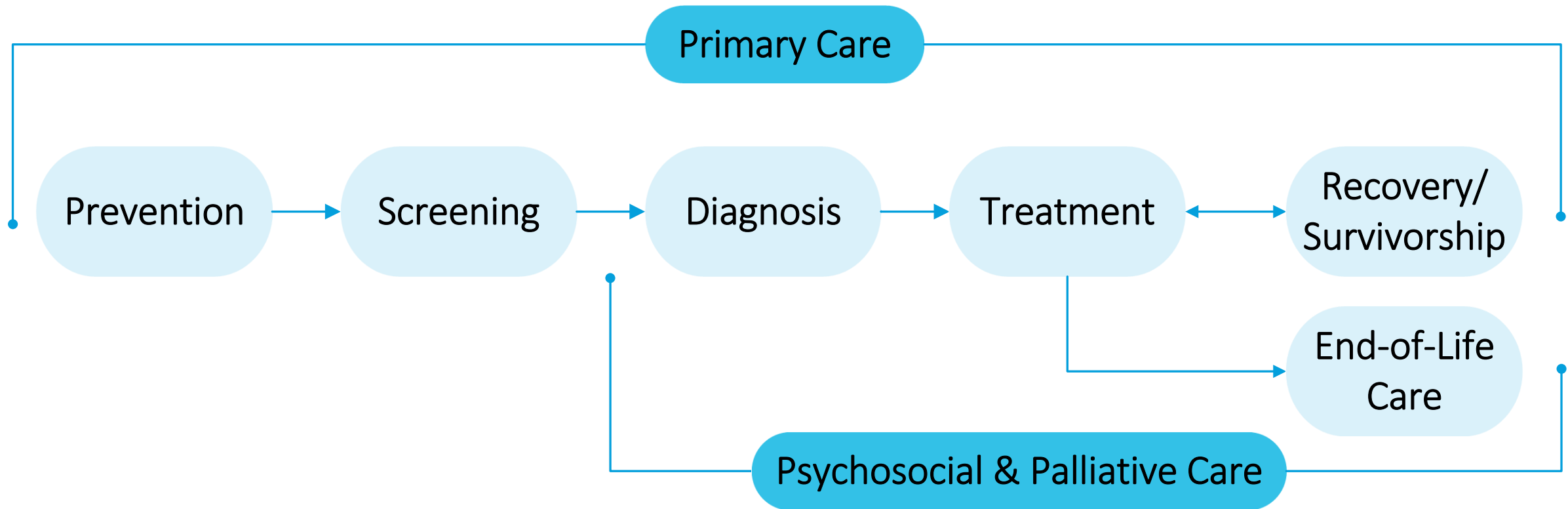


Breast Cancer Screening and Diagnosis Pathway Map

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.



Ontario Health
Cancer Care Ontario

Target Population

People who present with signs and symptoms of breast cancer or people who are asymptomatic and eligible for the Ontario Breast Screening Program (OBSP) or High Risk OBSP.












Pathway Map Considerations

- 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.








* **Note:** [EBS #19-2](#) is older than 3 years and is currently listed as 'For Education and Information Purposes'. This means that the recommendations will no longer be maintained but may still be useful for academic or other information purposes.

Pathway Map Legend



Colour Guide

-  Primary Care
-  Palliative Care
-  Pathology
-  Organized Diagnostic Assessment
-  Surgery
-  Radiation Oncology
-  Medical Oncology
-  Radiology
-  Multidisciplinary Cancer Conference (MCC)
-  Genetics
-  Psychosocial Oncology (PSO)

Shape Guide

-  Intervention
-  Decision or assessment point
-  Patient (disease) characteristics
-  Consultation with specialist
-  Exit pathway
-  Off page reference
-  Referral

Line Guide

-  Required
-  Possible

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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This pathway map may not reflect all the available scientific research and is not intended as an exhaustive resource. Ontario Health (Cancer Care Ontario) and its content providers assume no responsibility for omissions or incomplete information in this pathway map. It is possible that other relevant scientific findings may have been reported since completion of this pathway map. This pathway map may be superseded by an updated pathway map on the same topic.

Pathway Map Glossary

International Breast Cancer Intervention Study (IBIS): A computer program that calculates the chances of a person getting breast cancer over the course of their lifetime. For more information visit <https://ems-trials.org/riskevaluator/>.

