



Provincial Health Services Authority

BC Cancer Breast Screening

Jun 18, 2020

Colin Mar, Medical Director



Provincial Health Services Authority

No disclosures

Objectives

- Describe current BC breast screening guidelines;
- Summarize risks and investigations of patients with dense breasts
- Identify at risk population and strategies to improve screening uptake



Diagnostic

- Work-up of positive screening mammogram
- Symptomatic
- Breast implants
- Surveillance

Breast Cancer Risk in Canada

- Most common Ca in women at 25.0%
- Lifetime risk:
 - 12.1%; 1 in 8
 - Probability (%) in next 10y, by age group (2010)

| 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 |
|-------|-------|-------|-------|-------|-------|
| 0.4 | 1.4 | 2.2 | 3.2 | 3.3 | 2.6 |

- Est 26900 (3500 in BC) new cases in 2019; est incidence of 128.0 per 100000

Breast Cancer Mortality in Canada

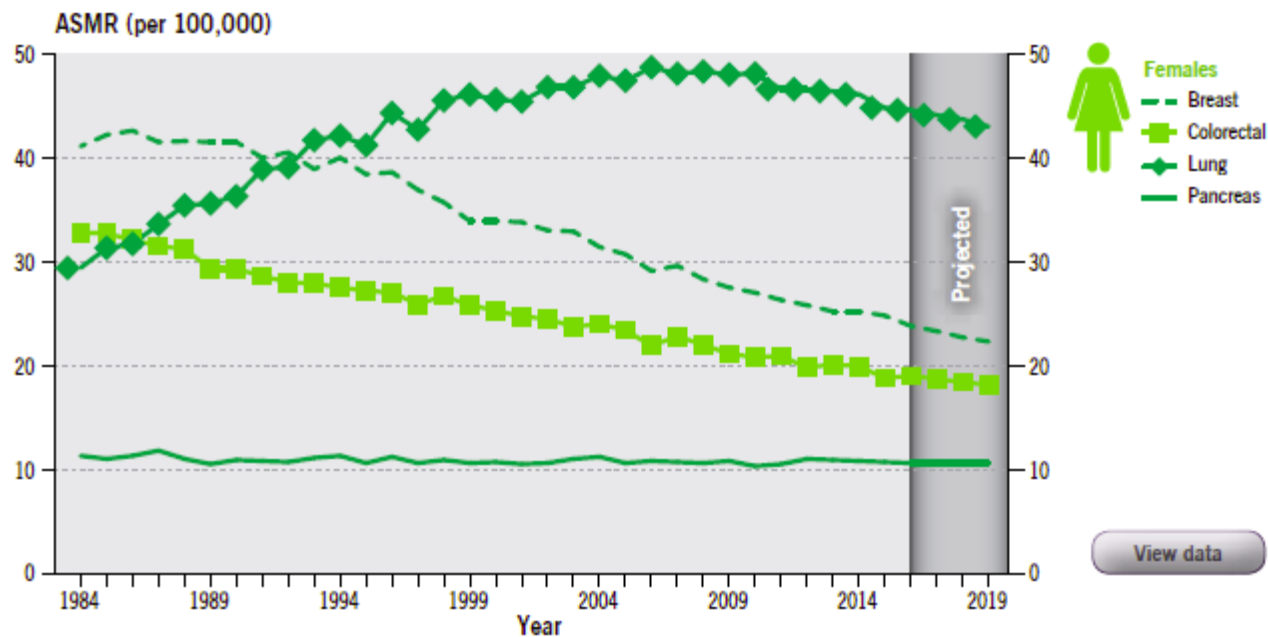
- Second most common cause of Ca death in women at 12.9% (2019)
- Lifetime mortality risk
 - 3%; 1 in 33 (2019)
 - Probability (%) of death in next 10y, by age group (2010)

| 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 |
|-------|-------|-------|-------|-------|-------|
| --- | 0.2 | 0.4 | 0.6 | 0.9 | 1.3 |

Breast Cancer Mortality in Canada

- But decreasing mortality rate

FIGURE 2.9 Age-standardized mortality rates (ASMR) for selected* cancers, females, Canada, 1984–2019



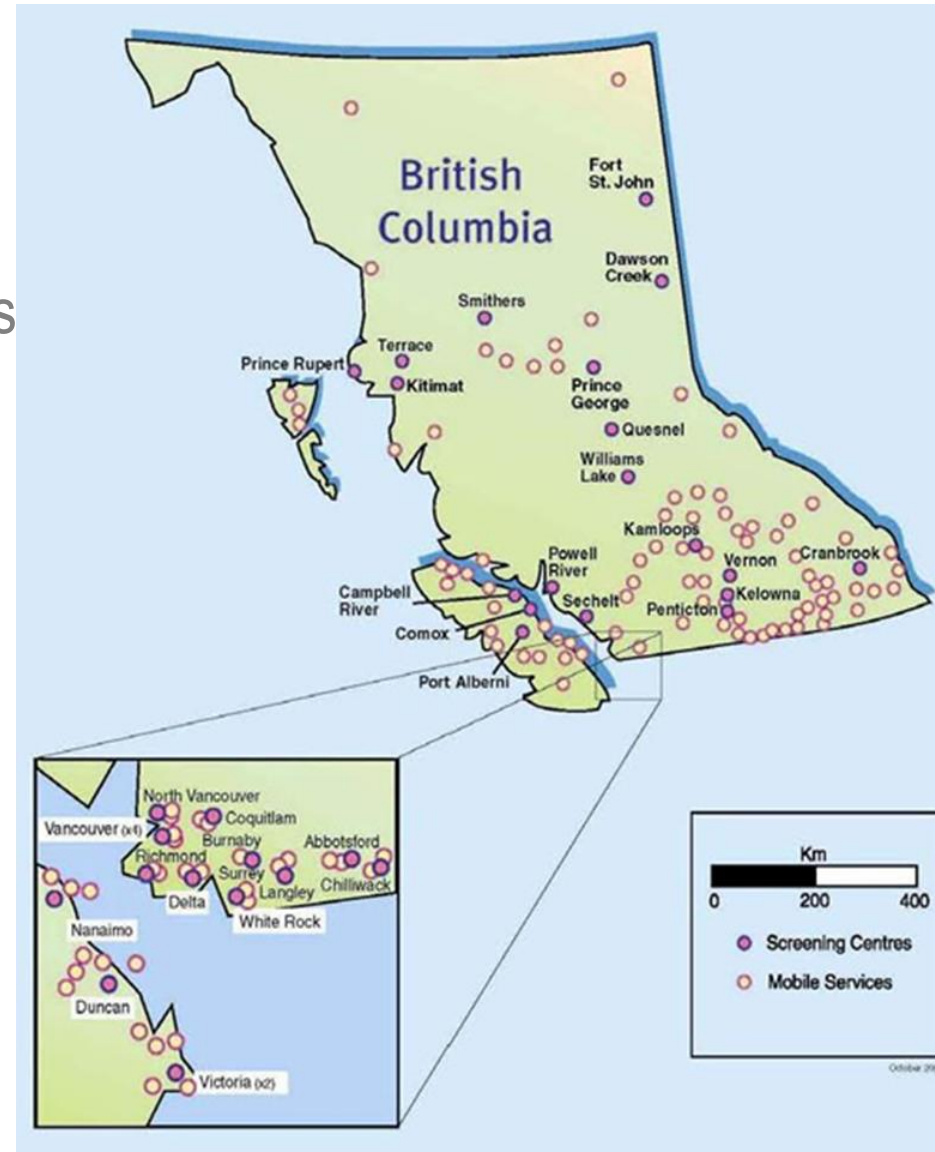
- Estimated age-standardized mortality rate (per 100000; 2019)
 - 22.4 Canada
 - 21.3 BC

Breast Cancer Survival in Canada

| Predicted net survival | |
|------------------------|----|
| 5-y | 88 |
| 10-y | 82 |

