



Provincial Health Services Authority

BOOKING CRITERIA PROCEDURE: BREAST SCREENING

(ELIGIBILITY – SB 010)

Summary of Changes

	NEW	Previous
BC Cancer	February 2023 SB 020 – SB 080 merged to document	<ul style="list-style-type: none">September 2018June 2016January 1995

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1. Introduction

1.1. Focus

The focus is to outline the pre-requisites to book an appointment and obtain a screening mammography exam through the BC Cancer Breast Screening Program (the Program).

1.2. Health Organization Site Applicability

- Breast Screening Centres including ancillary centres
- Client Services Centre

1.3. Practice Level

All program staff

1.4. Definitions

Primary Care Provider (PCP): A licensed medical practitioner or medical clinic (walk-in or virtual), a nurse practitioner, or a naturopath. BC Cancer Breast Screening will accept one of these PCPs for attachment to a screening participant as long as they are in active, good standing with the BC College of Physicians and Surgeons, College of Registered Nurses of BC, or Association of Naturopathic Physicians of BC, respectively.

Breast Cancer:

- All invasive breast (mammary) carcinoma, including Paget disease of the nipple
- All in-situ breast (mammary) carcinoma; see exceptions in Need to Know
- Primary breast lymphoma
- Sarcoma of the breast, excluding benign, borderline and low-grade phyllodes
 - If benign, borderline or low-grade, then may return to screening program after 5 years of diagnostic follow-up
 - If malignant (i.e. sarcoma), then ineligible for screening program
- Metastatic disease to the breast
- Any other cancer arising in the breast

Risk Category: A participant will fall under one of three risk levels depending on the specific risk detail(s) disclosed by themselves, their PCP, Hereditary Cancer Program (HCP) or Late Effects, Assessments and Follow-up (LEAF). Refer to SB 001 Screening Availability & Eligibility for definitions of each risk category.

1.5. Need to Know

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Primary Care Provider Requirement

A participant must have a [Primary Care Provider \(PCP\)](#) on record who will be responsible for the receipt of their results, for performing breast physical examinations, as required, and/or for follow-up on diagnostic work-up procedures that may be recommended as a result of an abnormal screen. Follow-up care remains the responsibility of the participant's PCP.

Occasionally, a participant may be a medical practitioner themselves and request to act as their own PCP. The Program will accept this circumstance but does not encourage it.

Annual Diagnostic Mammography

BC Cancer Breast Screening expanded its services to facilitate [Breast Cancer](#) surveillance for patients at increased risk, specifically due to a prior tissue diagnosis as a result of a biopsy. BC Cancer Breast Screening recommends surveillance with annual **diagnostic** mammography for the following tissue diagnosis:

- Atypical Ductal Hyperplasia (ADH)
- Atypical Lobular Hyperplasia (ALH)
- Classical Lobular Carcinoma in Situ (LCIS)

Although these are non-cancerous proliferative lesions, they do indicate increased risk for breast cancer. To support these patients, the Breast Screening Program assists by facilitating and formalizing surveillance through:

- Patient and Provider notifications
- Facilitated referral to diagnostic imaging for annual mammography

Those with questions about these diagnoses should be referred to their PCP.

2. Procedure

2.1. Steps and Rationale

Workflow Step	#	Procedure	Role
Verifying Participant	1.	Obtain participant identifiers: (Refer to <i>SA 110 Participant Identification & Verification Policy</i>) <ul style="list-style-type: none">• PHN (BC Service Card)• Full Name• Date of birth• Address• Telephone Number	Booking Clerk
	1.1	Search for participant in CASCADE, using PHN as preferred identifier and match remaining identifiers to confirm correct record is selected	

