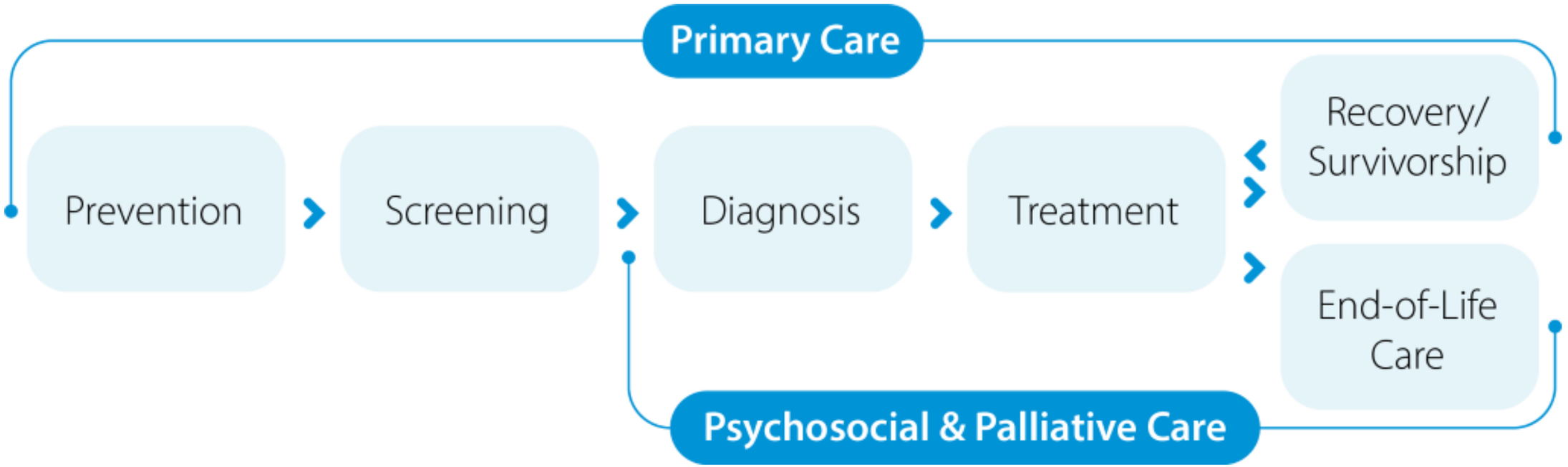
Breast Cancer Screening and Diagnosis Pathway Map

Version 2021.03



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 based on the guidelines developed by the Canadian Task Force on Preventative Health Care, CMAJ. 2011;183(17):1991–2001, and the High Risk OBSP is developed based on **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, **Health Care Connect** is a government resource that helps patients find a doctor or nurse practitioner.
- 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 CCO tools, resources and guidance documents.
- The term 'healthcare 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 time prioritization, visit **Surgery**.
- Clinical trials should be considered for all phases of the pathway map.
- Psychosocial oncology (PSO) is the interprofessional specialty concerned with understanding and treating the social, practical, psychological, emotional, spiritual and functional needs and quality-of-life impact that cancer has on patients and their families. Psychosocial care should be considered an integral and standardized part of cancer care for patients and their families at all stages of the illness trajectory. For more information, visit **EBS #19-3**.*

* **Note: EBS #19-2** and **EBS #19-3** are older than 3 years and are 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 (or)
- R — 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.

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 healthcare provider, the reader should always consult a healthcare provider if he/she has 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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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 woman getting breast cancer over the course of her lifetime. For more information visit http://www.ems-trials.org/riskevaluator/.