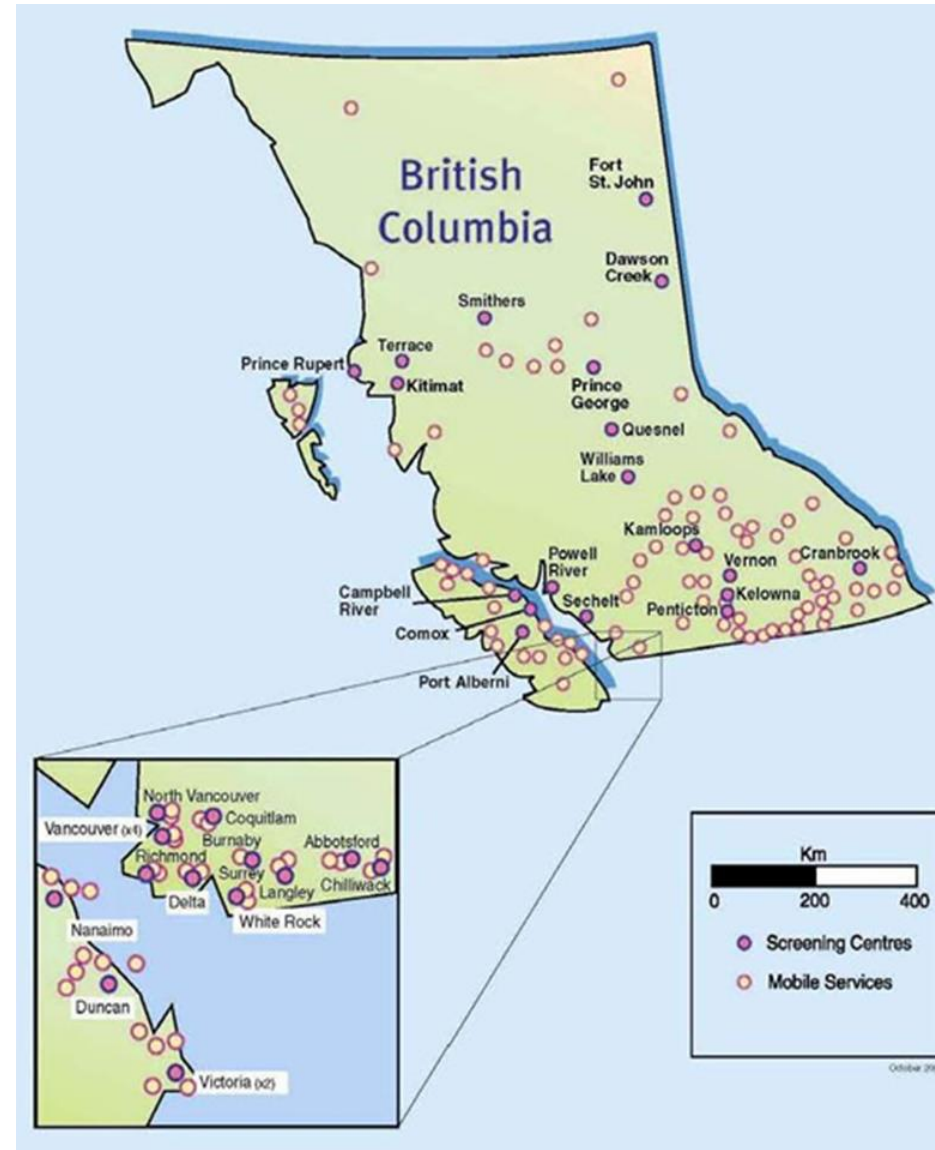
Provincial Breast Screening Access

- Funded and coordinated by BC Cancer Breast Screening
- Contracts with the Health Authorities and private Community Imaging Clinics
- Hospital, community and mobile clinics.



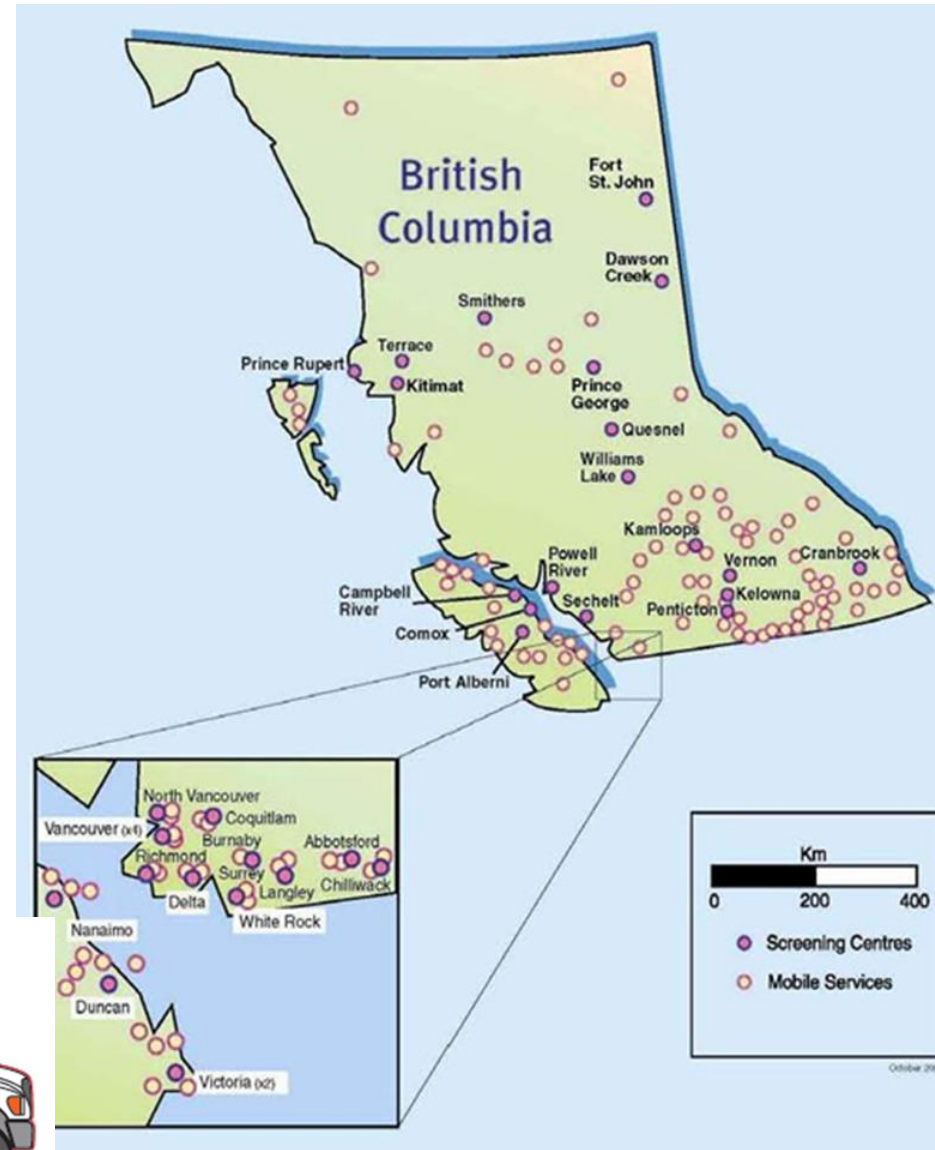
Provincial Breast Screening Access

- 36 fixed centres
 - 8 x NHA
 - 6 x IHA
 - 8 x FHA
 - 7 x VCH
 - 7 x IH



Provincial Breast Screening Access

- Rural, remote and underserved communities receive mobile van screening
 - Coastal
 - Interior Kootenay
 - Northern/Lower Mainland
- ~8% of program volume



COVID-19: resumption

- June 1
- Triage
 1. Postponed screenees
 - i. Initial screens, women ages 50-74 (higher CDR)
 - ii. Remaining women to be triaged as best possible by greatest time since last screen (interval proportion)
 2. Postponed reminder notices, to resume after initial bookings are caught up
- Patient and staff safety measures

Evidence for Screening Mammography

Summary of Randomized Controlled Trials of Population-Based Mammography Screening for Breast Cancer Mortality Risk Reduction

| Trial | Year | Age | Follow-Up |
|------------|------|-------|------------|
| HIP | 1963 | 40-64 | 18 years |
| MMST1 | 1976 | 45-69 | 19.2 years |
| Two County | 1977 | 40-74 | 29 years |
| Edinburgh | 1979 | 45-64 | 14 years |
| CNBSS1&2 | 1980 | 40-59 | 25 years |
| Stockholm | 1981 | 40-64 | 11 years |
| Gothenburg | 1982 | 39-59 | 10 years |
| UK Trial | 1991 | 40-41 | 0-10 years |



Screening: downsides

- Radiation
- False Positives
 - Anxiety
- Overdiagnosis

Screening: radiation

| Exam | Equivalent # of Chest x-ray exams | Equivalent period of Natural Background radiation** ³ | Equivalent # of cigarettes smoked ³ |
|-------------|--|---|---|
| Chest x-ray | 1 | 6 days | 12 |
| Chest CT | 140 | 2.5 years | 2277 |
| Mammogram | 16 | 3 – 4 months | 29 |

