



Provincial Health Services Authority

# AVAILABILITY & ELIGIBILITY GUIDELINE: BREAST SCREENING

( ELIGIBILITY – SB 001 )

## Summary of Changes

	NEW	Previous
BC Cancer	December 2023: Updated guidelines around new LEAF eligibility age	July 1992, January 2018, April 2022; May 2023

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# AVAILABILITY & ELIGIBILITY GUIDELINE

## (ELIGIBILITY – SB 001)

### 1. Introduction

#### 1.1 Focus

The focus is to outline the availability of breast screening for asymptomatic screening participants in British Columbia and the eligibility criteria that must be satisfied in order to book a breast screening appointment through the 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

**High Risk:** those with at least one of:

- A proven pathogenic gene variant including: BRCA1/2, PALB2, CHEK2, ATM, CDH1, TP53 (Li Fraumeni syndrome), STK11 or PTEN (Cowden syndrome), or a 1st-degree untested relative thereof
- Prior chest radiation (typically to treat pediatric and adolescent diseases, and at least 8 years after exposure)
- A very strong family history of breast cancer, which is defined as either of:
  - 2 cases of breast cancer in close female relatives on the same side of the family (mother, sister, daughter, aunt, grandmother, or great-aunt), both diagnosed before age 50;
  - 3 or more cases of breast cancer in close female relatives on the same side of the family (mother, sister, daughter, aunt, grandmother, great-aunt), with at least one diagnosed before age 50;
  - A lifetime risk of > 25% based on Tyrer-Cuzick (Ibis) or BOADICEA model, and documented by their primary care provider (PCP)

**Higher than Average Risk:** those with at least one of:

- A self-reported first-degree relative (mother, father, sister, brother, daughter, son) with breast cancer
- A breast biopsy diagnosis of at least one of:
  - Atypical Ductal Hyperplasia (ADH)
  - Atypical Lobular Hyperplasia (ALH)

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- Classical Lobular Carcinoma in Situ (LCIS)

**Average Risk:** those not meeting criteria for Higher than Average, or High Risk

## 2. Practice Guideline

### 2.1 Availability & Eligibility

Breast cancer screening is available to the general population aged 40 and older on a self-referral basis provided eligibility conditions are met. The practice guideline identifies risk groups, screening recommendations, and screening frequency for each group. Criteria for eligibility is ascertained at time of appointment booking, as per *SB 010 Booking Criteria: Breast Screening*, and/or through receipt of diagnostic outcomes (i.e. breast cancer diagnosis, bilateral mastectomy) that determine a participant's ineligibility for screening.

Age Range	Your Estimated Risk Level	Risk Detail(s)	Screening Frequency <sup>1</sup>
40-74	Average		Every 2 years
40-74	Higher than average	At least one of the following: <ul style="list-style-type: none"><li>• 1st degree relative with breast cancer</li><li>• Known diagnosis of ADH, ALH or LCIS<sup>2</sup></li></ul>	Every year
30 <sup>3</sup> -74	High	At least one of the following: <ul style="list-style-type: none"><li>• Pathogenic gene variant</li><li>• Very strong family history<sup>4</sup></li><li>• Thoracic (chest) radiation between age 10-30<sup>5</sup></li></ul>	Every year
75+ <sup>6</sup>	Any	Any	Every 2-3 years

<sup>1</sup> The Program sends reminder notices when participants are due for their next screening exam. Refer to Section 2.5 Monitoring.

<sup>2</sup> PCP must send a diagnostic referral directly to a medical imaging facility indicating this diagnosis, as outlined in the [Higher Risk Surveillance Provider Fact Sheet](#).

<sup>3</sup> A participant with an estimated risk of High between the ages of 30-39 requires an initial referral to the Breast Screening Program. Refer to Section 2.2 Initial Referral Requirement.

<sup>4</sup> Refer to Section 1.4 Definitions.

<sup>5</sup> Typically refers to radiation therapy for pediatric and adolescent cancers.