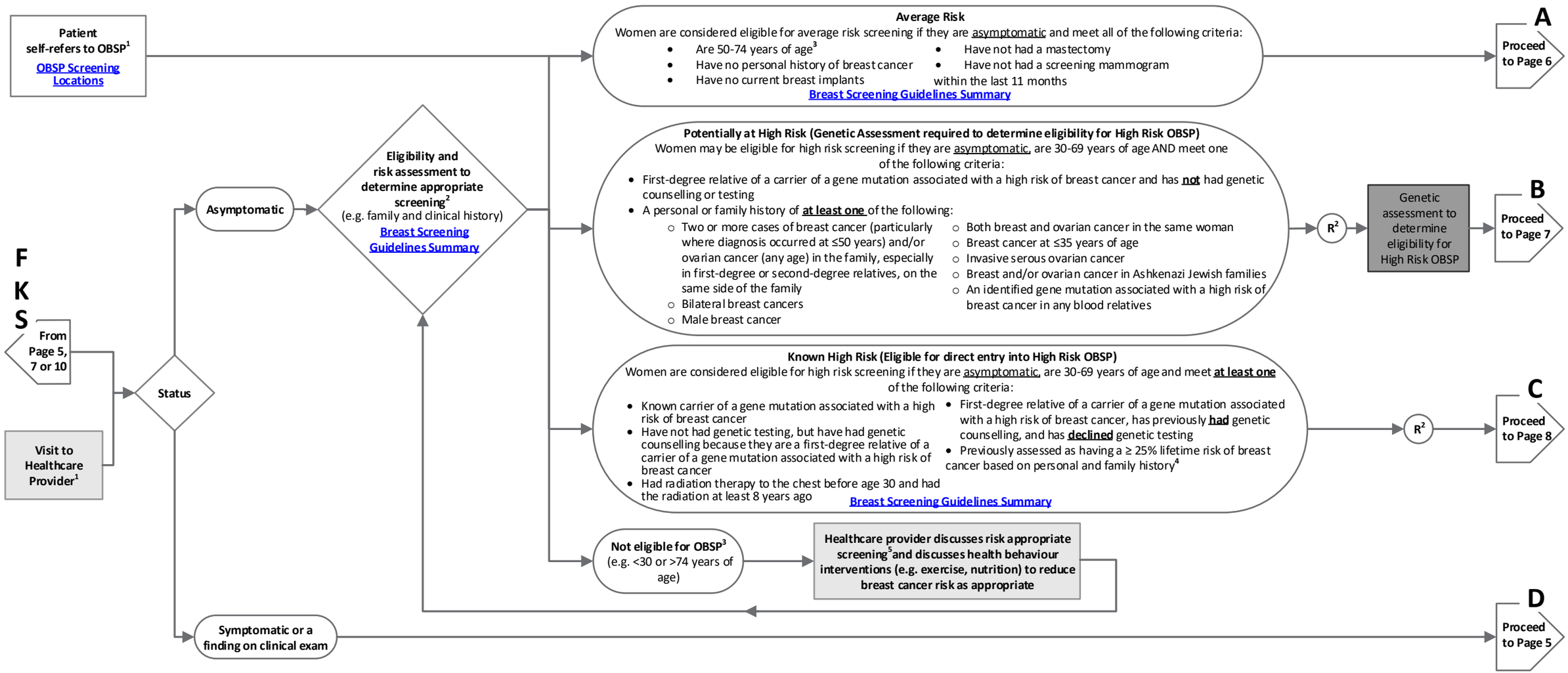
Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm (BOADICEA): A computer program that is used to calculate the chance of a woman getting breast and ovarian cancer over the course of her lifetime based on her family history. For more information visit http://ccge.medschl.cam.ac.uk/boadicea/.

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 include:

Assessment Categories	Management Recommendations		
	For Mammography	**For MRI**	**For Ultrasound**
Category 0 - Incomplete	Additional imaging evaluation and/or comparison with no previous examinations	Additional imaging	Additional imaging
Category 1 - Negative	Routine mammography screening	Routine breast MRI screening	Routine screening
Category 2 - Benign	Routine mammography screening	Routine breast MRI 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. Reston, VA, American College of Radiology; 2013

Screen for psychosocial needs, and assessment and management of symptoms. Click here for more information about symptom assessment and management tools



[1] Average risk patients do not require a referral from a physician or nurse practitioner.
[2] Nurse practitioners can assess patient risk and complete the OBSP requisition for high risk screening, however, a MD colleague (e.g. family physician, GP oncologist, oncologist) needs to sign off on the requisition. The requisition form can be found here OBSP Requisition for High Risk Screening.
[3] Women over age 74 can be screened within the OBSP; however, they are encouraged to make a personal decision in consultation with their healthcare provider. The OBSP will not recall women over age 74 to participate in the program. To continue screening through the OBSP, a healthcare provider will need to make a referral.
[4] A genetic clinic must have used the International Breast Cancer Intervention Study (IBIS) or Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm(BOADICEA) risk assessment tools. Results must be faxed with requisition form.
[5] There is insufficient evidence to recommend appropriate screening guidelines for some risk categories (e.g. a 40 year old woman at increased but not high risk). Risk appropriate screening in these cases is a personalized decision made between the woman and her healthcare provider.