*** Based on a background radiation dose of 3 mSv/year*

- IARC 2015: sufficient evidence that BrCa reduction outweighs rad-induced malignancy

Screening: radiation

- ~one return flight to Toronto
- Lifetime risk of fatal breast cancer with exp at 40yo
 - 1.3-1.7/100,000

| Exam | Equivalent # of Chest x-ray exams | Equivalent Natural Background Radiation | # of exams |
|-------------|-----------------------------------|---|------------|
| Chest x-ray | 1 | | |
| Chest CT | 140 ~ | | |
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Screening: downsides

- Radiation
- False Positives
 - Anxiety
 - Following result
 - Surrounding biopsy (bx)
 - Risks of bx
 - Awaiting bx result
 - Retention rate effect
- Overdiagnosis



• **Health utility effect**



Communication

Outcome Indicators: Benefit

Breast Screening Outcome Indicators by 10-Year Age Groups: 2015

| Outcome Indicators | Age at Exam | | | | | All |
|--|-------------|--------|--------|--------|-------|---------|
| | 40-49 | 50-59 | 60-69 | 70-74 | 75+ | |
| Number of Exams | 50,070 | 89,346 | 83,046 | 25,018 | 7,836 | 255,534 |
| Number of Cancers | 142 | 402 | 562 | 211 | 91 | 1,408 |
| Abnormal Call Rate | 12.5% | 8.9% | 7.8% | 7.2% | 8.2% | 9.1% |
| Overall Cancer Detection Rate (per 1,000) | 2.8 | 4.5 | 6.8 | 8.4 | 11.6 | 5.5 |
| Positive Predictive Value of Screening Mammography | 2.3% | 5.1% | 8.7% | 11.9% | 14.3% | 6.1% |
| Core Biopsy Yield Ratio | 15.0% | 28.4% | 43.7% | 56.5% | 54.4% | 33.9% |

Outcome Indicators: Cost

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Outcome Indicators: Cost – Benefit

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Online Decision Aid

Online Breast Cancer Screening Decision Aid - <http://decisionaid.screeningbc.ca/>

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

Breast Cancer Screening Decision Aid

Is Screening right for you?

Answer the following questions to determine what the probable results from your screening will be.

1. How old are you?
2. When was your last screening mammogram?
3. Do you have a first degree relative (mother, sister, or daughter) with breast cancer?
4. Have you had a breast biopsy that was determined to be benign (not cancer)?
5. Have you ever been diagnosed with breast cancer?
6. Have you ever received an abnormal result (false positive) from a screening mammogram?

Reply "No" if unsure

SUBMIT ANSWERS

BC Cancer Agency
CARE + RESEARCH
An agency of the Provincial Health Services Authority

Breast Cancer Screening Decision Aid

If you are between the ages of **40-49 without a family history of breast cancer**, you are encouraged to talk to your doctor about the benefits and limitations of screening mammography. If screening is chosen, it is available every **two years**. A doctor's referral is not needed but is recommended.

A family history of breast cancer is one first degree relative (mother, sister, or daughter) with breast cancer.

Possible Outcomes of Your Next Mammogram


Based on the history information that you entered, the following statistics indicate your likelihood of various outcomes for your next screening.* We recommend taking this information to your doctor to assist you in deciding if screening is right for you.

| | | |
|---|-------------|---|
| Your likelihood of having a breast cancer found is | 0.4% | That means 4 out of 1000 women screened with a history similar to yours would have a breast cancer detected at their next screening mammogram. For comparison, on average every year in BC, 4 out of every 1000 women ages 50-59 screened will have a breast cancer detected. |
| Your likelihood of having a false alarm is | 4.4% | That means 44 out of 1000 women screened with a history similar to yours would be called back for further testing which will turn out to be normal. For comparison, on average in BC every year, 55 out of every 1000 women ages 50-59 screened will have a false alarm. |
| Your likelihood of having a biopsy false alarm is | 0.4% | That means 4 out of 1000 women screened with a history similar to yours would need a biopsy which will turn out to be normal after testing. For comparison, on average in BC every year, 55 out of every 1000 women ages 50-59 screened will have a biopsy which will turn out to be normal. |

Overdiagnosis

- Screen-detected neoplasm which would never have become clinically apparent before patient's death
- Leads to Overtreatment
- Issue: cannot distinguish these cancers from those that will progress

Overdiagnosis: controversy

- Existence: 
- Measurement issues
 - Disagreement re incidence (static vs increasing)
 - RCT not an option
- Range: 2% - 48%
- Risk per Ca vs lifetime risk
- Radiology vs Pathology
- **Determine your patient's tolerance**

BC Cancer Breast Screening Policy

Average Risk

- Referral not required
- Facilitate informed decision

| Age | Policy |
|---------|------------------------------|
| 50 - 74 | Recommended q2y Pt recall |

BC Cancer Breast Screening Policy

Average Risk

- Referral not required
- Facilitate informed decision

| Age | Policy |
|---------|------------------------------|
| 40 – 49 | Available q2y Pt recall |
| 50 – 74 | Recommended q2y Pt recall |
| | |

BC Cancer Breast Screening Policy

Average Risk

- Referral not required
- Facilitate informed decision

| Age | Policy |
|---------|-------------------------------------|
| 40 – 49 | Available q2y Pt recall |
| 50 – 74 | Recommended q2y Pt recall |
| 75+ | Available q2-3y <u>No</u> recall |

BC Cancer Breast Screening Policy Higher Than Average Risk

- Higher risk:
 - 1st degree relative with Hx of breast cancer
- Referral not required
- Facilitate informed decision

| Age | Policy |
|---------|------------------------------|
| 40 – 74 | Recommended q1y Pt recall |

BC Cancer Breast Screening Policy

High Risk

- High risk:
 - High risk gene mutation (eg BRCA1/2), or untested 1st degree relative thereof
 - Chest wall radiation at age 10-30
 - Very strong family Hx
- Referral required for 1st visit if <40y
- Facilitate informed decision

BC Cancer Breast Screening Policy

High Risk

- Very strong family Hx
 - 2 cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, great-aunt) on the same side of the family, both diagnosed before age 50
 - or 3 or more cases of breast cancer in close female relatives on the same side of the family, with at least one diagnosed before age 50.

BC Cancer Breast Screening Policy

High Risk

- High risk:
 - High risk gene mutation (eg BRCA1/2), or untested 1st degree relative thereof
 - Chest wall radiation at age 10-30
 - Very strong family Hx
- Referral required for 1st visit if <40y
- Facilitate informed decision

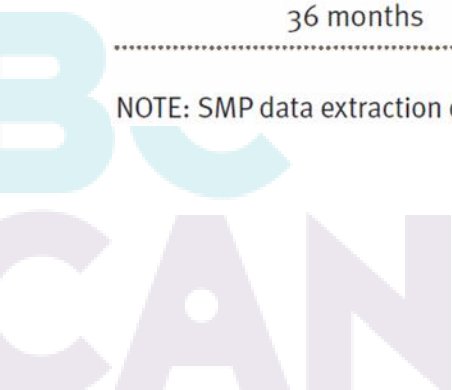
Participation and Retention

- Many women are overdue each year, despite multiple recall notices

TABLE 5: RETURN RATES FOR WOMEN AGE 50 TO 69: 2012 – 2014

| | First Screen | | Subsequent Screen | | Overall | |
|--------------------------------|--------------|----------|-------------------|----------|---------|----------|
| | Normal | Abnormal | Normal | Abnormal | Normal | Abnormal |
| Total Number to be Re-screened | 21,155 | 4,473 | 431,686 | 28,319 | 452,841 | 32,792 |
| Returned by 12 months | 1% | 1% | 5% | 4% | 4% | 4% |
| 18 months | 6% | 7% | 17% | 17% | 17% | 16% |
| 24 months | 20% | 20% | 44% | 41% | 43% | 38% |
| 30 months | 46% | 41% | 78% | 69% | 76% | 65% |
| 36 months | 55% | 50% | 85% | 77% | 84% | 73% |

NOTE: SMP data extraction date: August 29, 2016.



