

Higher Risk Surveillance for ADH, ALH and LCIS

1 Summary

As evidence evolves, BC Cancer Breast Screening has revised its policy for breast cancer risk stratification and is expanding services to facilitate breast cancer surveillance for individuals at increased risk, specifically due to a prior tissue diagnosis of:

- Atypical Ductal Hyperplasia (ADH)
- Atypical Lobular Hyperplasia (ALH)
- Classical Lobular Carcinoma In Situ (LCIS)

BC Cancer Breast Screening now recommends surveillance with annual mammography through **diagnostic imaging** given the typically more complicated history of biopsy and possibly surgery. The new service will facilitate and formalize this surveillance through:

- Patient and Provider notifications
- Direct referrals to diagnostic imaging for annual mammography

This service has been endorsed by BC Family Doctors, and the provincial Medical Imaging Advisory Committee.

2 Breast Cancer Risk

Atypical Ductal Hyperplasia, Atypical Lobular Hyperplasia and classical Lobular Carcinoma In Situ may be detected at pathology following breast biopsy after screening mammography or a clinical presentation. A diagnosis of ADH at core biopsy typically requires an excisional biopsy to exclude associated Ductal Carcinoma In Situ (i.e. malignancy).

These are non-cancerous histologies, but do indicate an increased risk for subsequent breast cancer. The increased lifetime risk for breast cancer secondary to each of these histologies exceeds that of having a 1st degree relative with a history of breast cancer.

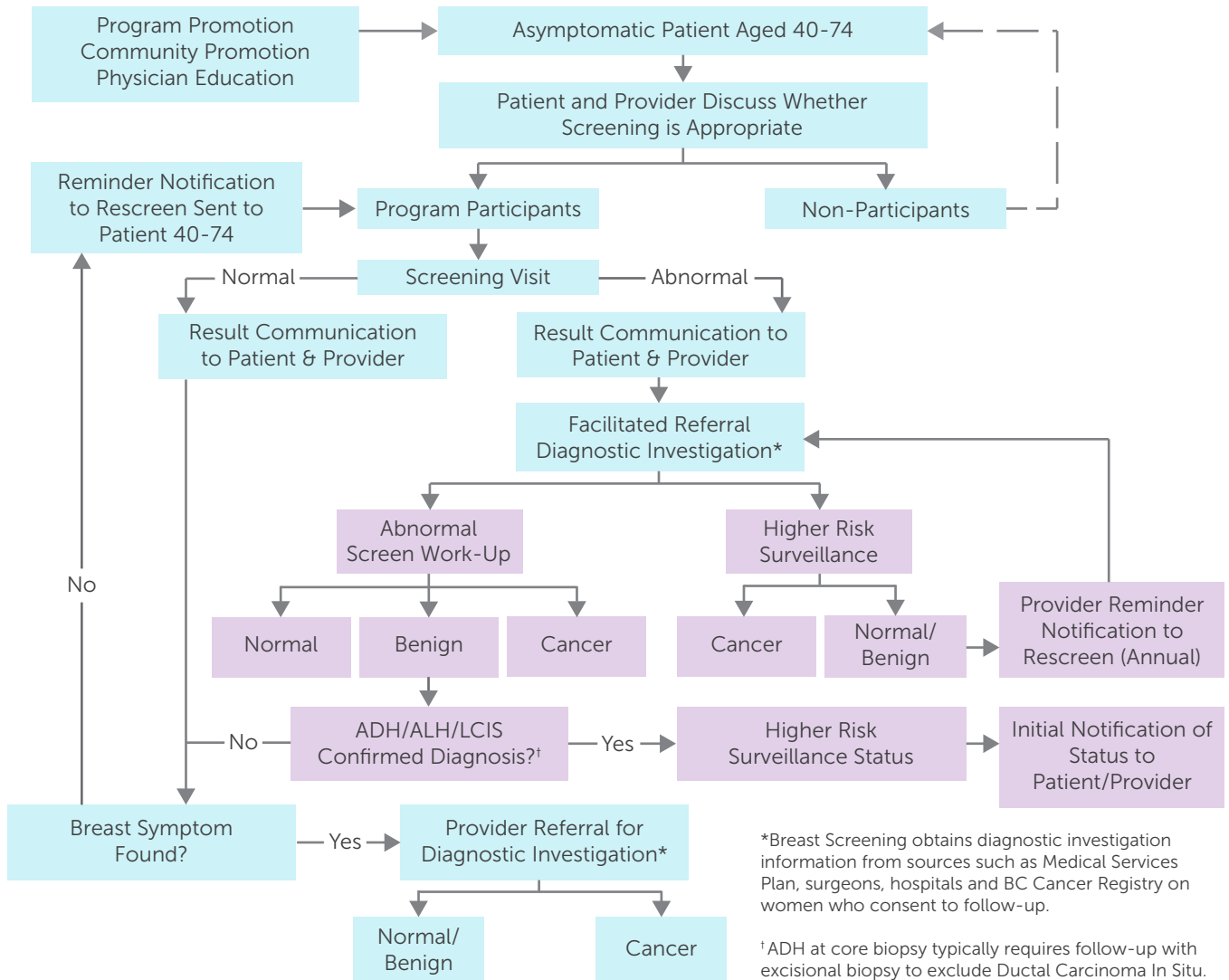
TABLE 1: COMPARISON OF BREAST CANCER RISK FACTORS

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 - Atypical Ductal Hyperplasia (ADH) ³ - Atypical Lobular Hyperplasia (ALH) or Classical Lobular Carcinoma In Situ (LCIS) ⁴	5x* 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 [†]
BI-RADS D (extremely dense)	1.4x [†]

* Risk compared to the risk in women without that risk factor

† Invasive cancer within two years compared to average density

3 Program Overview



About the Higher Risk Surveillance Service

- The services will include screening program participants who receive these diagnoses in the future.
- Active program participants with these diagnoses in the past will be moved over to the new diagnostic referral process. They will have an option to opt out and continue routine breast screening.
- Health care providers will be notified of their patients with these diagnoses who have screened in the past and are overdue for breast imaging. The provider can arrange for a diagnostic mammogram referral which will then activate future management of the participant in the higher risk surveillance process.
- Providers or Patients will be able to opt out of this service.

TABLE 2: COMMUNICATIONS INCLUDED IN THIS PROGRAM

Communication	Source	Recipient			
		Dx Facility	Patient	Provider	BC Cancer
Initial notification of higher risk status	BC Cancer Breast Screening		X	X	
Notification of diagnostic referral	BC Cancer Breast Screening			X	
Annual referral for diagnostic mammogram	BC Cancer Breast Screening	X			
Scheduling of diagnostic mammogram	Diagnostic Facility		X		
Results of diagnostic mammogram	Diagnostic Facility			X	
Opting out of higher risk surveillance service	Provider/Patient				X