

# Screening Guidelines

PATIENT CHARACTERISTICS	RECOMMENDATIONS
40 years of age or under	Routine screening mammograms are <b>not</b> recommended
40 to 49 years of age at average risk	Routine screening mammograms are <b>not</b> recommended Benefits and harms of screening should be discussed with patients to support informed decision making Women who choose to be screened should be referred to a diagnostic center
50 to 74 years of age <ul style="list-style-type: none"> <li>• no signs or symptoms of breast cancer (e.g. lumps or nipple discharge)</li> <li>• no breast implants</li> <li>• no previous diagnosis of breast cancer</li> </ul>	<b>Routine screening mammograms every 2 years</b> BreastCheck may screen annually based on: <ul style="list-style-type: none"> <li>• significant family history*</li> <li>• pathological diagnosis of lobular carcinoma in-situ (LCIS) or atypical ductal hyperplasia (ADH)</li> </ul>
75 years of age or over	Routine screening mammograms are <b>not</b> recommended Benefits and harms of screening should be discussed and women can choose to continue attending BreastCheck Discuss stopping screening when there are: <ul style="list-style-type: none"> <li>• comorbidities associated with a limited life expectancy</li> <li>• physical limitations for mammography that prevent proper positioning</li> </ul>
Symptomatic	Perform a clinical breast exam to aid with assessment Refer to a diagnostic centre for mammogram, ultrasound and/or surgical consultation If a mammogram is negative in the presence of a palpable abnormality, send for further assessment
Breast implants	Based on age refer to a diagnostic center for screening
Confirmed BRCA gene mutation	Consult with the WRHA Breast Health Centre or a breast specialist Monitoring will vary depending on age and personal history of breast cancer
Breast cancer diagnosis	Refer to a diagnostic centre for mammogram or other follow up

\*  $\geq 25\%$  lifetime risk of developing breast cancer based on the Claus Model, which takes into consideration the number of first or second degree blood relatives (male and female) diagnosed with breast cancer and/or ovarian cancer, and the age at which they were diagnosed.

## Potential Benefits & Harms of Breast Screening with Mammography

BENEFITS	HARMS
<ul style="list-style-type: none"> <li>• Randomized controlled trials (RCT) have demonstrated a 21% reduction in deaths from breast cancer among women who are screened. For women screened through BreastCheck the reduction was 23%</li> <li>• Detecting cancer at an early stage may result in simpler treatment, more treatment options, and less need for chemotherapy</li> <li>• May provide peace of mind knowing cancer was not found on a screening mammogram</li> </ul>	<ul style="list-style-type: none"> <li>• False positives</li> <li>• False negatives</li> <li>• Screening and follow up may cause anxiety</li> <li>• Overdiagnosis. Screening may result in detection of conditions which may not have become clinically significant in a patient's lifetime and may result in unnecessary interventions and/or treatment</li> <li>• Discomfort or pain from the mammogram</li> <li>• Radiation exposure</li> </ul>

## Management of Mammography Results

RESULTS	MANAGEMENT
Normal (negative)	BreastCheck will recall these women every 1 or 2 years depending on the radiologist's recommendations
Abnormal (positive)	<p>BreastCheck will coordinate further testing, as recommended by the radiologist, for women whose clinicians have given BreastCheck permission for direct referral. Follow up tests may include:</p> <ul style="list-style-type: none"> <li>• diagnostic mammogram</li> <li>• ultrasound, with or without a core biopsy</li> <li>• stereotactic core biopsy</li> <li>• surgical consultation</li> </ul> <p>If BreastCheck does not have permission for direct referral, it is the clinician's responsibility to arrange for follow up tests</p>

## Key Messages

- Routine clinical breast exams and breast self exams are **not** recommended. Encourage women to know how their breasts normally look and feel.
- The balance of benefits and harms differs by age. Refer to the Canadian Task Force on Preventive Health Care Recommendations and Public Health Agency of Canada Decision Aid for Breast Cancer Screening to support decision making ([canadian-taskforce.ca](http://canadian-taskforce.ca) or [publichealth.gc.ca/decisionaids](http://publichealth.gc.ca/decisionaids)).
- Women at higher risk for breast cancer should have individualized assessment as general screening recommendations do not apply. Higher risk is based on factors such as:
  - previous diagnosis of breast cancer,
  - significant family history,\* and/or
  - mutations in the BRCA1/BRCA2 genes.
- The sensitivity of mammography is about 80% and the specificity is about 95%.

## BreastCheck Operations

- Invites and recalls women 50 to 74 years of age for mammography screening. No referral or invitation letter is required to attend BreastCheck.
- Accepts women 40 to 49 years of age at BreastCheck mobile sites, if they have a significant family history, have limited access to a diagnostic facility, and are referred by a primary care provider.
- Sends result letters to women and their primary care provider.
- Coordinates education and awareness activities for the public and health care professionals.
- Permanent screening sites are located in Brandon, Morden/Winkler, Thompson and Winnipeg. In addition there are 90 mobile sites province-wide.