

Breast Screening Program Fact Sheet

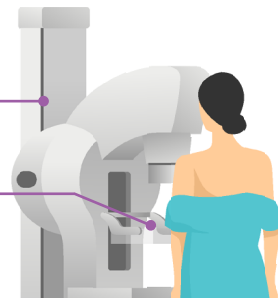
The BC Cancer Breast Screening Program is an organized population-based program aimed at reducing breast cancer incidence and mortality in BC. The goal of breast screening is to reduce breast cancer deaths by finding cancer at an early stage, when there is a better chance for successful treatment.

Health care providers play an important role in supporting their patients' participation in breast screening, including:

- Helping patients determine whether they are eligible;
- Supporting their decision to get screened if eligible;
- Answering questions about their results; and
- Encouraging adherence to follow-up testing and to return for screening when due.

Breast screening involves taking 2 pictures of each breast

A plastic plate will compress the breast for a few seconds, to hold it in place and spread the tissue



Who is eligible for breast screening?

Most women ages 40 and older can have a screening mammogram. For those at higher risk for breast cancer, screening may be recommended to start earlier. Screening is also available to many Two-Spirit, transgender and gender-diverse individuals.

Average Risk

For asymptomatic women with no family history of breast cancer or other high-risk factors, routine screening mammograms are:

- **Ages 40 to 49:** Available every 2 years
- **Ages 55 to 74:** Recommended every 2 years
- **Ages 75+:** Available every 2 to 3 years

Higher than Average Risk

Routine screening mammograms are recommended **every year** for women with a history of breast cancer in a first degree relative (parent, child, full sibling).

If a patient is diagnosed with Atypical Ductal Hyperplasia (ADH), Atypical Lobular Hyperplasia (ALH) or Classical Lobular Carcinoma in Situ (LCIS), annual mammography through [diagnostic testing](#) is recommended.¹

High Risk

Routine screening mammograms are recommended **every year** for women who:

- Have two biological relatives (parent, child, sibling, grandparent, aunt, uncle, great-aunt, great-uncle) on the same side of the family diagnosed with breast cancer before age 50²;
- Had thoracic radiation between ages 10 to 30;
- OR
- Are a known pathogenic gene variant³ carrier or an untested family member of a known pathogenic gene variant carrier.

Who is not eligible for a screening mammogram?

Women are **not** eligible for a screening mammogram if they have or have had breast cancer; have breast implants; or if they currently have breast symptoms (such as a lump, discharge, or pain). This would require a diagnostic investigation. Please refer for a [diagnostic mammogram](#).

If they are pregnant or breastfeeding, they can screen three months after completely finishing breastfeeding.

¹ The Breast Screening Program will facilitate the referral on behalf of the patient's health care provider once patient is enrolled in [Higher Risk Surveillance service](#)

² If three or more biological relatives, only one needs to be diagnosed with breast cancer before age 50

³ BRCA1, BRCA2, ATM, CDH1, CHEK2, NBN, NF1, PALB2, PTEN, STK11, TP53, or others identified by the Hereditary Cancer Program

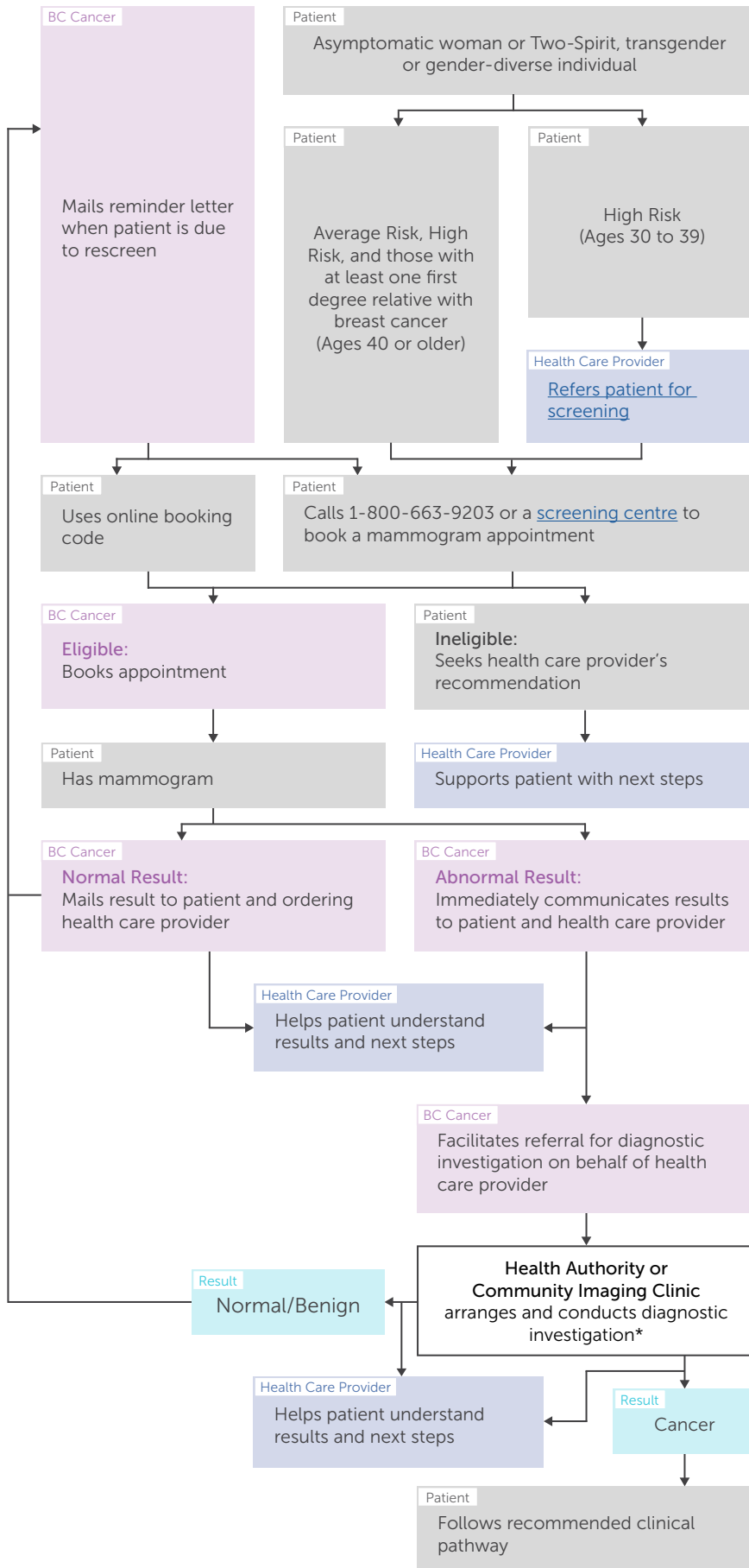
Will I receive a copy of my patient's results? What are the management recommendations?

You will receive a copy of your patient's results through Excelleris. The possible results are:

- **Normal (Negative):** The patient will receive their results in the mail within 3 weeks. They will receive a reminder letter in the mail when they are due for their next mammogram.
- **Abnormal (Positive):** More tests, such as a diagnostic mammogram, ultrasound or biopsy, are needed to determine next actions: further testing, surveillance, diagnosis management and/or treatment. The Breast Screening Program will facilitate the fast-track referral for the patient's first round of diagnostic testing. A diagnostic facility will call the patient to book the additional recommended testing. Once complete, you will receive the diagnostic results and recommendations to share with your patient.
- If the patient reported symptoms during their mammogram, you will be advised to follow up with the patient.

A **Breast Density Assessment** will be included with the results. The assessment will be reported as one of the four BI-RADS (Breast Imaging Reporting and Data System) categories in the breast composition assessment scale. For more information and to help support your conversations with patients about breast density, refer to the [Breast Density Discussion Guide](#) (www.bccancer.bc.ca/screening/Documents/Breast-Density-Discussion-Guide.pdf).

Patient Pathway



*If the patient's diagnostic breast imaging reports a BIRADS 3 result with a recommended interval follow-up, the patient's health care provider will be advised to directly refer the patient for diagnostic imaging (to a specific diagnostic imaging department if indicated).

Helpful Resources



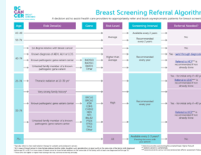
Health Professionals –
Breast Screening webpage
[www.bccancer.bc.ca/
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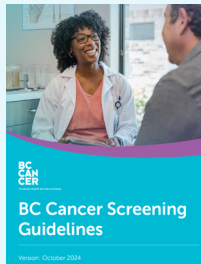
Benefits and Limitations of
Breast Screening
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Screening Guidelines
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about cancer prevention and screening –
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code to sign up.

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