

## WOMEN - Screening Pathways using Diagnostic Imaging

**Purpose:** This resource outlines screening pathways based on age and risk profiles. It is intended to support Referrers when considering appropriate imaging in asymptomatic populations.

### Risk Stratification

- **Average risk:** No significant family history, known genetic mutation or major smoking history (for lung)
- **Moderate risk:** 1<sup>st</sup> degree family member, dense breasts, moderate smoker or other recognised risk factors
- **High risk:** Known genetic syndromes (e.g. BRCA, Lynch), strong family hx, heavy smoker, prior malignancy

### High-Risk Genetic Syndromes:

Targeted abdominal MRI, which is aligned to oncology/genetic guidelines is indicated for the following syndromes: BRACA 1/2, Lynch, FAP, MEN 1/2, VHL.

**Note:** Whole body MRI may be considered in those with an increased risk for genetic syndromes, but there is no evidence currently to support this technique in low-risk individuals as a screening tool.

**Breast Imaging:** Refer to Referrer Resources page on Pacific Radiology & Bay Radiology website for recommendations.

Ages	Average risk	Moderate/high risk
20-39	No routine screening with imaging. <b>Bone:</b> DEXA may be used as a baseline where clinically indicated (e.g. RED-S, eating disorder).	<b>Ovarian:</b> If high-risk, consider annual transvaginal ultrasound plus CA-125 .
40-49	No routine screening with imaging.	<b>Lung:</b> A) Annual LDCT for individuals with ≥20 pack year and current/previous smoker. B) High Resolution CT Chest starting between 40-50 for those with long term exposure to silica, asbestos and other industrial dusts. <b>Cardiovascular:</b> CT Calcium Score in those >40 with diabetes. <b>Ovarian (BRCA):</b> consider 6–12 monthly transvaginal ultrasound. <b>Bone:</b> Baseline Bone Density and/or Body Composition where risk factors* are present. Follow-up as per findings.
50-74	<b>Bowel:</b> CT Colonography every 5 years (or colonoscopy). <b>Lung:</b> Annual low-dose CT for current or former heavy smokers. <b>Cardiovascular:</b> CT Calcium Score, around age 50–55 for risk stratification. <b>Ovarian:</b> Pelvic ultrasound every 2–5 years. <b>Bone:</b> Baseline DEXA post-menopause.	<b>Bowel:</b> Earlier and/or more frequent colorectal imaging. <b>Lung:</b> Annual low dose CT lung. <b>Cardiovascular:</b> CT Calcium Score age 50, in conjunction with cardiology. <b>Ovarian:</b> 6 or 12 monthly pelvic ultrasound (e.g. BRCA or similar). <b>Bone:</b> DEXA tailored to risk profile* <b>Aorta:</b> screening not currently advised (under further evaluation as increasing evidence that women with aneurysms have worse outcomes than their male counterparts).
75+	Screening is <b>individualised</b> based on health status, life expectancy (>10) & patient preference. Low-dose CT Lung screening until age 80.	

\* Risk factors that would indicate DEXA as a baseline screening tool:

- hormone-affecting metabolic disorders.
- on medication associated with low bone mass or bone loss.
- heavy drinkers/smokers, drug addiction.
- digestive absorption disorders, e.g. Crohn's, ulcerative colitis.
- minor fracture, over 50 years.