CanRisk: An online tool that is used to calculate an individual’s future risk of developing breast and ovarian cancer over the course of their lifetime based on cancer family history, genetic and other risk factors. For more information visit <https://www.canrisk.org/>.

BI-RADS® (Breast Imaging Reporting and Data System®): a reporting system developed by the American College of Radiology to report the results of ultrasounds, mammograms and MRIs. BI-RADS® assessment categories are outlined in the table below.

Assessment Categories	Management Recommendations		
	For Mammography	For MRI	For Ultrasound
Category 0 - Incomplete	Additional imaging evaluation and/or comparison with previous examinations	Additional imaging	Additional imaging
Category 1 - Negative	Routine mammography screening	Routine screening	Routine screening
Category 2 - Benign	Routine mammography screening	Routine screening	Routine screening
Category 3 – Probably benign	Short-interval (6-month) follow-up or continued surveillance	Short-interval (6 month) follow-up	Short-interval (6 month) follow-up or continued surveillance
Category 4 – Suspicious 4A - Low suspicion 4B - Moderate suspicion 4C - High suspicion	Tissue diagnosis	Tissue diagnosis	Tissue diagnosis
Category 5 – Highly suggestive of malignancy	Tissue diagnosis	Tissue diagnosis	Tissue diagnosis
Category 6 – Proven malignancy	Surgical excision when clinically appropriate	Surgical excision when clinically appropriate	Surgical excision when clinically appropriate

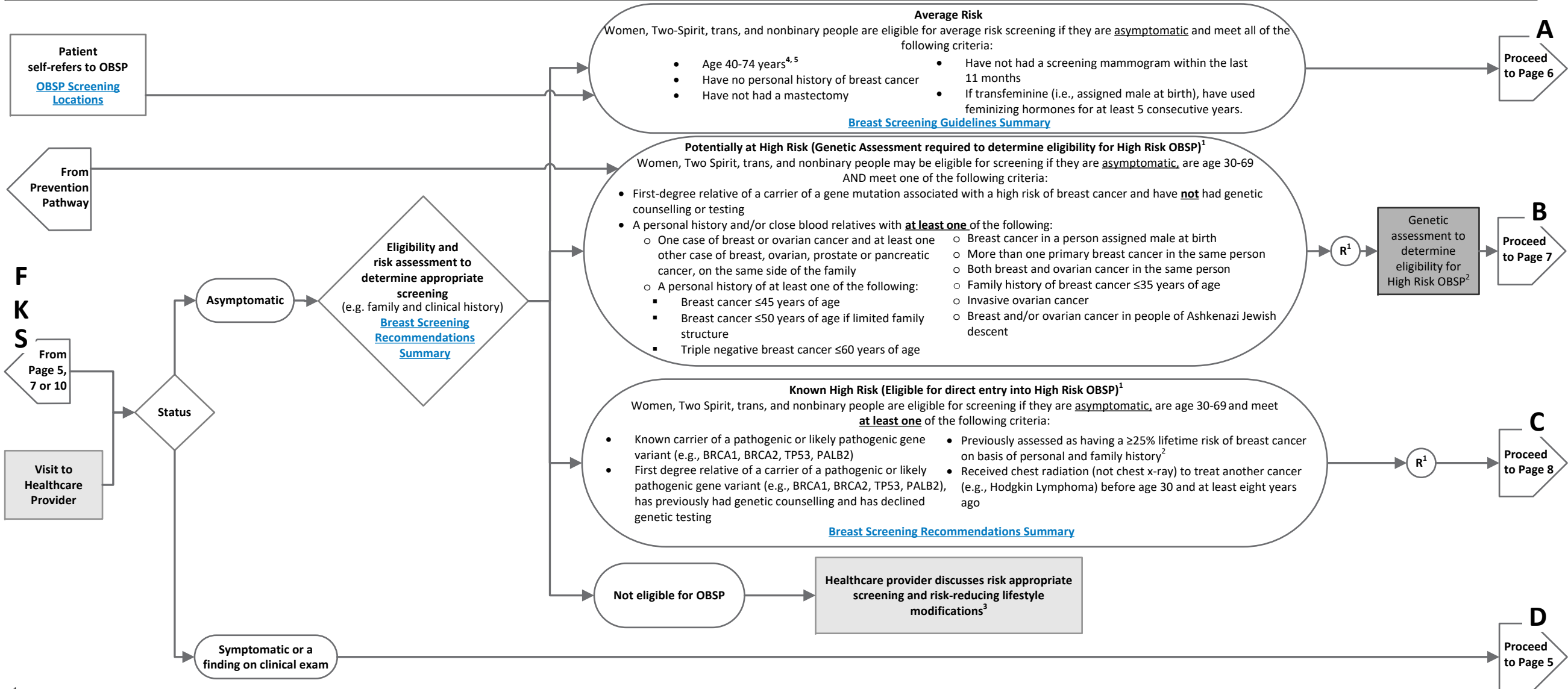
Adapted from D’Orsi CJ, Sickles EA, Mendelson EB, Morris EA et al. ACR BI-RADS® Atlas, Breast Imaging Reporting and Data System. Fifth Edition. Reston, VA, American College of Radiology; 2013

