-2013.pdf>