Looking Ahead

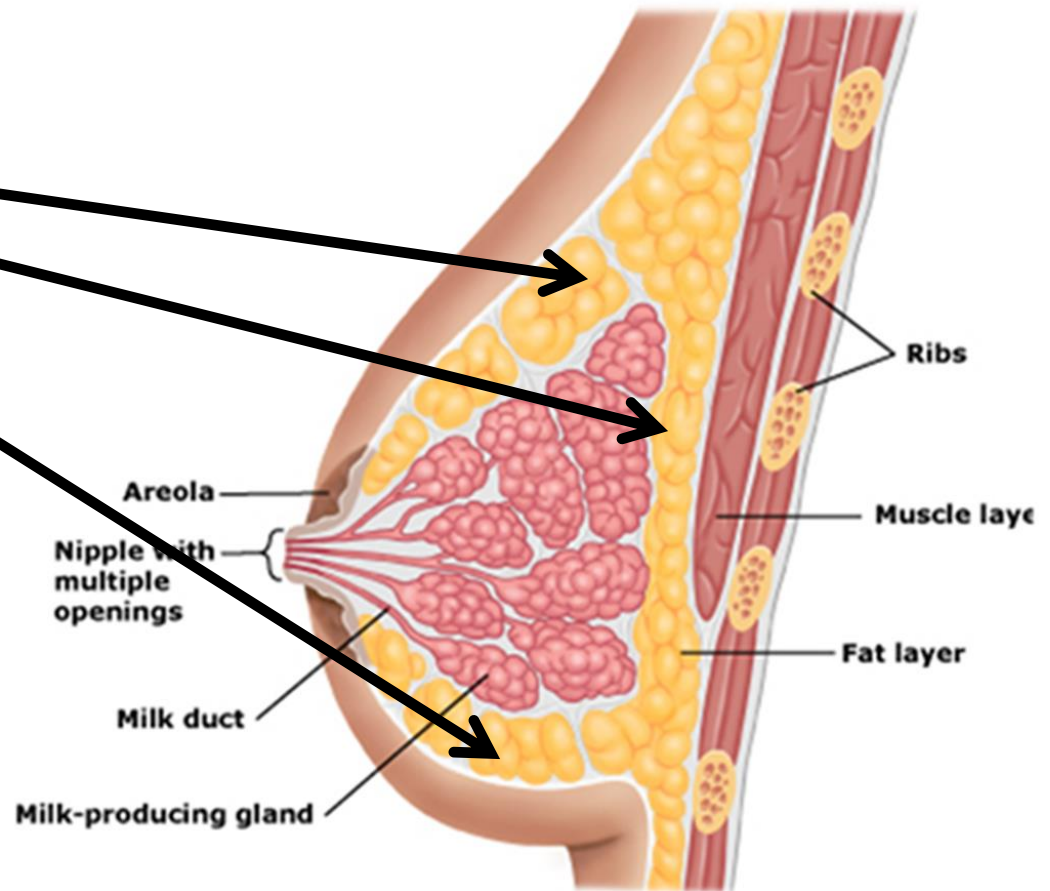


- Breast Density
- Other modalities
- Risk stratification/modification
- Personalized regimen

What is BD?

- Non-dense
 - Fatty
 - Fat
 - **Black**
- Dense
 - Glandular, ducts
 - Fibrous, CT
 - **White**

