

# BreastCheck Screening Guidelines

Most women age 50 to 74 should have a screening mammogram every 2 years. Transgender, non-binary, and gender diverse people may also need regular screening mammograms.

	Patient Characteristics	Management
AVERAGE RISK	49 years of age and under	Routine screening mammograms are not recommended.
	50 to 74 years of age	Routine screening mammograms are recommended every 2 years at BreastCheck.
	75 years of age and over	Routine screening mammograms are not recommended. Patients can choose to continue attending BreastCheck if they decide the benefits of screening outweigh the risks.
	50 to 74 years of age with breast implants	Routine screening is recommended, but must be completed at a diagnostic imaging centre.
	Trans women, non-binary, and gender diverse people age 50 to 69 <ul style="list-style-type: none"> <li>Who have taken gender-affirming hormones for 5 years or more</li> </ul>	Routine screening mammograms may be considered at BreastCheck or a diagnostic imaging centre.
	<ul style="list-style-type: none"> <li>Who have taken gender-affirming hormones for 5 years or more and have breast implants</li> </ul>	Routine screening mammograms may be considered, but must be completed at a diagnostic imaging centre.
	<ul style="list-style-type: none"> <li>Who have not taken gender-affirming hormones or have taken gender-affirming hormones less than 5 years</li> </ul>	Routine screening mammograms are not recommended.
	Trans men, non-binary, and gender diverse people age 50 to 69 <ul style="list-style-type: none"> <li>Who still have breast tissue (have not had top surgery)</li> </ul>	Routine screening mammograms are recommended every 2 years at BreastCheck or a diagnostic imaging centre.
	<ul style="list-style-type: none"> <li>Who no longer have breast tissue (have had top surgery)</li> </ul>	Individualized assessment is required by the patient's primary physician.
	Transgender persons 70 to 74 years of age	There is no evidence to recommend for or against screening in this population. Guidelines similar to those used for transgender persons (men & women respectively) age 50 to 69 would likely apply.
INCREASED RISK	<ul style="list-style-type: none"> <li>BRCA1 and/or BRCA2 gene mutations</li> <li>Previous diagnosis of breast cancer</li> </ul>	<p>Where there is confirmation of the BRCA gene mutation, consultation with the Breast Health Centre is recommended. Surveillance depends on the patient's age and personal history of breast cancer.</p> <p>CancerCare Manitoba's surveillance recommendations for follow-up care can be found at <a href="https://cancercares.mb.ca/followupcare">cancercares.mb.ca/followupcare</a>.</p>

	Patient Characteristics	Management
INCREASED RISK	<p>Childhood and young adult cancer survivors diagnosed with cancer between 0-30 years of age who were treated with more than or equal to 10 Gy of:</p> <ul style="list-style-type: none"> <li>• Chest or total body radiation.</li> <li>• Upper abdominal radiation exposing breast tissue to radiation (as determined by the treating paediatric and radiation oncologists in very young children)</li> </ul>	<p>Annual mammograms and breast MRI beginning at age 30, or 8 years after completion of radiation, whichever occurs last. Continue annual (mammogram and breast MRI) screening until age 69, then mammogram every 2 years until 74 years of age. Patients should be referred to:</p> <ul style="list-style-type: none"> <li>• A diagnostic imaging centre using the Manitoba Provincial Breast Imaging Consultation Request Form, found at <a href="https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf">sharedhealthmb.ca/files/breast-imaging-referral-form.pdf</a></li> <li>• A BreastCheck mobile site using the Appointment Request Form found at <a href="https://cancercare.mb.ca/screening/hcp">cancercare.mb.ca/screening/hcp</a></li> </ul>
	<p><b>40 to 49 years of age</b></p> <ul style="list-style-type: none"> <li>• Significant family history*</li> <li>• Pathological diagnosis of lobular carcinoma in-situ (LCIS), atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)</li> </ul>	<p>Benefits and harms of screening should be discussed to support informed decision-making. Patients can be referred to:</p> <ul style="list-style-type: none"> <li>• A diagnostic imaging centre using the Manitoba Provincial Breast Imaging Consultation Request Form, found at <a href="https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf">sharedhealthmb.ca/files/breast-imaging-referral-form.pdf</a></li> <li>• A BreastCheck mobile site using the Appointment Request Form found at <a href="https://cancercare.mb.ca/screening/hcp">cancercare.mb.ca/screening/hcp</a></li> </ul>
	<p><b>50 to 74 years of age</b></p> <ul style="list-style-type: none"> <li>• Significant family history*</li> <li>• Pathological diagnosis of LCIS, ADH, or ALH</li> </ul>	<p>Routine screening mammograms are recommended every year at BreastCheck.</p>
SYMPTOMATIC	<p><b>Symptomatic at any age, including</b></p> <ul style="list-style-type: none"> <li>• Changes in the size, shape or colour of the breast</li> <li>• Palpable lump</li> <li>• Thickened hard skin or puckering of the skin</li> <li>• Nipple changes or discharge</li> </ul>	<p>Perform a clinical breast exam to aid with assessment.</p> <p>Refer to a diagnostic imaging centre (even if recent mammogram was negative) using the Manitoba Provincial Breast Imaging Consultation Request Form found at <a href="https://sharedhealthmb.ca/files/breast-imaging-referral-form.pdf">sharedhealthmb.ca/files/breast-imaging-referral-form.pdf</a>.</p>

\*A greater than or equal to 25% lifetime risk of developing breast cancer based on the Claus Model, which takes into consideration the number of first or second degree blood relatives (male and female) diagnosed with breast cancer and/or ovarian cancer, and the age at which they were diagnosed.

## MANAGEMENT OF MAMMOGRAPHY RESULTS

Result	Management
Normal (negative)	<p>BreastCheck will:</p> <ul style="list-style-type: none"> <li>• Send the healthcare provider and the patient a result letter within 2 weeks of the mammogram. The letter will include the patient's breast density category.</li> <li>• Send the patient a letter within 2 years of the mammogram to let them know they are due for their next screening mammogram (recall date depends on the radiologist's clinical recommendation).</li> </ul>
Abnormal (positive)	<p>BreastCheck will:</p> <ul style="list-style-type: none"> <li>• Directly refer and coordinate further test(s) as recommended by the radiologist. Follow-up tests may include: <ul style="list-style-type: none"> <li>• Diagnostic mammogram</li> <li>• Ultrasound, with or without a core biopsy</li> <li>• Stereotactic core biopsy</li> </ul> </li> <li>• Contact the patient by phone to let them know they need a follow-up test(s).</li> <li>• Send the patient and their healthcare provider a result letter and follow-up test information within 2 weeks of the mammogram. The letter will include the patient's breast density category.</li> </ul>