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Workflow Step	#	Procedure	Role
Confirming Initial Requirements	1.2	Update participant record, where required, ensuring accuracy in spelling, format and data entry	
	2.	Check if all applies: <ol style="list-style-type: none"> 1. Is participant 40 years of age or older? 2. Does participant currently reside in British Columbia? 3. Is participant covered through Medical Services Plan (MSP) with a valid BC Service Card/Personal Health Number? If yes, proceed to Step 3	
	2.1	If participant is under 40 years old, confirm they have a referral from PCP , HCP or LEAF identifying high risk factor. If no referral available, refer participant to PCP for diagnostic imaging.	
	2.2	If participant resides out-of-province or is not covered through MSP, refer participant to PCP for diagnostic imaging.	
	2.3	Exceptions include: <ul style="list-style-type: none"> • RCMP or Canadian Armed Forces personnel • Refugee status individuals • Incarcerated citizens If any of these exceptions apply, proceed to Step 3 . PHNs exist or can be created for these participants however, with invalid coverage. Check Ministry of Health Patient Registry or EMPI. Their alternate ID number (i.e. military ID) must be added to the participant record for reference.	
Verifying PCP	3.	Obtain name of current PCP and compare to PCP on record	
	3.1	Update PCP, if named PCP does not match PCP on record, ensuring primary PCP address is where participant sees the PCP	
	3.2	Provide options for securing a PCP if participant is currently unattached. If option selected does not allow for PCP to be placed on record at time of call, participant cannot be booked. They must call back once a PCP is secured before booking can take place.	
Assessing Eligibility	4.	Check if all applies for the participant: <ol style="list-style-type: none"> 1. Is not symptomatic (i.e. not currently experiencing breast health concerns such as, a palpable lump(s), nipple discharge, pain, and/or skin thickening), 2. Has not had a breast cancer diagnosis, 3. Has not had breast augmentation surgery with implants, 4. Is not pregnant, 5. Has not breast-fed within the last three (3) months, and/or 6. Has not had a bilateral mammogram within the last year (screening due date will be based on date of last bilateral mammo exam) If yes, proceed to Step 5 .	
	4.1	If participant discloses a breast health complaint, refer participant to PCP for diagnostic imaging. If participant informs PCP has examined symptom already and has still recommended screening then consider participant asymptomatic and proceed	

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Workflow Step	#	Procedure	Role
		to Step 5 . Record symptom and “PCP aware” on participant’s booking for screening centre’s awareness.	
	4.2	If participant discloses breast cancer diagnosis, refer participant to PCP for diagnostic imaging. Those with a previous breast cancer are not eligible because of increased complexity regarding the performance and interpretation of the mammogram.	
	4.3	Participants without a history of breast cancer, but with any of the following remain eligible for screening and can be booked: <ul style="list-style-type: none"> • Equivocal (uncertain) diagnosis for breast cancer at biopsy • Dermal lesions of the breast (including sebaceous glandular tumour, malignant melanoma and basal cell carcinoma), and lipoma If any of these diagnoses apply, proceed to Step 5 .	
	4.4	If participant has had any type of breast enlargement surgery (breast implants), refer to PCP for diagnostic imaging. Those with breast implants require extra appointment time and “specialized” mammographic views. Exceptions include: <ul style="list-style-type: none"> • Those who have had their implants removed and it has been greater than 90 days post-surgery • Those who have had augmentation with injections such as silicone If any of these exceptions apply, proceed to Step 5 .	
	4.5	If participant is scheduled for breast surgery, proceed to Step 5 as long as appointment is booked 30 days before surgery. The 30-day pre-surgery requirement is necessary to ensure that all reports and recommendations for further work-up can be issued in time.	
	4.6	If participant has had recent breast surgery, proceed to Step 5 as long as appointment is booked 90 days following surgery or at the discretion of the PCP. The 90-day post-surgery requirement is necessary to ensure that all breast tissue has healed.	
	4.7	If participant has had a bilateral mammogram in the last year, proceed to Step 5 as long as appointment is booked when next due for screening. If Average Risk, can be booked as early as eight weeks prior to anniversary date. If High Risk or Higher than Average Risk, as early as four weeks prior.	

