



Clinical Guideline* | Breast Cancer Screening

SUMMARY OF CLINICAL GUIDELINE	
Disease or Condition	Breast Cancer
Guideline Title:	Risk Group Based Breast Cancer Screening Recommendations
Guideline Source:	American College of Radiology (ACR), Society of Breast Imaging (SBI)
Guideline Link	https://www.jacr.org/article/S1546-1440(17)31524-7/pdf?code=jacr-site
Guideline Original Date	January 19, 2018
Guideline Most Recent Revision Date	March 2018
CHC Review Dates	<p>Guidelines and Components in Summary were reviewed and approved September 2018 by the Breast Cancer Screening in Primary Care Workgroup. Recommendations for adoption referred to the Board of Managers for approval on September 2018.</p> <p>Guideline Approval/Update/Revision Meetings:</p> <ul style="list-style-type: none"> • Approved September 2018 • Revisions reviewed and approved on January 21, 2021 • Will be reviewed with updates or at least every two years.
Guideline Summary	<p>Risk Group Based Breast Cancer Screening Recommendations</p> <ol style="list-style-type: none"> 1. Overview of recommendations: <ul style="list-style-type: none"> • Annual mammographic screening beginning at age 40 for women of average risk. Higher-risk women should start mammographic screening earlier and may benefit from supplemental screening such as contrast-enhanced breast MRI.
Implementation Components <i>Identify component(s) of the guideline CHC should adopt.</i>	<p>Key Components/Messages:</p> <ul style="list-style-type: none"> • Breast cancer screening ages should vary depending on what category of risk the patient is in • A detailed patient history and risk analysis should be obtained to guide the recommendation of breast cancer screening. This should start between the ages of 25-30. • The detailed history and risk analysis should also guide the method of breast cancer screening (e.g. Digital Mammography +/- Breast MRI)



Clinical Guideline* | Breast Cancer Screening

<p>Recommendations/ Other Considerations</p>	<p>All women, especially black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening.</p> <p>High Risk Women Screening Intervals:</p> <ul style="list-style-type: none"> • Hereditary susceptibility from pathogenic mutation carrier status and prior chest wall radiation between the ages of 10-30 – Annual MRI starting at 25 and annual Mammogram starting at 30 years of age • Predicted lifetime risk > 20% based on any risk calculation model or a strong family history – Annual Mammogram start at 35 and MRI depending upon physician recommendation • Women with a history of breast cancer <ul style="list-style-type: none"> ○ For Women > 50 with non-dense breasts – Annual Mammogram is recommended ○ For Women < 50 or with dense breasts – Annual Mammogram is recommended and MRI depending upon physician recommendation <p>Age at which annual mammography screening should end:</p> <ul style="list-style-type: none"> • This is a contested topic, but generally speaking the American Society of Breast Surgeons recommends annual screening until patient has less than 10 years of life expectancy. • Screening with mammography should be considered as long as the patient is in good health and is willing to undergo additional testing, including biopsy, if an abnormality is detected.
<p>CHC Adoption and Implementation Resources</p>	<p>Resources available in UpToDate</p> <ul style="list-style-type: none"> • https://www.breastsurgeons.org/docs/statements/Position-Statement-on-Screening-Mammography.pdf • https://www.uptodate.com/contents/screening-for-breast-cancer-strategies-and-recommendations • https://www.uptodate.com/contents/breast-density-and-screening-for-breast-cancer • https://www.uptodate.com/contents/screening-for-breast-cancer-evidence-for-effectiveness-and-harms
<p>Other Supplemental Documents (to support guideline adoption/education)</p>	<p>Breast Cancer Screening Shared Decision Making Toolkit</p> <ul style="list-style-type: none"> • http://chicagohealthcolleagues.com/wp-content/uploads/2018/06/Breast-Cancer-Screening-Decision-Making-Toolkit.pdf <p>CDC Printable Patient Handout</p> <ul style="list-style-type: none"> • https://www.cdc.gov/cancer/breast/pdf/BreastCancerFactSheet.pdf



Clinical Guideline* | Breast Cancer Screening

	Additional printable materials available under the Breast Cancer Screening tab on the CHC website <i>Clinical Guidelines</i> page: https://chicagohealthcolleagues.com/clinical-guidelines/
Quality Measures and Associated Programs List of current related CHC and ACO quality measures	Blue Cross and Blue Shield of Illinois Commercial ACO and Medicare Next Generation ACO Quality Measure Specifications: <ul style="list-style-type: none"> • Women 50 to 74 years old • Frequency: mammogram performed within the last 27 months • Excludes: Patients who have had bilateral mastectomies
Strategies to Improve Performance	<ul style="list-style-type: none"> • A signed family physician reminder letter is a simple and effective intervention to improve screening mammography return rates in overdue women • Office staff can offer to help schedule a mammogram in conjunction with other office visits • Make sure all staff members are educated and committed to the goal of promoting breast cancer screening with applicable patients • Implement a system of tracking when patients are due for a breast cancer screening • Locate low cost mammogram service centers and keep this information visible • Have staff outreach by phone to high-risk patients
Coding and Documentation Tips	Per 2018 HEDIS updates Digital Breast Tomosynthesis has been added as a method to meet the Breast Cancer Screening Quality Measure.
HCC Coding and Documentation Tips	NA
CHC Breast Cancer Screening Clinical Guideline Workgroup	2020 Workgroup Participants: <ol style="list-style-type: none"> 1. Dr. A. Kudirka 2. Dr. A. Kapur 3. Dr. A. Casini
Misc. References	https://www.jacr.org/article/S1546-1440(17)31524-7/pdf?code=jacr-site https://www.hipxchange.org/ScreeningMammo https://www.stratishealth.org/documents/8-ways-increase-breast-cancer-screening-rates.pdf https://www.cdc.gov/cancer/breast/basic_info/screening.htm
Rationale	Deaths from breast cancer have declined over time, but it remains the second leading cause of cancer death among women overall. Getting mammograms regularly can lower the risk of dying from breast cancer.

Last Revised: January 21, 2021

**These guidelines are provided only as “guides” or assistance for physicians making clinical decisions regarding the care of their patients and may not apply to all patients and all clinical situations. Thus, they are not intended to override clinicians' judgment. As such, they cannot substitute the individual judgment brought to each clinical situation by the patient’s physician. As with all*



Clinical Guideline* | **Breast Cancer Screening**

clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations.