



COVID-19 TIP SHEET FOR ONTARIO BREAST SCREENING PROGRAM (OBSP) SERVICES

13 — Guidance for OBSP Screening and Assessment Services — (Updated 2022-04-05)

To: Regional Vice Presidents and Regional Directors

From: OBSP, Ontario Health (Cancer Care Ontario)

Re: Guidance for OBSP and High Risk OBSP services during the COVID-19 pandemic

Preamble

The COVID-19 pandemic is a rapidly evolving situation. This tip sheet is intended to supplement provincial guidance^{1,2} with specific considerations for screening and assessment of participants within the Ontario Breast Screening Program (OBSP) and High Risk OBSP. It is not intended to replace or supersede government directives or public health measures. We recognize that there will be local and regional context that may require adapted approaches to address unique organizational or other exceptional circumstances or conditions. We recommend that breast imaging leadership work with their facilities and local pandemic planning teams and Regional Cancer Program (RCP) to support a coordinated effort and alignment across the region. Additional guidance for organizing cancer diagnostic imaging services overall is addressed in *COVID-19 Tip Sheet #11 – Considerations for CT and MRI Services during Recovery* released by Ontario Health (Cancer Care Ontario).

Issue Summary

This tip sheet was first released in 2020 after the initial wave of COVID-19 in Ontario. In response to requests from RCPs for further guidance on High Risk OBSP screening, this tip sheet has been updated to provide additional mammography and breast magnetic resonance imaging (MRI) scheduling guidance for High Risk OBSP sites. The scheduling guidance is described in the [Additional guidance for High Risk OBSP sites](#) section of this document. The priority classification framework for OBSP mammography, MRI and ultrasound services detailed in Tables 1-3 as well as all other guidance in this document continue to be applicable. Content that is no longer relevant has been removed from this tip sheet.



Background

OBSP sites are expected to continue to follow current OBSP screening guidelines as outlined in the OBSP Standard Operating Procedures (SOPs), as closely as possible. However, Ontario Health (Cancer Care Ontario) recognizes that OBSP sites may experience capacity challenges due to the ongoing COVID-19 pandemic. This tip sheet is provided to support decision making for OBSP screening and assessment services at sites. This guidance will be continually assessed and updated as the situation evolves.

Approach

The prioritized breast screening services presented in this tip sheet were determined after considering program data on cancer detection rates in OBSP (average risk)³ and High Risk OBSP⁴ participants, and screening guidelines^{5,6}.

Prioritization for breast assessments was determined based on abnormalities that were more likely to be cancers, as defined by the American College of Radiology's Breast Imaging, Reporting and Data System (BI-RADS). The OBSP Clinical and Scientific Leads, along with Provincial Leads in primary care and breast cancer, and the OBSP Regional Breast Imaging Leads were consulted in the development of this guidance.

Priority classification framework for OBSP services

A risk-based prioritization framework for the provision of mammography, breast MRI and ultrasound services, respectively, in the OBSP, are presented in Tables 1-3.

Implementation considerations

- OBSP sites should consider following the prioritization guidance when re-booking services that were delayed during the pandemic, as well as new services.
- The guidance is intended to allow for flexibility based on radiologist discretion and clinical circumstances.
- The implementation of the guidance may differ across OBSP sites, based on local context, available resources and local trends in COVID-19 transmission.

Mammography services in the OBSP

Table 1: Prioritization framework for OBSP mammography during the COVID-19 pandemic

Priority	Service	Description
I	Breast assessments	OBSP diagnostic mammograms should be triaged based on site capacity, in the following order: <ol style="list-style-type: none"> Abnormal screening results, BI-RADS 4 and 5. Abnormal screening results, BI-RADS 0. Short-term follow-up, BI-RADS 3^a.
II	High Risk OBSP	High Risk OBSP screening mammograms.
III	OBSP (average risk)	Where capacity challenges exist, OBSP screening mammograms should be booked in the following order: <ol style="list-style-type: none"> Initial screens. Annual^b or one-year^c rescans. All other screening mammograms, based on length of screening delay, wherever possible.

