

Stepwise Approach to Breast Cancer Risk Assessment

STEP 1: Assess personal & family history

Review personal history:

Age, ethnicity, hormonal risk factors, screening history, mammographic breast density, etc.

Review family history:

BRCA related cancers (breast, ovarian, tubal or peritoneal) OR all breast cancers diagnosed in 1st or 2nd degree relatives.

STEP 2: Calculate risk

IBIS Risk Evaluator Software (ems-trials.org)

STEP 3: Interpret risk assessment

Average, Increased or High-Risk to inform screening strategy.

AVERAGE RISK

<15% Lifetime
(<1.66% 5-year)

Screening mammography every 2-3 years for individuals age 50-74.

Routine screening NOT recommended for average risk individuals age ≤ 49 or ≥ 75.

INCREASED RISK

15-25% Lifetime
(1.67% to 2.49% 5-year)

1st degree family history = Annual mammography *

Personal history of pathologically confirmed lobular carcinoma in situ (LCIS), atypical lobular hyperplasia (ALH) or atypical ductal hyperplasia (ADH) = Annual mammography *

Breast density BI-RADS category C or D = Mammography every 2-3 years *

* Individualized supplemental screening, such as Tomosynthesis, Contrast Enhanced Screening Mammography (CESM), Ultrasound or MRI, to be based upon radiologist recommendations.

HIGH RISK

>25% Lifetime
(> 2.5% 5-year)

Personal history of invasive cancer or pathologically confirmed ductal carcinoma in situ (DCIS) = Annual mammography **

Known carrier of gene mutation (BRCA1 or BRCA2) = Annual mammography **^

1st degree relative of a mutation carrier (BRCA1 or BRCA2) = Annual mammography **^ Consider referral to Medical Genetics.

Individuals with highly suspected family history of breast cancer (1st or 2nd degree, declined genetic testing) = Annual mammography **^

Individuals who received chest wall radiation < 30 years of age and are at least 8 years post radiation = Annual mammography **

**Use of additional imaging, such as MRI or Ultrasound, to be based upon clinical situation and radiologist recommendations.

^Start screening 5-10 years younger than youngest case. Begin no earlier than age 25.



Anyone with acute symptoms (solitary breast lumps, bloody discharge or skin changes) should proceed directly to appropriate diagnostic interventions.

For more information, call the NB Cancer Screening line at **1-844-777-3443** or visit **GNB.CA/SCREENING**
New Brunswick Cancer Network, February 2022