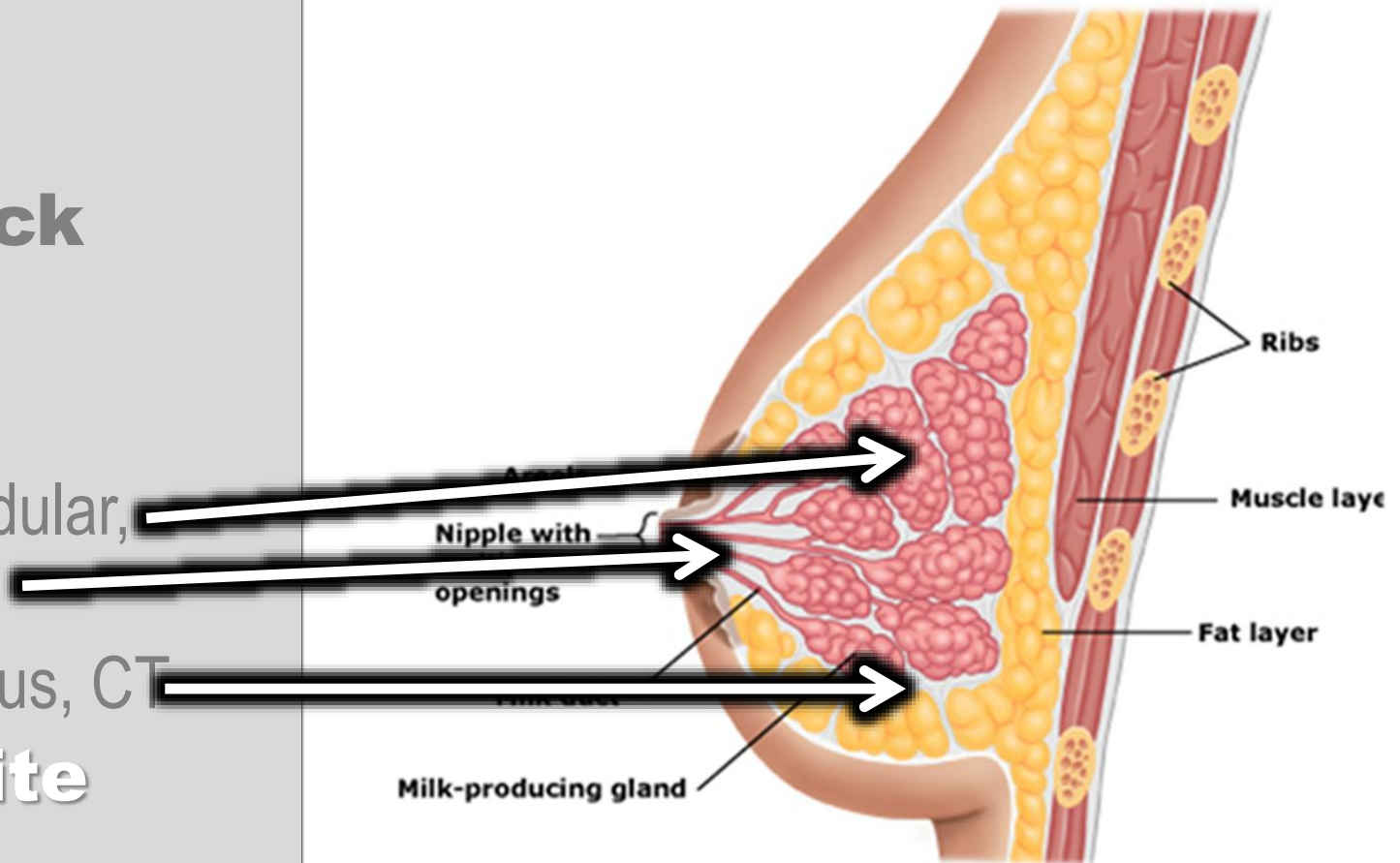
Anatomy of the breast



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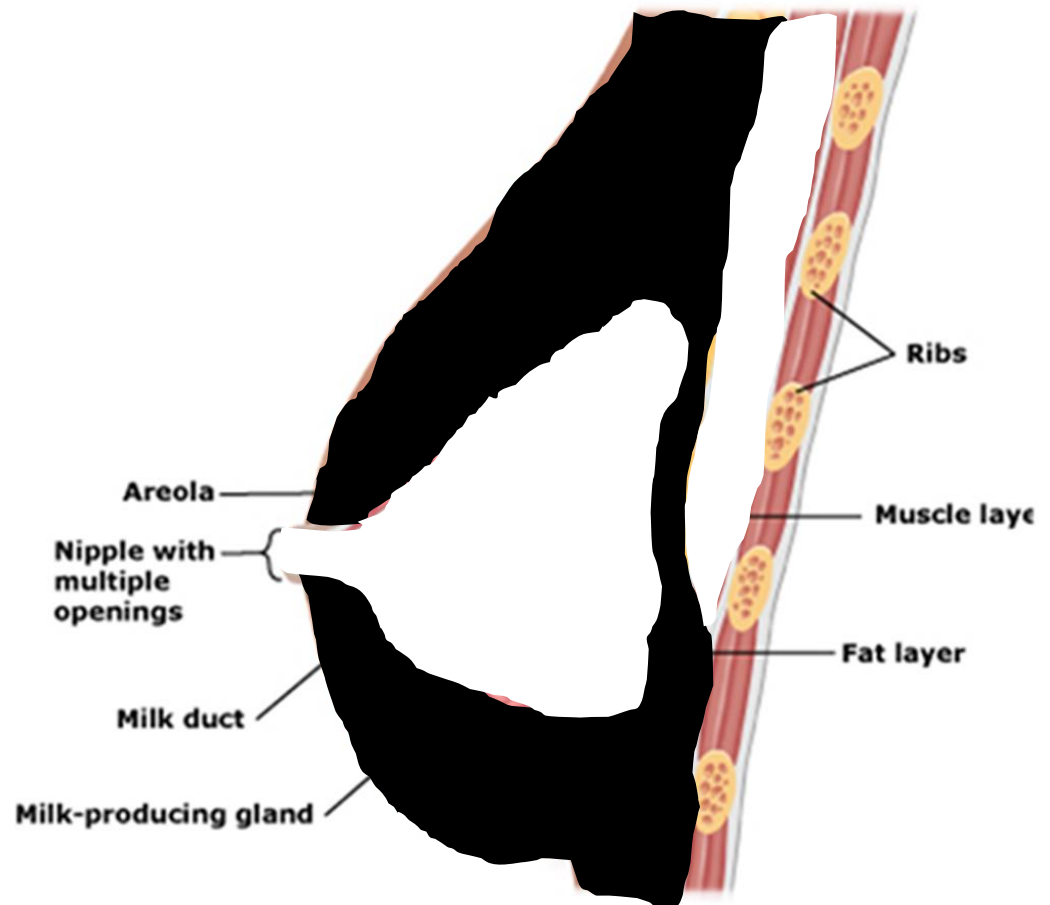
Anatomy of the breast



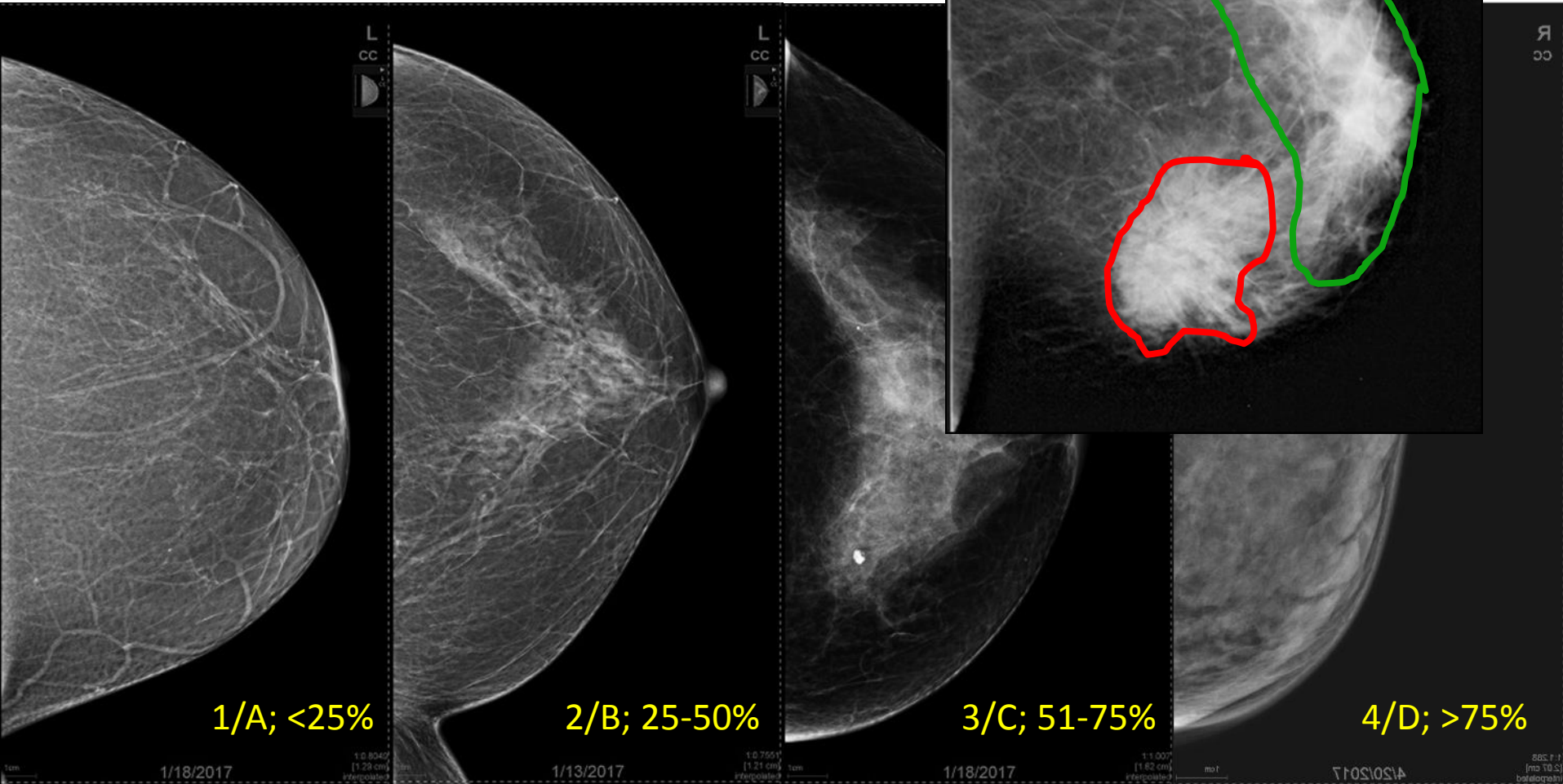
What is BD?