BI-RADS Breast Tissue Categories

Breast Composition Categories	
a.	The breasts are almost entirely fatty
b.	There are scattered areas of fibroglandular density
c.	The breasts are heterogeneously dense, which may obscure small masses
d.	The breasts are extremely dense, which lowers the sensitivity of mammography

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Screen for psychosocial needs, and assessment and management of symptoms. [Click here for more information about symptom assessment and management tools](#)



¹ Doctors and nurse practitioners refer using the [High Risk OBSP requisition form](#)

² A genetic clinic must have used the International Breast Cancer Intervention Study (IBIS) or CanRisk risk assessment tools. The [High Risk OBSP Breast Cancer Genetic Assessment Results Form](#) must be completed by one of the OBSP genetic clinics and must be faxed with the High Risk OBSP requisition form.

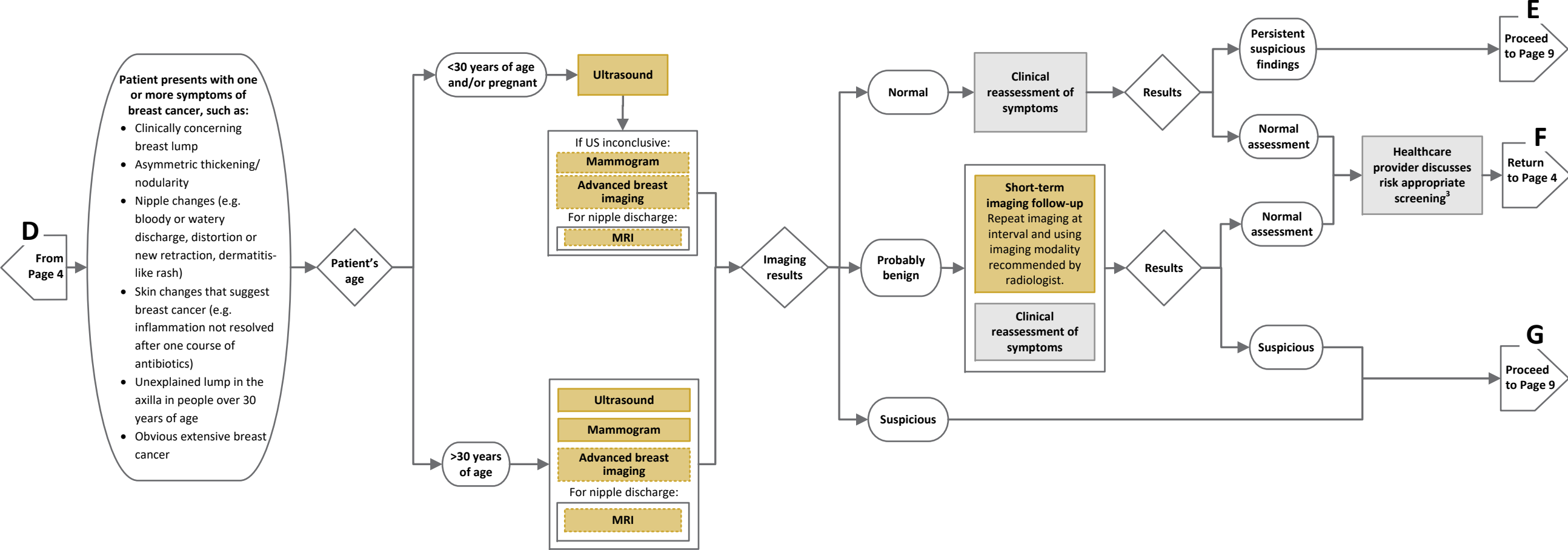
³ There is insufficient evidence to recommend appropriate screening guidelines for some risk categories. Risk appropriate screening in these cases is a personalized decision made between the person and their health care provider.

⁴ People ages 40 to 49 are encouraged to talk to their family doctor, nurse practitioner or Health 811 navigator to make an informed decision about whether breast cancer screening is right for them.

⁵ 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.

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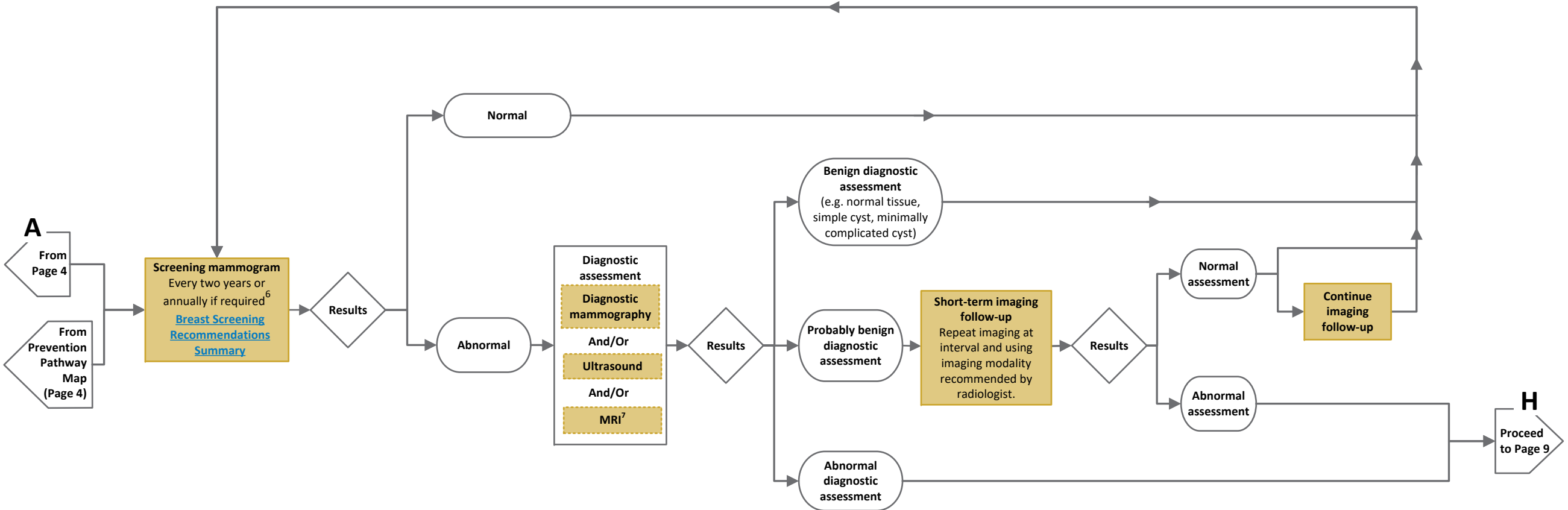
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⁶ As outlined within the [OBSP breast screening recommendations summary](#), annual mammograms may be required for people with one of the following: documented pathology of high-risk lesions (ADH, ALH, LCIS, etc), personal history of ovarian cancer, two or more first-degree relatives assigned female at birth with breast cancer at any age, one first-degree relative assigned female at birth with breast cancer under age 50, one first-degree relative with ovarian cancer at any age, or one relative assigned male at birth with breast cancer at any age. For these patients, consider referral to High Risk OBSP, if eligible. One year recall is also recommended for BI-RADS breast (chest) density category D or if recommended by the radiologist at the time of screening or assessment.

⁷ In rare circumstances, a breast MRI may be used as a problem solving tool.

