Breast Screening Pathways (outside of the BreastScreen Aotearoa (BSA) Programme)

Purpose: This resource outlines available breast screening pathways based on age and risk profiles. It is intended to support Referrers when considering appropriate imaging, external to BSA, in asymptomatic women.

Risk Assessment

Risk may change over an individual's lifetime. It is suggested to use a baseline risk assessment with IBIS tool or similar and then this can be repeated every 5 years until age 65 years, and if a new family member is diagnosed with breast cancer or the individual has a new diagnosis of atypia.

Women with the following conditions do not require IBIS risk assessment and should be managed according to the appropriate risk category in the protocol:

BRCA 1, BRCA 2, PALB2, PTEN (Cowden), STK11 (Peutz-Jeghers), CDH1 (E-Cadherin), ATM, TP53 (Li-Fraumeni) syndrome or A-T homozygotes. Previous chest radiotherapy. Previous breast cancer

Ages	Average risk (population risk)	Moderate (> 17% to < 30% lifetime risk)	High risk (≥ 30% lifetime risk)
< 40	No routine imaging	If >20% lifetime risk: • Annual MRI from age 30 Personal history of LCIS/atypia: • Annual MRI from diagnosis and • If >30yrs annual tomosynthesis	**Annual MRI** – from age 25 years Personal history of LCIS/atypia: • Annual MRI from diagnosis and • If >30yrs annual tomosynthesis
40-49	**Annual Tomosynthesis** ⇒ **If BIRADS C or D density**: *additional* • MRI every 2-4yrs or • CEM every 2nd year alternating with tomosynthesis	**Annual Tomosynthesis** ⇒ **If <20% lifetime risk:** *additional* • CEM every 2nd year (MRI if no CEM available) • Tomosynthesis every alternating 2nd year ⇒ **If ≥20% lifetime risk:** *additional* • Annual MRI	**Annual Tomosynthesis** AND **Annual MRI**
50-70	**Tomosynthesis every 2nd year** ⇒ **If BIRADS C or D density:** • Annual Tomosynthesis • Additional MRI every 2-4yrs or • CEM every 2nd year alternating with tomosynthesis	**Annual Tomosynthesis** ⇒ **If <20% lifetime risk:** *additional* • CEM every 2nd year (MRI if no CEM available) • Tomosynthesis every alternating 2nd year ⇒ **If ≥20% lifetime risk:** *additional* • Annual MRI	**Annual Tomosynthesis** AND **Annual MRI**
70+	**Tomosynthesis every 2nd year**, for as long as the women wishes to continue	**Tomosynthesis every 2nd year**, for as long as the women wishes to continue	**Tomosynthesis every 2nd year**, for as long as the women wishes to continue screening Consider MRI or CEM every 2nd year

* CEC refers to Contrast Enhanced Mammography. When performed, Tomosynthesis is not required that same year. CEM is not available at all facilities.

Special Cases

Ages	**Breast Cancer Gene Carriers:** BRCA1/2, PALB2, PTEN, STK11, CDH1, ATM	**Previous Breast Malignancy** (in situ or invasive) diagnosed at **<50 years of age**	**Previous Breast Malignancy** (in situ or invasive) diagnosed at **50 years or older**	**Women with TP53 (Li-Fraumeni) syndrome or A-T Homozygotes**
< 25	No screening (unless relative diagnosed with breast cancer aged <25 years)	**Annual MRI**		**Annual MRI. No mammograms**
25-39	**Annual MRI**			
40-49	**Annual Tomosynthesis** AND **Annual MRI**	**Annual Tomosynthesis** AND **Annual MRI** or **CEM***		
50-70	**Annual Tomosynthesis** AND **Annual MRI**	**Annual Tomosynthesis** AND ⇒ **If BIRADS C or D density:** • Annual MRI or CEM*	**For 1st 5 years of treatment:** • Annual Tomosynthesis AND • Annual MRI or CEM* **After 5 yrs:** • Annual Tomosynthesis ⇒ **If BIRADS density C or D:** • MRI or CEM every second year	
>70	**Tomosynthesis every 2 years** for as long as the women wishes to continue Consider MRI or CEM every 2nd year	**Annual Tomosynthesis** for as long as the women wishes to continue	**Annual Tomosynthesis** for as long as the women wishes to continue	**MRI every 2nd year,** if the woman wishes to continue screening

Previous Radiotherapy to Breast Tissue:

Radiotherapy between ages 0-9 years:	No increased screening
Radiotherapy between ages 10-19:	Surveillance starts at age 25 or 8 years after first irradiation, whichever is earlier
Radiotherapy between ages 20-35:	Surveillance starts at 30 or 8 years after first irradiation, whichever is later
25-39 years:	Annual MRI
40-49 years:	Annual MRI & Tomosynthesis
50-70 years:	Annual Tomosynthesis ⇒ if BIRADS C or D breast density additional Annual MRI
>70 years:	Tomosynthesis every second year for as long as the woman wishes to continue screening

Women with a Previous Diagnosis of Atypia (eg: LCIS, ADH, ALH):

All ages complete IBIS risk assessment and follow protocol depending on the level of risk

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