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Workflow Step	#	Procedure	Role
Checking Final Requirements	5.	<p>Check if all applies:</p> <ul style="list-style-type: none"> Does participant have a pacemaker or other device near the breast(s)? Does participant have Limited Mobility? Does participant have other Special Needs that would require specific assistance? (i.e. interpretation, supervision, positioning, transportation) <p>If no, proceed to booking appointment. Refer to CASCADE User Guide.</p>	
	5.1	<p>If participant discloses a pacemaker or other device, proceed to booking appointment. Technologists are trained to image those who have devices in place being very careful during positioning and compression. Record device type on participant's booking for screening centre's awareness. Refer to CASCADE Mobility and Booking Need Facts user guide.</p>	
	5.2	<p>If participant discloses Limited Mobility, ask the following:</p> <ul style="list-style-type: none"> Can they sit forward and grasp a metal bar with either hand while the mammogram is being performed? Can they stand briefly without support while moving onto the dedicated mammography chair? <p>If yes, proceed to booking appointment. For the mobile screening service an accompanying person who can provide physical assistance must be present and available to assist during the exam. Add the Mobility fact to participant record and record details for screening centre's awareness. Refer to CASCADE Mobility and Booking Need Facts user guide.</p> <p>If no, refer to PCP for diagnostic imaging. The Program makes every effort to provide breast screening to eligible participants regardless of their special needs. However, this may not be possible due to physical limitations of the facility, concerns for participant/staff safety, and/or inability to acquire images of diagnostic quality.</p>	
	5.3	<p>If participant has a Special Need, these questions should be taken into consideration:</p> <ul style="list-style-type: none"> If verbal communication is an issue, can eligibility, registration and background information be obtained over the phone with assistance of an interpreter, or in writing at the time of the appointment? (see below for related policy PHSA AL – 100) Can the participant be accompanied by someone who can provide the required assistance? Are screening centre staff available to provide the required assistance? Can other help be arranged (e.g. PCP clinic, local Cancer Society or regional hospital volunteer)? Do they need an appointment at a specific time? How can the centre schedule be modified to accommodate? Unless safety is a serious concern, every effort should be made to accommodate the participant (e.g. increase time allotment, solicit assistance), proceed to booking appointment. Make note if extra time 	

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Workflow Step	#	Procedure	Role
		allotment or special assistance (i.e. two technologists) must be arranged for future examinations. Refer to CASCADE Mobility and Booking Need Facts user guide.	

2.2. Site Specific Practices

Workflow Steps	#	Procedure	Role
Accommodation of Special Assistance/Special Needs by the Centre(s)	5.4	If participant requires the aid of Special Assistance Dogs, screening centres will allow the dogs in the examining room at the request of the participant. 'Special Assistance Dogs' are trained to assist persons with special needs. This includes persons with physical disabilities, the hearing impaired and the visually impaired.	Centre Clerk Tech
	5.5	If a Special Need is not identified until the time of exam and accommodation will result in significant delay for the next appointment (e.g. more than 20 minutes), explanation of the situation to the participant must be provided, then document the event, and reschedule their appointment appropriately. If continuation of the exam can be performed as scheduled, record the special need and add appropriate comments in CASCADE for future reference. Make note if extra time allotment or special assistance (i.e. two technologists) must be arranged for future examinations. Refer to CASCADE Mobility and Booking Need Facts user guide.	Centre Clerk Tech

3. Related Documents and References

3.1. Related Documents

[SB 001 Screening Availability & Eligibility](#)

[Breast Screening Referral Algorithm](#)

[Health Care Provider Fact Sheet: Higher Risk Surveillance for ADH, ALH and LCIS](#)

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	Amanda Hunter, Provincial Practice Leader	New procedure template and merged all other booking criteria documents: SB 020 – SB 080	16-MAR-2023

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