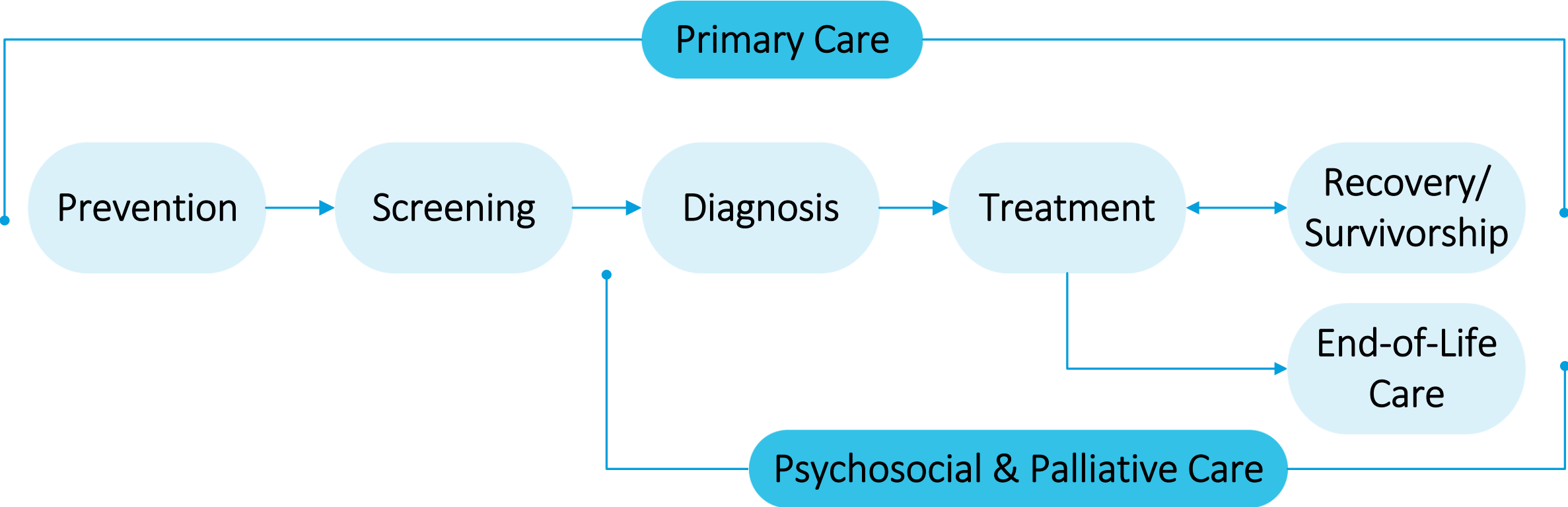


# Breast Cancer Prevention Pathway Map

Version 2024.10



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map. In the situation where the reader is not a health care provider, the reader should always consult a healthcare provider if they have any questions regarding the information set out in the pathway map. The information in the pathway map does not create a physician-patient relationship between Ontario Health (Cancer Care Ontario) and the reader.



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


















### Target Population

People who are at a higher than average risk for breast cancer.

### Pathway Map Considerations

- For more information about the evidence linking risk factors to breast cancer visit:
  - [Cancer Risk Factors in Ontario: Healthy Weights, Healthy Eating and Active Living](#)
  - [Cancer Risk Factors in Ontario: Alcohol Report](#)
- The OBSP provides high quality breast cancer screening free-of-charge in Ontario. The OBSP is informed by the guidelines developed by the Canadian Task Force on Preventative Health Care. The High Risk OBSP is based on a review of the evidence summarized in: [EBS 15-11 V3, Magnetic Resonance Imaging Screening of Women at High Risk for Breast Cancer](#). For more information on the OBSP refer to [Ontario Breast Screening Program \(OBSP\)](#).
- Primary care providers play an important role in the cancer journey and should be informed of relevant tests and consultations. Ongoing care with a primary care provider is assumed to be part of the pathway map. For patients who do not have a primary care provider, [Health811](#) is a government resource that helps patients find a doctor or nurse practitioner.
- The OBSP has developed a conversation guide tool to support providers in having screening conversations with people ages 40-49. See [Breast Cancer Screening Resources for Healthcare Providers](#) for a tool to support breast cancer screening conversations with people ages 40-49.
- Throughout the pathway map, a shared decision-making model should be implemented to enable and encourage patients to play an active role in the management of their care. For more information see [Person-Centered Care Guideline](#) and [EBS #19-2 Provider-Patient Communication](#).\*
- Hyperlinks are used throughout the pathway map to provide information about relevant Ontario Health (Cancer Care Ontario) tools, resources, and guidance documents.
- The term health care provider, used throughout the pathway map, includes primary care providers and specialists, e.g. family doctors, nurse practitioners, and emergency physicians.
- For more information on wait times in Ontario, visit [Wait Times](#).
- Clinical trials should be considered for all phases of the pathway map.
- [MyCancerIQ](#) is a tool available to providers to assess breast cancer risk.