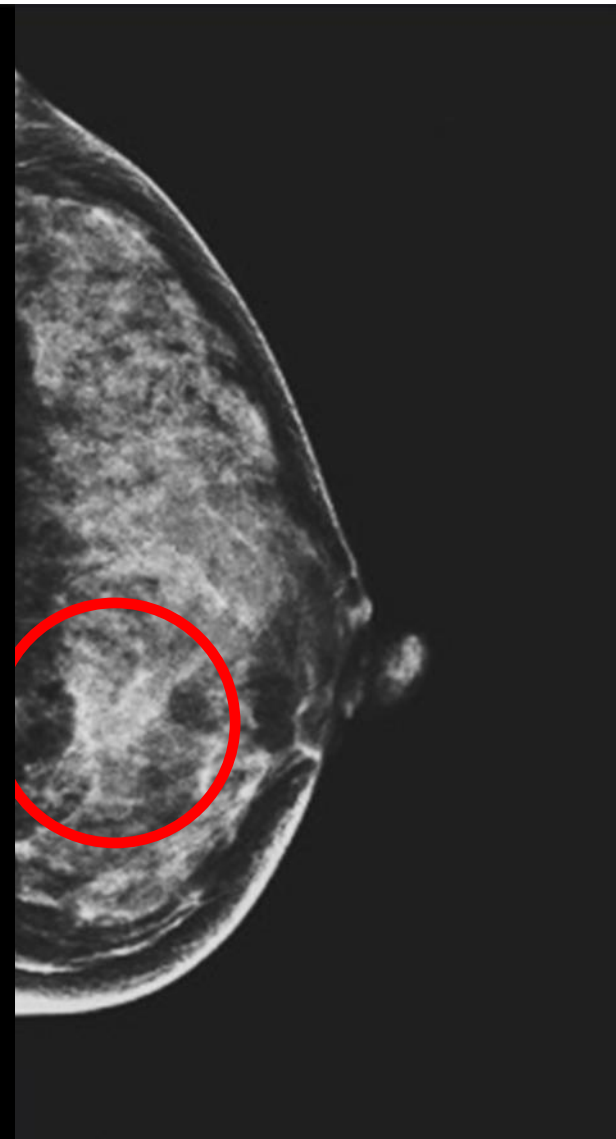
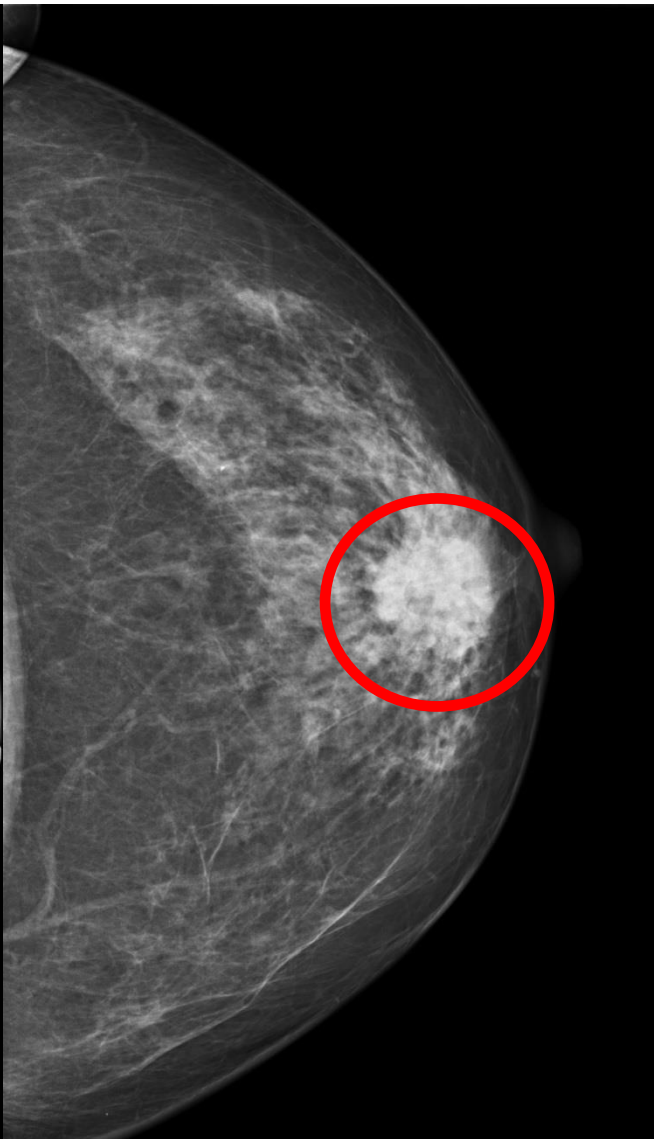
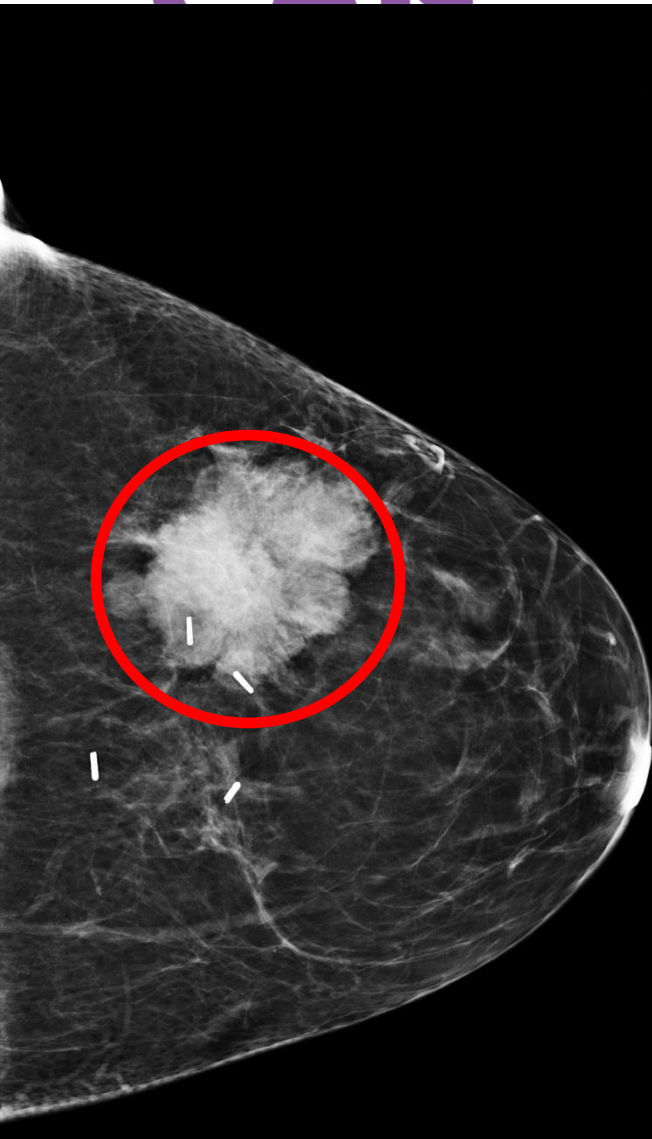
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Anatomy of the breast



Breast Density Assessment





BD Discussion Guide for Clinicians



Discussion Guide: Breast Density

Helping Patients Understand Breast Density and Their Mammogram Results

The BC Cancer Breast Screening Program includes a breast density assessment with every mammogram. This is sent to both providers and screening program participants. This guide helps you have a conversation with patients about breast density.

1 Breast Density

Review the patient's BI-RADS assessment with them. Explain:

- Breasts are composed of two main types of tissue - fibroglandular tissue appears dense on a mammogram, while fatty tissue appears dark.
- Breast composition (the amount of fibroglandular tissue and fatty tissue) can change over time and from one mammogram to the next.
- Most women's breasts become less dense as they get older.

Read the patient's breast density assessment. Review the Breast Density Discussion Guide with the patient.

- Can change; tending to decrease with age
- Intro BI-RADS assessment of volume of dense tissue
- "breast composition" = "breast density"
- Intro masking/interval cancer and risk factor concepts
- "dense breasts" = C/D vs spectrum: C vs D; B

| BI-RADS A | BI-RADS B | BI-RADS C | BI-RADS D |
|--|--|--|--|
| <p>Almost entirely fatty</p> <p>15% of BC population</p> <p>95.1% mammographic sensitivity</p> | <p>Scattered areas of fibroglandular density</p> <p>44% of BC population</p> <p>91% mammographic sensitivity</p> | <p>Heterogeneously dense, which may obscure small masses</p> <p>34% of BC population</p> <p>81% mammographic sensitivity</p> | <p>Extremely dense, which lowers the sensitivity of mammography</p> <p>7% of BC population</p> <p>61% mammographic sensitivity</p> |

Role of Mammography

- Women should continue to get regular screening mammograms.
- Mammograms are the only screening modality proven to reduce mortality from breast cancer. The ability of mammography to detect breast cancer is limited by breast density.
- It is important to remind your patients that no screening test is perfect, and breast density can make it harder to find cancer on a mammogram.
- It is important to investigate all breast changes, even if a recent mammogram was negative.

Role of Mammography

- Continue regular mammo regardless of density
- Proven mortality benefit, density aside
- No screening test perfect, and density can mask
- Any breast changes remain important, even if negative mammo

Updated Discussion Guide

Understanding Breast Density as a Risk Factor

Individuals with dense breast tissue are at increased risk for breast cancer and have a higher probability of an invasive breast cancer diagnosis in the two years following a screening mammogram. This risk increases with age.

If your patient is anxious about their BI-RADS category, reassure them that although dense breast

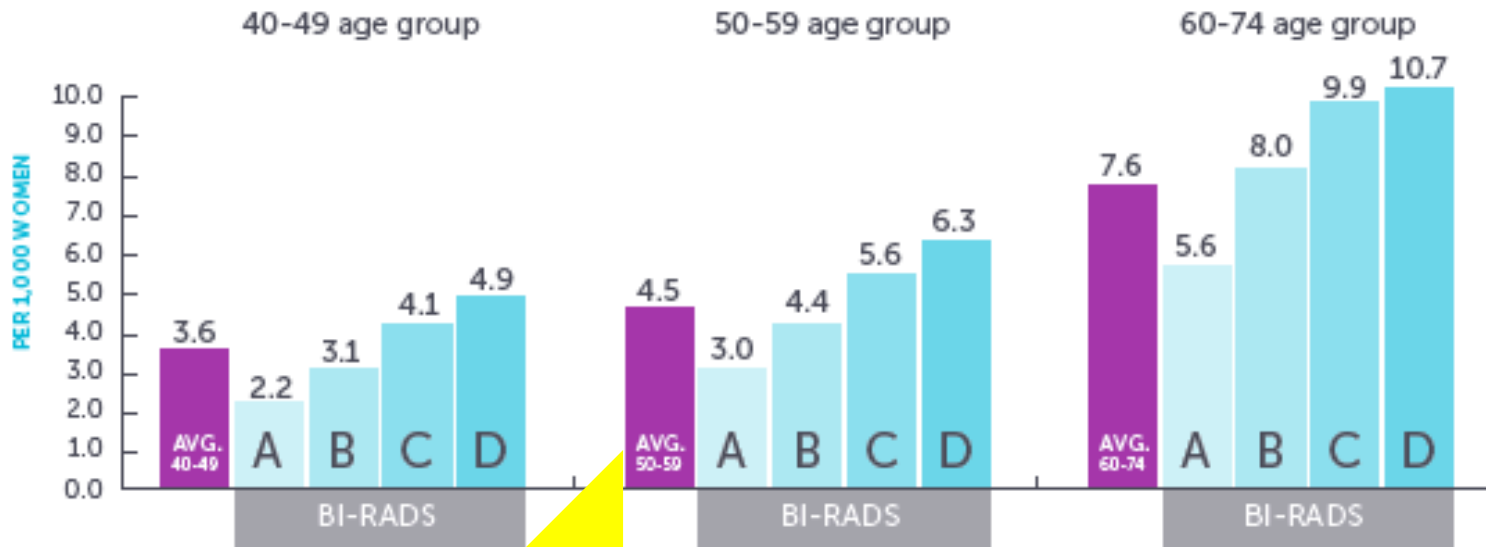
- ▶ A woman age 60-69 with dense breasts (BI-RADS C or D) has a 4.1% probability of developing an invasive breast cancer diagnosis in the next two years following a screening mammogram.
- ▶ Among 1,000 women age 60-69 with BI-RADS D category, 10.7% will be diagnosed with new breast cancer in the next two years.