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Those who present with only one breast due to congenital breast changes or non breast cancer related surgery resulting in an inability to have a bilateral mammogram or those referred by a PCP to only image one breast are eligible to obtain screening through the Program. Congenital breast changes that may result in the absence of breast tissue for imaging on one side may include Poland Syndrome and breast hypomastia.

Those aged 75+ are encouraged to discuss the benefits and limitations of screening mammography in the context of overall health, and considering life expectancy of 10+ years, with their PCP before continuing screening with the program. PCPs should stop screening when there are comorbidities associated with a limited life expectancy, or physical limitations that prevent safe and adequate positioning for mammography. If screening mammography is chosen, it is available every two to three years and a PCP's referral is not required. Participants will not be sent reminder notices by the Breast Screening Program once they reach the age of 75.

For Transgender, Two-Spirit and Gender Diverse People refer to *SB 120 Breast & Chest Screening*.

## 2.2 Initial Referral Requirement

Those aged 30-39 who fall in the High-Risk category with 'Very Strong Family History' or is a 'Pathogenic Gene Variant' carrier may participate in the Breast Screening program provided they are referred for screening by their PCP or BC Cancer Hereditary Cancer Program (HCP).

Those aged 25-39 who fall in the High-Risk category who have undergone Thoracic (chest) radiation may participate in the Breast Screening program provided they are referred by their PCP or Late Effects, Assessment & Follow-Up (LEAF).

Screening is available for High-Risk participants annually.

## 2.3 Results and Follow-up

Results of a screening mammogram are sent to the participant and their PCP within 14 days from the exam date. Any delays may be due, but not limited to, incomplete test or excluded for review case handling (such as waiting for priors), technical application outages, and/or Canada Post delivery issues.

Asymptomatic, eligible participants are scheduled to return for breast screening on a biennial or annual basis based on the risk group they fall under.

The [Breast Screening Referral Algorithm](#) offers a decision aid for PCPs to appropriately refer asymptomatic patients for breast screening. This algorithm is also a quick reference guide for program staff on qualifying those eligible to be booked for breast screening.

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It is important that participant contact and PCP information is up to date for program communications to be received in a timely manner.

### 2.4 Abnormal Results

A participant with an abnormal result is immediately referred for further testing through diagnostic services under the Program's Fast Track referral process. The Program's goal is for >90% of participants to be contacted by the diagnostic facility, ideally within one week of receipt of the referral, to arrange an appointment for the recommended testing. The target for completion of diagnostic assessment (diagnostic mammogram and/or ultrasound) is within five weeks from screen date for those without biopsy and seven weeks for those with biopsy.

### 2.5 Monitoring

It is recommended that participants discuss the benefits and limitations of screening with their PCP.

The Program sends reminder notices to individuals when they are next due. The first reminder is sent 6 weeks prior to when one is due for screening (anniversary date). Subsequent reminders will be sent, if no appointment has been booked, as follows:

- Second reminder: 1 week prior to 12 or 24 month anniversary
- Final reminder: 9 months after 12 or 24 month anniversary

Those overdue are included in the Provider to Patient (P2P) Campaign or on centre call lists. The P2P Campaign is an initiative to aid in screening retention by providing PCPs with personalized letters to sign for their overdue patients reminding them to get screened.

It is important that participant contact and PCP information is up to date for program communications to be received in a timely manner.

## 3. Related Documents

[Transgender, Two-Spirit and Gender Diverse People refer to SB 120 Breast & Chest Screening.](#)

[SB 010 Booking Criteria: Breast Screening](#)

[SB 120 Breast & Chest Screening](#)

[SD 060 Fast Track: Facilitated Referral to Diagnostic Workup](#)

[Breast Screening Referral Algorithm](#)

[Higher Risk Surveillance Fact Sheet](#)

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<b>Final Sign Off:</b>	<b>Name</b>	<b>Title</b>	<b>Date Signed</b>
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