### Pathway Map Legend

Colour Guide	Shape Guide	Line Guide
 Primary Care	 Intervention	 Required
 Palliative Care	 Decision or assessment point	 Possible
 Pathology	 Patient (disease) characteristics	
 Surgery	 Consultation with specialist	
 Radiation Oncology	 Exit pathway	
 Medical Oncology	 Off page reference	
 Radiology	 Referral	
 Multidisciplinary Cancer Conference (MCC)		
 Genetics		
 Psychosocial Oncology (PSO)		

### Pathway Map Disclaimer

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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## Ontario Breast Screening Program (OBSP) Eligibility Criteria

### Average Risk Screening

Women, Two Spirit, trans and nonbinary people are considered eligible for average risk screening if they are asymptomatic and meet all of the following criteria:

- Are 40-74 years of age\*
- Have no personal history of breast cancer
- Have not had a mastectomy
- Have not had a screening mammogram within the last 11 months
- If transfeminine (i.e., assigned male at birth), has had at least five consecutive years of feminizing hormone use

For more information see: [Breast Screening Recommendations Summary](#)

\* Participants over age 74 are encouraged to make a personal decision about breast cancer screening in consultation with their doctor or nurse practitioner and can continue to access screening through the program with a referral from their primary care provider. The OBSP does not send letters to people over age 74 about participating in the program. ☒

People ages 40 to 49 should make an informed decision about whether breast cancer screening is right for them. The OBSP encourages people to have a conversation with their family doctor, nurse practitioner or Health811 navigator about their personal risk for breast cancer, the potential benefits and potential harms of breast cancer screening, and what matters most to them in taking care of their health.

People ages 40 to 49 have a lower chance of getting breast cancer than people ages 50 to 74. The balance of potential benefits to potential harms of breast cancer screening for people ages 40 to 49 may be different compared to people ages 50 to 74. For resources to support conversations with people ages 40 to 49 visit [Breast Cancer Screening Resources for Healthcare Providers](#)

### High Risk Screening

Women, Two Spirit, trans and nonbinary people ages 30 to 69 can access screening through the High Risk OBSP if they have a referral from their primary care provider, a valid Ontario Health Insurance Plan number, no breast cancer symptoms and meet criteria listed in Category A or B (see below).

**Category A** – Eligible for direct entry into the High Risk OBSP based on personal and family history. To fall under this category, at least one of the following criteria must be met:

- Known carrier of a pathogenic or likely pathogenic gene variant (e.g., BRCA1, BRCA2, TP53, PALB2) that increases their risk for breast cancer
- Have not had genetic testing, but have had genetic counselling because they are a first-degree relative of a carrier of a pathogenic or likely pathogenic variant (e.g., BRCA1, BRCA2, TP53, PALB2) that increases their risk for breast cancer
- Previously assessed by a genetics clinic (using the IBIS or CanRisk risk assessment tools) as having a 25% or greater lifetime risk for breast cancer based on personal and family history
- Have had radiation therapy to the chest to treat another cancer (e.g., Hodgkin lymphoma) before age 30 and at least eight years ago

**Category B** – Genetic assessment required (i.e., counselling and/or testing) to determine eligibility for the High Risk OBSP. To fall under this category, at least one of the following criteria must be met:

- An identified pathogenic or likely pathogenic gene variant that is associated with breast cancer risk (e.g., BRCA1, BRCA2, TP53, PALB2) in a close blood relative
- A personal or family history of a cancer suggestive of a hereditary breast cancer syndrome

**Note:** People with a personal history of breast cancer may access screening through the High Risk OBSP if they meet program eligibility criteria.