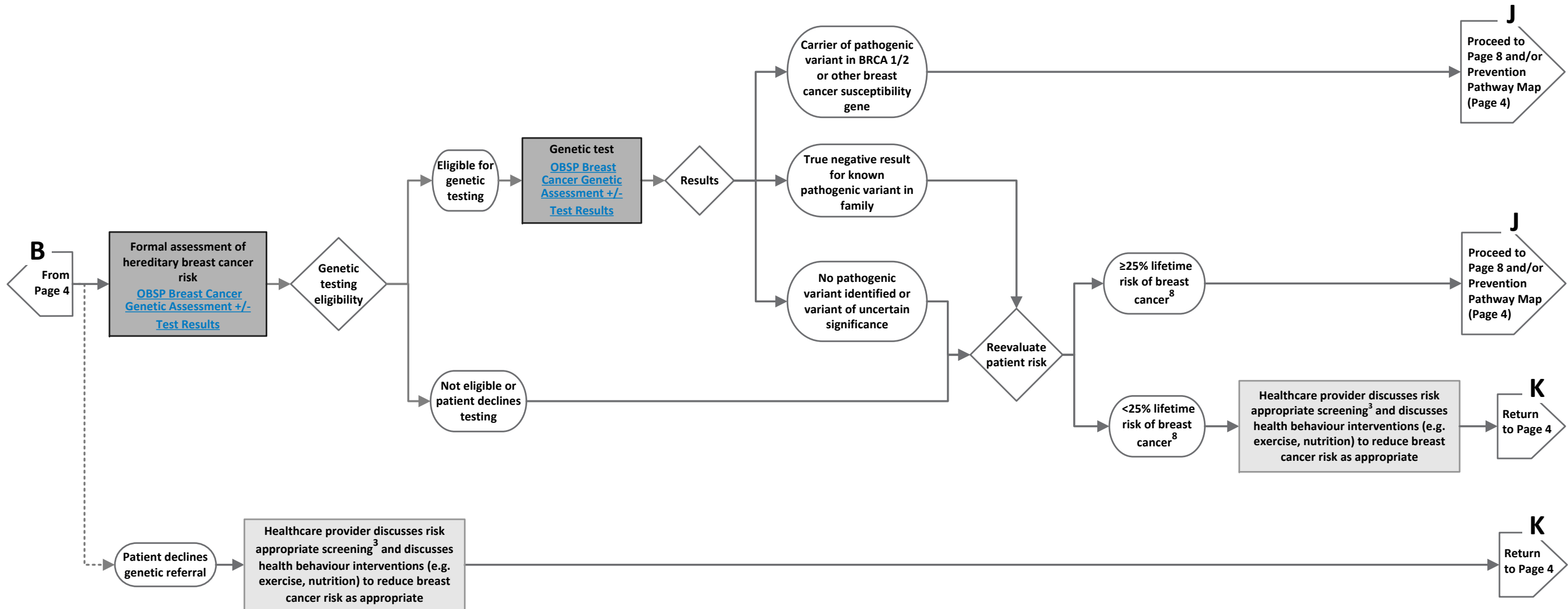
Breast Cancer Screening and Diagnosis Pathway Map

Genetic Assessment (Counselling and Possible Testing) for Potentially High Risk Patients

Version 2024.04 Page 7 of 10

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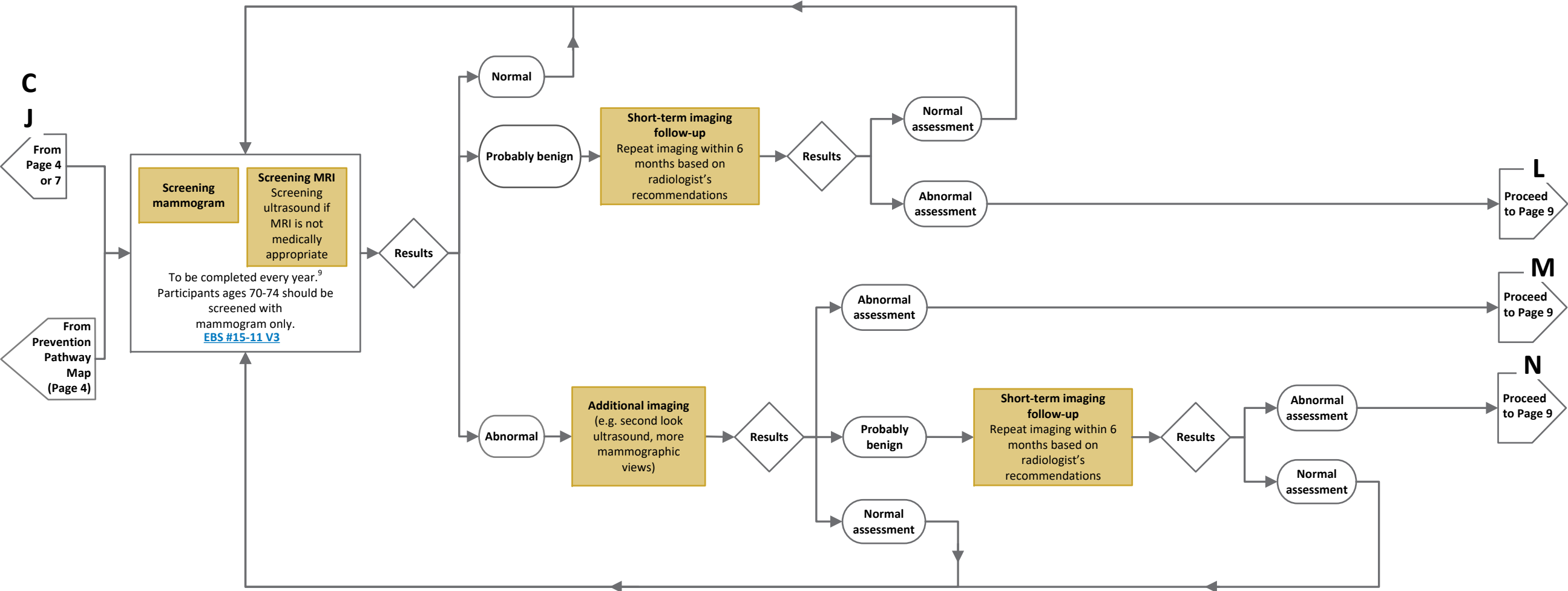


³ There is insufficient evidence to recommend appropriate screening guidelines for some risk categories. Risk appropriate screening in these cases is a personalized decision made between the person and their health care provider.

⁸ Lifetime risk of breast cancer determined by IBIS (<https://ems-trials.org/riskevaluator/>) or CanRisk (<https://www.canrisk.org/>) assessment tools, administered by a genetic clinic.

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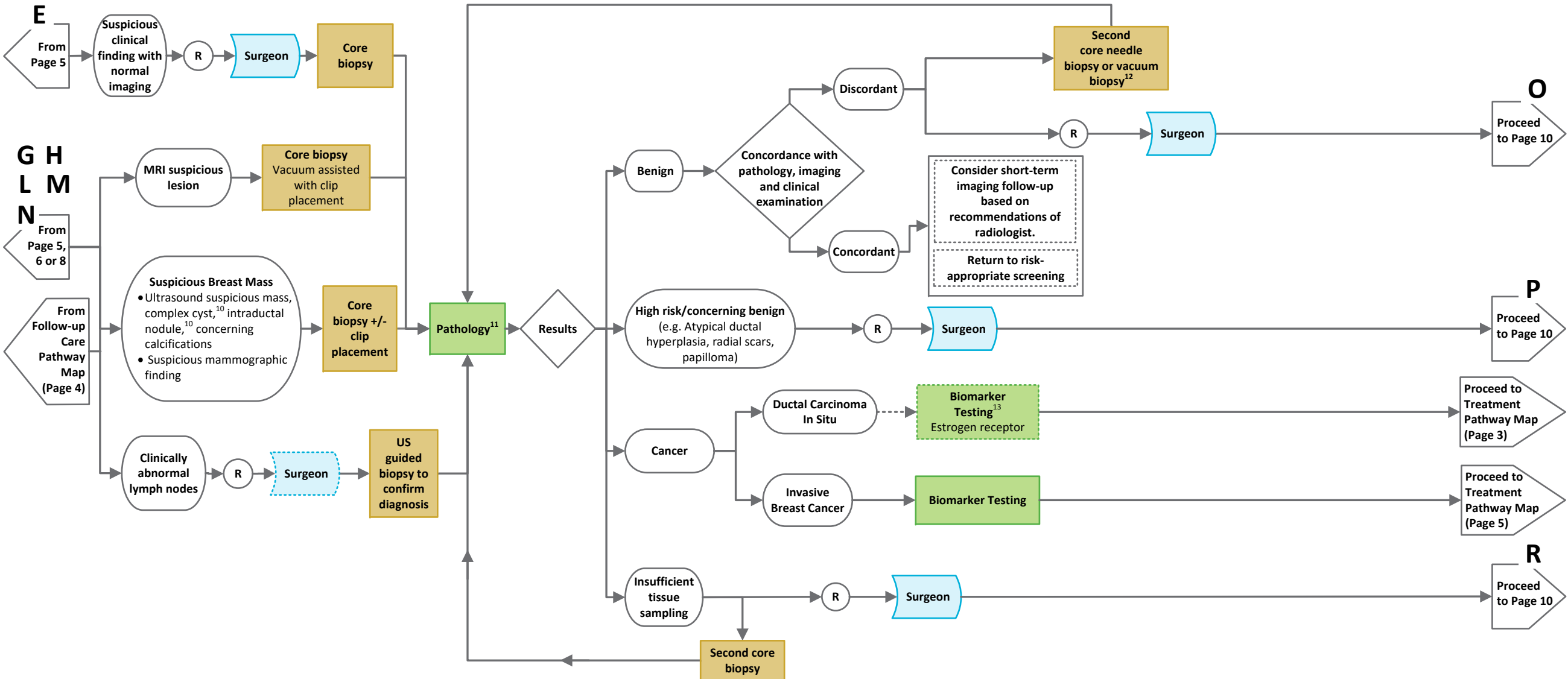
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⁹ A screening mammogram and MRI should be completed within 30 days of each other.

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¹⁰ An excisional biopsy may be considered for presumed isolated papillary lesions in the appropriate clinical context.

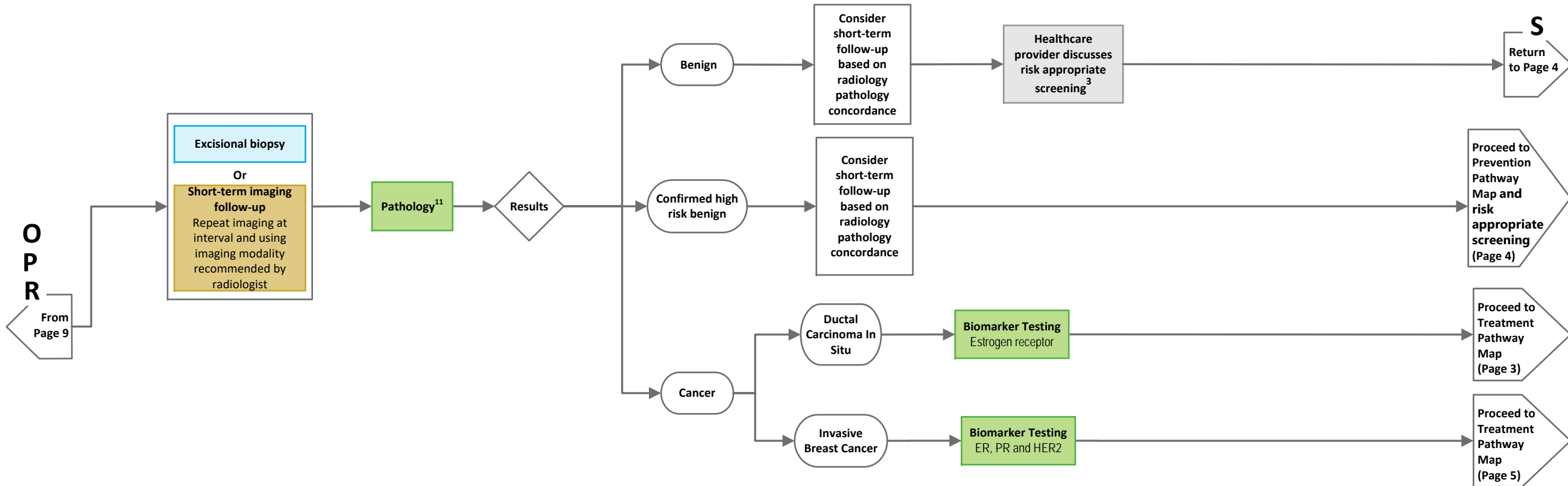
¹¹ Biomarkers should be performed on core biopsies showing invasive cancer.

¹² If discordant upon second biopsy, refer to surgeon.

¹³ For DCIS biomarkers are not required on the core biopsy because the information is not needed to determine subsequent local therapy.

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