MRI services in the OBSP

Table 2: Prioritization framework for OBSP MRIs during the COVID-19 pandemic

Priority	Service	Description
I	Breast assessments	OBSP diagnostic MRIs should be triaged based on site capacity, in the following order: <ol style="list-style-type: none"> Abnormal screening results, BI-RADS 4 and 5. Abnormal screening results, BI-RADS 0. Short-term follow-up, BI-RADS 3^a.
II	High Risk OBSP	Where MRI capacity challenges exist, High Risk OBSP screening breast MRIs should be booked in the following order: <ol style="list-style-type: none"> Participants who are known mutation carriers or who have a previous history of chest radiation, initial screen. Participants who are known mutation carriers or who have a previous history of chest radiation, overdue for rescan. All other participants who are known mutation carriers or with a previous history of chest radiation. All other High Risk OBSP MRIs, initial screen. All other High Risk OBSP MRIs, rescan.

^a The management of BI-RADS 3 follow-up cases, and prioritization within this framework, is at the discretion of the reporting radiologist.

^b Annual (ongoing) screening recall recommendation due to family history of breast and/or ovarian cancer or a history of high-risk pathology lesions.

^c One year (temporary) screening recall recommendation due to high breast density $\geq 75\%$ or as recommended by the reporting radiologist.

Additional guidance for High Risk OBSP sites *UPDATED*

- As per the OBSP SOPs, the screening breast MRI (or screening breast ultrasound) must be completed within 30 days of the mammogram for High Risk OBSP participants. However, where MRI capacity is limited during the pandemic, the timeframe between the mammogram and screening breast MRI for High Risk OBSP participants can be temporarily extended beyond 30 days.
- When the timeframe between the mammogram and screening breast MRI has been extended beyond 30 days, consider recalling the participant for their next screen no earlier than 12 months from their previous MRI.
- Ontario Health (Cancer Care Ontario) recommends a screening interval of 12 months. Participants that cannot be screened with both mammography and screening breast MRI within 15 months from their last MRI, should at least be booked for a mammogram. The participant’s MRI should be booked as soon as capacity allows.
- High Risk OBSP sites that book screening breast MRIs based on a participant’s menstrual cycle may consider temporarily removing this requirement to allow for more flexibility in booking.
- Where arrangements currently exist for the movement of participants between High Risk OBSP sites, sites may give participants the option to be screened with breast MRI at another High Risk OBSP site.

Ultrasound services in the OBSP

Table 3: Prioritization framework for OBSP ultrasounds during the COVID-19 pandemic

Priority	Service	Description
I	Breast assessments	OBSP diagnostic ultrasounds should be triaged based on site capacity, in the following order: a. Abnormal screening results, BI-RADS 4 and 5. b. Abnormal screening results, BI-RADS 0. c. Short-term follow-up, BI-RADS 3 ^d .
II	High Risk OBSP	Screening breast ultrasound for High Risk OBSP participants in whom screening breast MRI is not medically appropriate. <i>Ontario Health (Cancer Care Ontario) does not recommend supplemental screening with ultrasound for other High Risk OBSP participants.</i>

Operational considerations

- OBSP sites are encouraged to aid in booking assessment appointments for participants with abnormal results by regularly communicating with breast assessment sites in their area to determine the assessment site’s capacity for diagnostic work-up.
- High Risk OBSP sites are encouraged to develop a process to manage incoming High Risk OBSP referrals if capacity issues develop at the site level and communicate any changes in the referral process to primary care providers.
- High Risk OBSP sites are also encouraged to contact the cancer genetics clinics where High Risk OBSP referrals are forwarded, to ensure that the clinics are accepting referrals for genetic assessments. High Risk OBSP sites should communicate any changes in the referral process to the person being referred and their primary care provider.