“Understanding Breast Density as a Risk Factor”

- Explain concept of Absolute Risk (“2y”)
- Use 2 examples

• BI-RADS D = “high” risk

TABLE 1: PROBABILITY OF BEING DIAGNOSED WITH INVASIVE BREAST CANCER IN NEXT TWO YEARS FOR BREAST SCREENING PARTICIPANTS



• Personal history of breast cancer.

• History of breast cancer in a first-degree family member (mother, daughter, or sister).

Healthy lifestyle choices may help lower breast cancer risk. Maintaining a healthy weight, exercising regularly, and an active lifestyle, limit alcohol, breastfeed if possible, and use hormone therapy for menopause symptoms. More information is available at www.fiveplus.ca. There are a number of online tools that can help you understand different combinations of these factors. Two risk

“Additional Breast Cancer Risk Factors”

- Overall risk is complex combination of:
- Age, mutations, personal Hx, family Hx, Bx showing high risk lesion
- Lifestyle choices: active, wt, EtOH, breastfeeding, hormone (“5+”)
- Risk calculator links: NIH (-BD); BCSC (+BD)

▶ The Breast Cancer Risk Assessment Tool is available at www.cancer.gov/bcrisktool. This tool does not include breast density information.

Updated Discussion Guide

“Relative Risk” explained

Relative Risk

Another way to describe the risk of breast cancer is by explaining “relative risk”. A relative risk of greater than 1 indicates a higher risk of being diagnosed with breast cancer compared to an average woman in that age group.

In Table 2 we compare the risk of breast cancer in women in each BI-RADS category to the risk of breast cancer in average BC women in the same age group (across all BI-RADS categories). For example, for BC women ages 60-74, a relative risk of 1.42 in the BI-RADS D category means that the risk of breast cancer is 42% higher than the average for that age group. Women with the least dense tissue (BI-RADS A) are at the lowest relative risk, regardless of age.

TABLE 2
BY AGE

TABLE 3: COMPARISON OF BREAST CANCER RISK FACTORS

| Risk Factor | Estimated Maximum Relative Risk |
|--|---------------------------------|
| BRCA1 or BRCA2 ² | 15x* |
| Personal history of breast cancer ³ | 7x to 10x* |
| Prior breast biopsy showing certain non-cancerous pathologies | |
| - Ductal Intra-epithelial Neoplasia (DIN 1b) ³ | 5x* |
| - Lobular Intra-epithelial Neoplasia (LIN) ⁴ | 4x to 10x* |
| First-degree relative (mother, sister) diagnosed with breast cancer by age 50 ³ | 2x* |
| Obesity | 1.3x* |
| Alcohol Use | 1.6x* |
| BI-RADS C (heterogeneously dense) | 1.3x ¹ |
| BI-RADS D (extremely dense) | 1.4x ¹ |

Updated Discussion Guide

3 Supplemental Testing

“Supplemental Testing” (not “screening”)

- Review purpose of screening: early cancer detection; not risk reduction
- Insufficient evidence for recommendation of *routine* supplemental for dense
- Does show additional cancer detection
- But unclear re overdiagnosis, proportion found at next screen, mortality
- RCT for US ongoing, but need to discuss benefits vs limitations (FP, sensitivity)
- Possible change: balance for density in combination with other risk factors

4 More Information

“More Information”

- Reminder that Patient Brochure enclosed with their screen results
- BC Cancer Screening website link

References

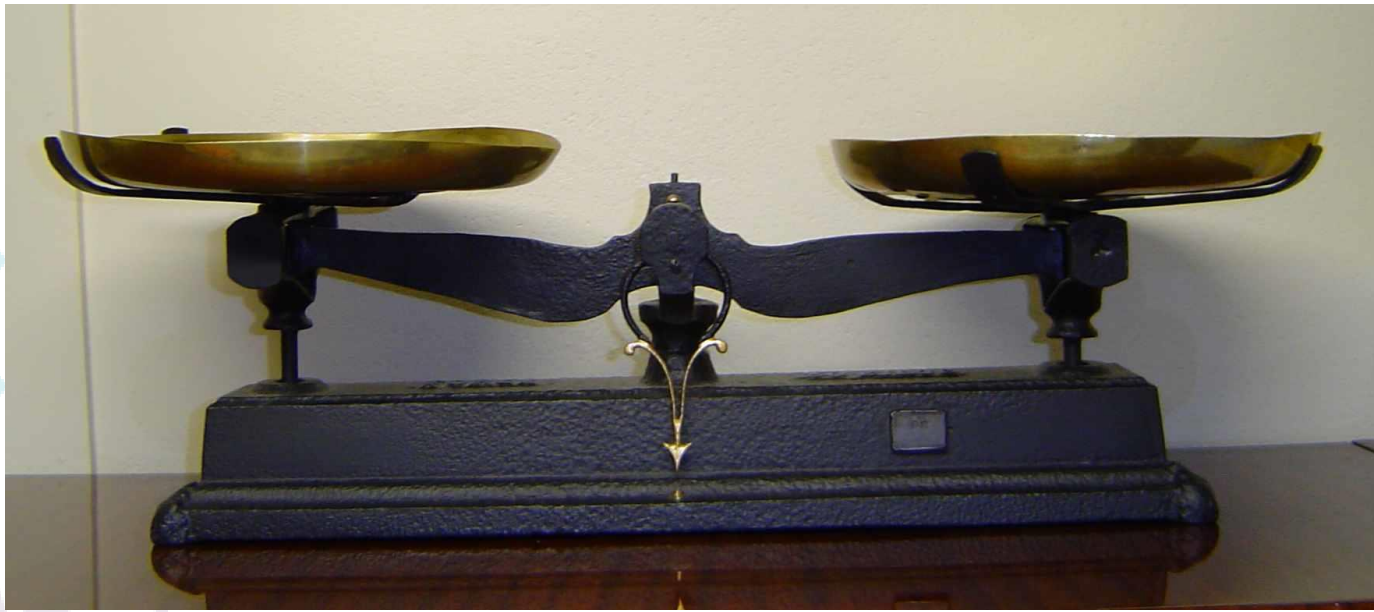
1. Sickles EA, D'Orsi CJ, Bassett LW, et al. American College of Radiology; 2013.
2. Couch FJ, DeSiano ML, Blackwood MA, et al. (20):1409-1415.
3. Singletary SE. Rating the risk factors for breast cancer.
4. Wen HY, Brogi E. Lobular Carcinoma In Situ. Surg Oncol Clin North Am. 2016;16(4):268. Epub 2016 Jan 12.
5. Supplemental Screening for Breast Cancer In Women With Dense Breasts: A Randomized Controlled Trial. JAMA. 2016;316(4):268. Epub 2016 Jan 12.
6. <https://canadianastkforce.ca/guidelines/published-screening-guidelines/>
7. Ohuchi, N. et al. Sensitivity and specificity of mammography for the detection of breast cancer: a randomized controlled trial (3-STAR): a randomised controlled trial. *BMC Medical Research Methodology* 2016, 16(1):1-11.