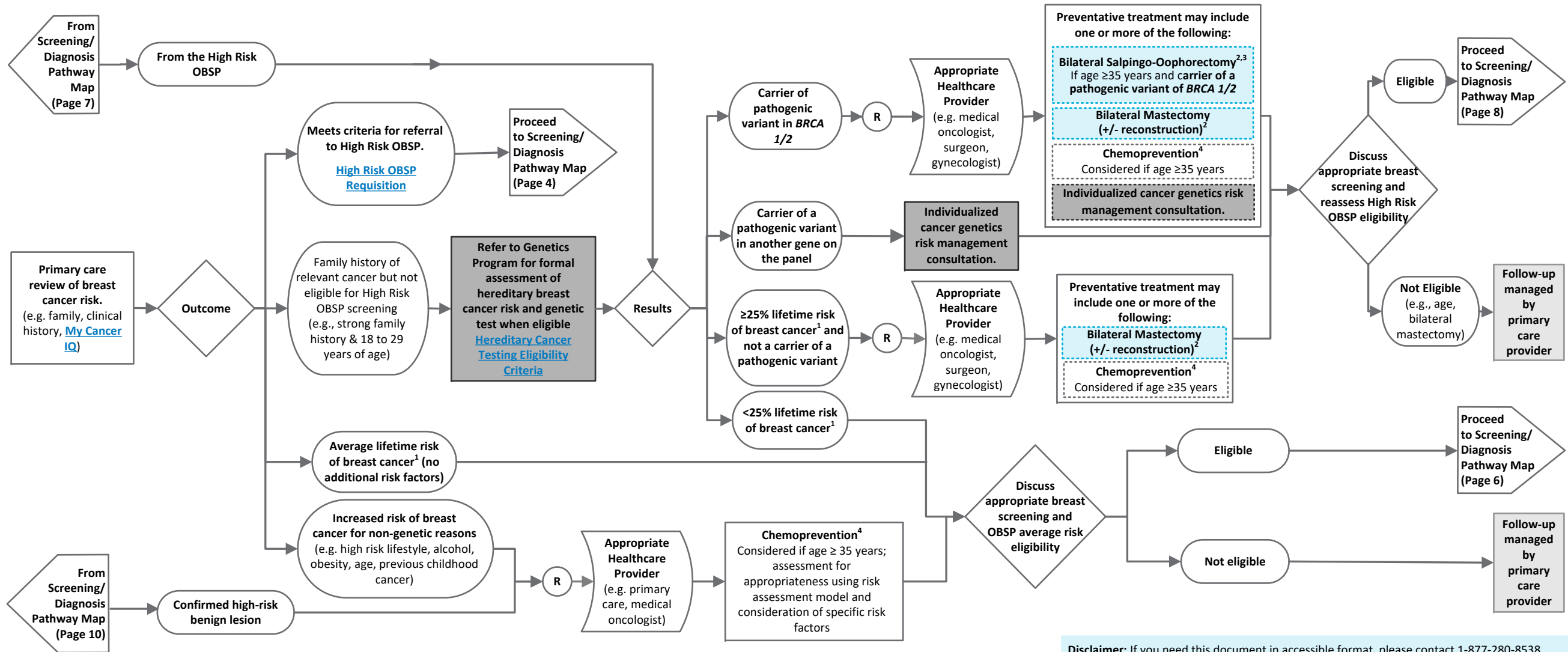
The High Risk OBSP does not accept new participants over age 70. However, when participants already in the High Risk OBSP turn 70, the program will continue to screen them with just mammography every year until they are age 74.

Participants over age 74 are encouraged to make a personal decision about breast cancer screening in consultation with their doctor or nurse practitioner and can continue to be screened with just mammography through the High Risk OBSP with a referral from their primary care provider. The High Risk OBSP does not send letters to people over age 74 about participating in the program.

For more information see: [Breast Cancer Screening for People at High Risk](#) and [OBSP Requisition for High Risk Screening](#).

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Health behaviour interventions (e.g., exercise, nutrition) should be considered for all individuals of any risk category.



<sup>1</sup> Lifetime risk of breast cancer should be based on personal and family history and must have been assessed using IBIS or CANRISK risk assessment tools, at a genetics clinic. For more information on these tools visit <http://www.ems-trials.org/riskevaluator/> for IBIS and <https://www.canrisk.org> for CANRISK.  
<sup>2</sup> Daly MB, Pal T, Berry MP, Buys SS, Dickson P, Domchek SM, et al. Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic, Version 2.2021, NCCN Clinical Practice Guidelines in Oncology. Journal of the National Comprehensive Cancer Network. 2021 Jan 6;19(1):77–102.  
<sup>3</sup> For information on the examination of bilateral salpingo-oophorectomy specimens visit the CAP checklists at [www.cap.org](http://www.cap.org)  
<sup>4</sup> Visvanathan K, Fabian CJ, Bantug E, Brewster AM, Davidson NE, DeCensi A, et al. Use of Endocrine Therapy for Breast Cancer Risk Reduction: ASCO Clinical Practice Guideline Update. Journal of clinical oncology. 2019;37(33):3152–65. Available from: <https://edoc.unibas.ch/72124/>.

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