^d The management of BI-RADS 3 follow-up cases, and prioritization within this framework, is at the discretion of the reporting radiologist

OBSP mammography equipment quality assurance (QA)

- Per the Canadian Association of Radiology’s (CAR) report on [‘Radiology Resumption of Clinical Services’](#), prior to resuming routine mammography screening, OBSP sites should:
 - Complete and ensure all systems pass quality control (QC) tests (for a complete list of all technologist QC tests please see page 6 of the [OBSP Mammography Equipment QA Guidance Document](#)). Ontario Health (Cancer Care Ontario) recommends that the results of the Signal Difference Noise Ratio (SDNR) test, in particular, should align with performance ranges set by pre-COVID baseline values.
 - Less frequent annual or semi-annual quality assurance tests should commence as soon as possible but at least within three months of resuming non-emergent imaging exams.
- OBSP sites delayed in completing the annual physics inspection on Radiologist Workstations (RWSs) and mammography units should work with their medical physicist to schedule a physics inspection when feasible.
- Sites that are unable to meet CAR requirements for completion of annual physics inspections, must notify their Regional Medical Radiation Technologist and subsequently Ontario Health (Cancer Care Ontario) on the status of quality assurance activities so that a risk management plan can be developed.
- The launch of the Ontario Health (Cancer Care Ontario) Late Submission Report, which identifies OBSP sites that are delayed in completing and/or submitting final results of the annual physics inspections, will continue to be paused.
- OBSP sites should continue to follow CAR updates on the Mammography Accreditation Program requirements as the COVID-19 pandemic evolves. COVID-19 resources, including guidelines and position statements are available here: <https://car.ca/covid-19/>.

Additional resources

OBSP guidance on vaccine-related lymphadenopathy is available here:
<https://www.cancercareontario.ca/en/guidelines-advice/covid19-resources>

Recommended next steps

Please share this guidance with all OBSP sites in your region and others, as you feel appropriate.

For more information

Should you have any questions regarding this guidance, please contact the Ontario Breast Screening Program at cancerscreening@ontariohealth.ca

References

1. Ontario Health (Cancer Care Ontario). A Measured Approach to Planning for Surgeries and Procedures During the COVID-19 Pandemic [Internet]. Toronto, ON: Ontario Health (Cancer Care Ontario); 2020 [cited 2022 Mar 2]. Available from: <https://www.ontariohealth.ca/sites/ontariohealth/files/2020-05/A%20Measured%20Approach%20to%20Planning%20for%20Surgeries%20and%20Procedures%20During%20the%20COVID-19%20Pandemic.pdf>
2. Ontario Health (Cancer Care Ontario). Optimizing Care through COVID-19 Transmission Scenarios [Internet]. Toronto, ON. Ontario Health (Cancer Care Ontario); 2020 [cited 2022 Mar 2]. Available from: https://www.ontariohealth.ca/sites/ontariohealth/files/2020-10/Optimizing%20Care%20Through%20COVID-19%20Transmission%20Scenarios_EN.pdf
3. Chiarelli AM, Blackmore KM, Mirea L, Done SJ, Majpruz V, Weerasinghe A, Rabeneck L, Muradali D. Annual vs Biennial Screening: Diagnostic Accuracy Among Concurrent Cohorts Within the Ontario Breast Screening Program. JNCI: Journal of the National Cancer Institute. 2020 Apr 1;112(4):400-9.
4. Chiarelli AM, Blackmore KM, Muradali D, Done SJ, Majpruz V, Weerasinghe A, Mirea L, Eisen A, Rabeneck L, Warner E. Performance measures of magnetic resonance imaging plus mammography in the High Risk Ontario Breast Screening Program. JNCI: Journal of the National Cancer Institute. 2020 Feb 1;112(2):136-44.
5. The Canadian Task Force on Preventive Health Care. Recommendations on screening for breast cancer in women aged 40–74 years who are not at increased risk for breast cancer. CMAJ. 2018; 190(49):E1434-E1440.
6. Warner E, Messersmith H, Causer P, Eisen A, Shumak R, Plewes D. Magnetic resonance imaging screening of women at high risk for breast cancer. Warner E, Agbassi C, reviewers. Toronto (ON): Cancer Care Ontario; 2012 Aug 31 [ENDORSED 2018 Jan]. Program in Evidence-based Care Evidence-based Guideline No.: 15-11 Version 3 ENDORSED.