Data Notes

1. BC Cancer Breast Screening Program data used to calculate overall sensitivity.
2. Overall Sensitivity calculation includes DCIS and invasive breast cancer detected by supplemental mammography.
3. Absolute and relative risk calculated:
 - a. For all program screens completed 2011-2015, with follow-up completed by 2016, ages 40-74.
 - b. Includes digital and analog images.
 - c. For invasive cancers only (includes screen detected and interval invasive breast cancer).
 - d. Excludes women whose 1st screen in the study period (at the beginning of the screening round) results in a screen detected cancer (prevalent cancers).
4. BI-RADS percentage of the population estimates provided for 2018.

Markers of a successful screening test

- ? • ↓Mortality
- ? • ↓Advanced cancers
- ✓ • ↑Sensitivity ↓Interval cancers
- ✓ • ↑Cancer detection rate
- ✓ • Abnormal call rate and false positives
- ? • Overdiagnosis



BI-RADS A/B Results Letter

Patient Normal Letter

Jane Sample
1234 Address Street
Vancouver, BC

Program ID
Exam Date:

Dear Jane Sample,

We are pleased **“no sign of breast cancer”** (ray) shows no sign of breast cancer. You should have your next regular mammogram in 2 years for your next regular mammogram.

Even though **Symptoms + Normal screen** cancers are found with mammography, you should tell your health care provider – even if you have recently had a normal mammogram.

Breast Density **BI-RADS letter + paraphrase** description of BI-RADS A - Almost Entirely Fatty.

This means you do not have **Do not have “dense breasts”** particularly as women age. Please refer to **Refer to brochure** for more information on breast density.

Your results have been sent to your health care provider. We encourage you to use this report to talk to

Encourage complete discussion of risk and modifiable factors

Thank you for attending the BC Cancer Breast Screening Program.

Dr. Colin Mar
Breast Screening Medical Director

If you have received this report in error, please notify us at 1-800-663-9203.
If you have a My ehealth account you can also view your results online: www.myehealth.ca.



Provincial Health Services Authority

BI-RADS C/D Results Letter

Normal Results Letter

Jane Sample
1234 Address Street
Vancouver, BC

Program ID
Exam Date:

Dear Jane Sample,

We are pleased to show no sign of breast cancer. “no sign of breast cancer” shows no sign of breast cancer. It is important to continue to have regular mammograms for your next regular mammogram.

Even though mammograms are found with mammograms, tell your health care provider if you have any symptoms.

Breast Density: BI-RADS letter + paraphrase description of BI-RADS C - Heterogeneously Dense.

This means you have dense breast tissue. Dense breast tissue is common and is normal. But dense breast tissue is known to increase the risk of breast cancer. Masking and Inc'd Risk. Refer to brochure for more information about breast density.

- At least some dense tissue
- Common and normal
- Masking and Inc'd Risk
- Refer to brochure

You are encouraged to have a complete discussion of risk and modifiable factors.

Thank you for attending the BC Cancer Breast Screening Program.

Dr. Colin Mar
Breast Screening Medical Director

If you have received this report in error, please notify us at 1-800-663-9203.
If you have a My ehealth account you can also view your results online: www.myehealth.ca.



Provincial Health Services Authority

Updated Patient Brochure



What is breast density?

Breasts are made up of two main types of tissue – fibroglandular tissue and fatty tissue. Fibroglandular tissue appears dense on a mammogram.

What is breast density?

- Comparison of 2 tissue types
- Normal, common

...ue, but you should speak with your health care provider about your overall breast cancer risk.

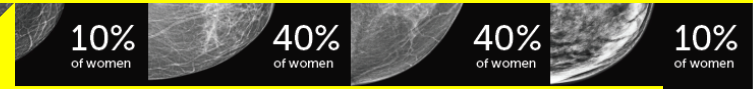
... speak with your health care provider if you notice any changes in your breasts, even if you have recently had a normal mammogram.

How do I know how much dense breast tissue I have?

The amount of dense tissue in your breast is measured by a radiologist using the Breast

How do I know how much dense tissue I have?

Introduce BI-RADS assessment



BI-RADS composition categories and to paraphrase

...that other tests, such as breast ultrasound, may find additional cancers in individuals

...screening can have a high rate of false-positive results. A false positive result is an

...ant concepts

...on mammo, not clinical

...change, particularly with age

Why should I know my breast density?

1. Increased risk, but small impact on overall
2. Masking, so any symptoms still important

Graphic demonstration of density

- Combined with masking demonstration

entirely of non-dense (fatty) tissue

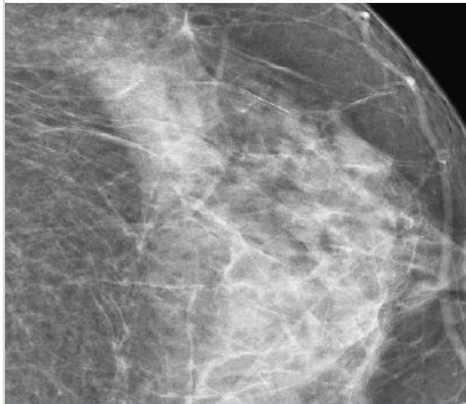
BI-RADS B Your breasts are composed mainly of non-dense (fatty) tissue

What you can do

Are there additional screening tests available for those with dense breasts?

- Evidence limitations precluding definitive recommendation
- Other tests may find additional cancers
- Explain false positive risk

Updated Patient Brochure



What is Breast Density

Answering your questions
about breast density and
BI-RADS categories

Grade 6/7 reading level

Saraiya et al. Breast density notification letter and websites: are they too “dense”? J Am Coll Radiol 2019;16:717-723

Category

Description

BI-RADS A

Your breasts are composed almost entirely of non-dense (fatty) tissue.

BI-RADS B

Your breasts are composed of mainly non-dense (fatty) tissue, with some scattered areas of dense tissue.

BI-RADS C

Your breasts are composed of a mixture of non-dense (fatty) tissue and dense tissue.

Your breasts are composed of mostly non-dense (fatty) tissue and some dense tissue.

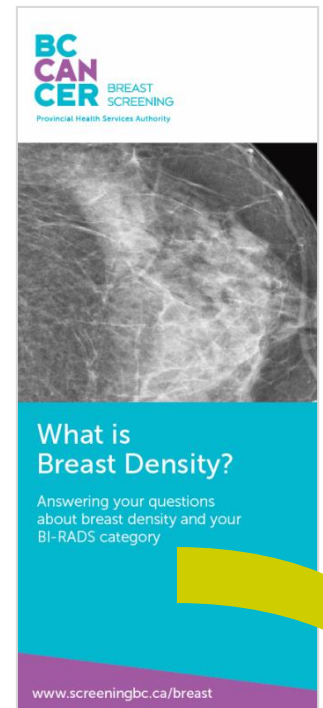
Updated Patient Brochure

“What you can do” continued:

- “If I have dense breasts, do I still need a mammogram?”
- “Besides getting regular mammograms, what else can I do?”
 - “Be familiar with your breasts”
 - “Understand your overall risk for breast cancer” (≠ “high” risk)
 - “Make positive lifestyle choices” (5-plus)

“What else determines my risk for breast cancer?”

- Age
- Personal Hx of breast cancer
- Family Hx of breast cancer
- Inherited gene mutations

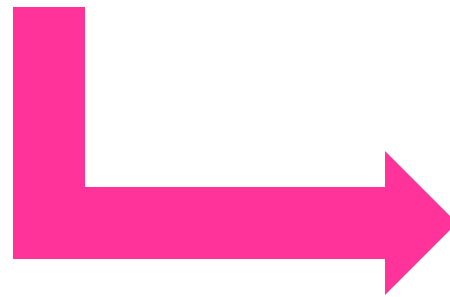


Looking Ahead



- Breast Density
- Other modalities
- Risk stratification/modification
- Personalized regimen

BC
CAN



**Informed
Decision
Making**

Summary

40—50-74—75+
Avg/Higher/High

- Describe current BC breast screening guidelines;

Masking > Carcinogenesis
Facilitate discussion: US?

- Summarize risks and investigations of patients with dense breasts; and

- Identify at risk populations to increase screening uptake

Post – pandemic
1st-degree FamHx
→ Path risk fx

Questions?

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For more information on cancer screening...

Visit the BC Cancer Screening
Programs website: www.screeningbc.ca or
email screening@bccancer.bc.ca

For online UBC CPD course with cases...

Visit: <http://ubccpd.ca/course/bca-screening-update>



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