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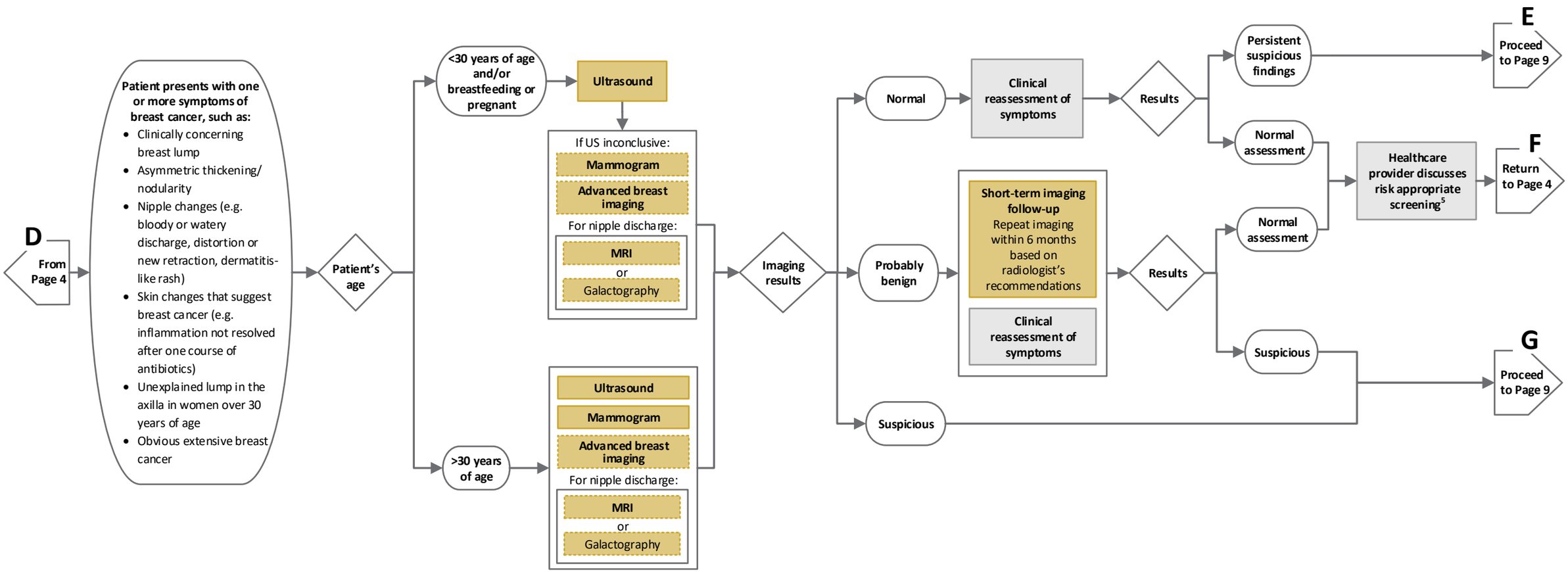

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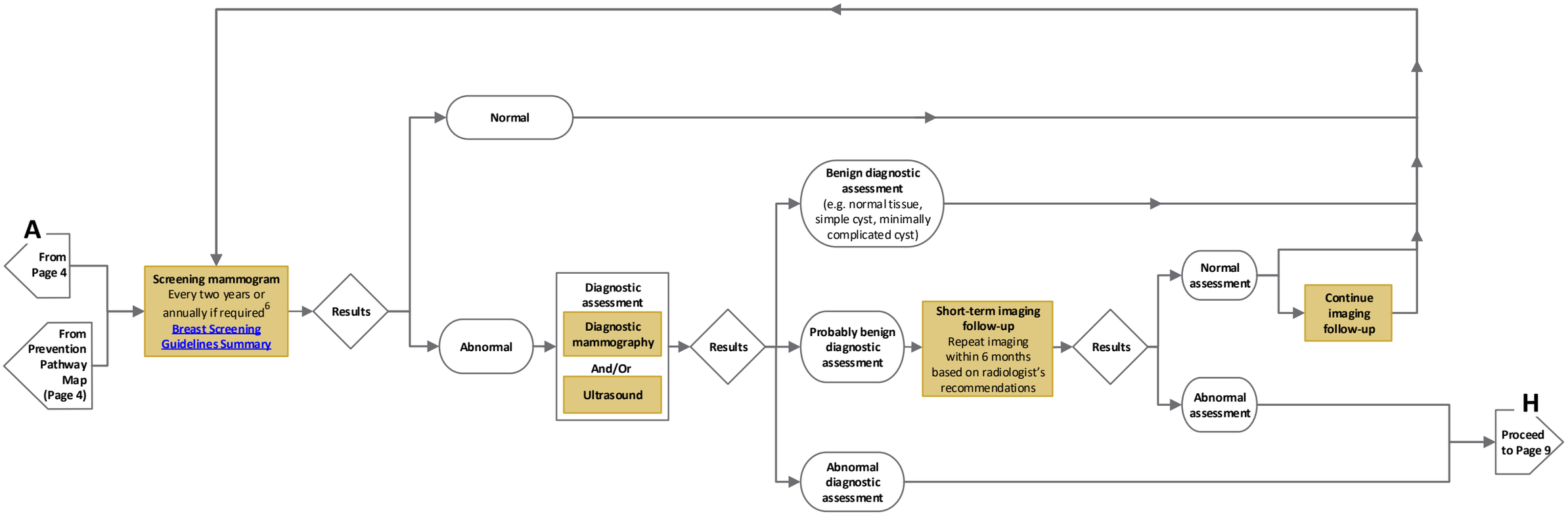

[6] As outlined within the OBSP, annual mammograms may be required for women with one of the following: documented pathology of high-risk lesions (ADH, ALH, LCIS, etc), personal history of ovarian cancer, two or more first-degree female relatives with breast cancer at any age, one first-degree female relative with breast cancer under age 50 or with ovarian cancer at any age or one first-degree male relative with breast cancer at any age. One year recall is recommended if breast density is ≥ 75%. For these patients, consider referral to High Risk OBSP, if eligible.

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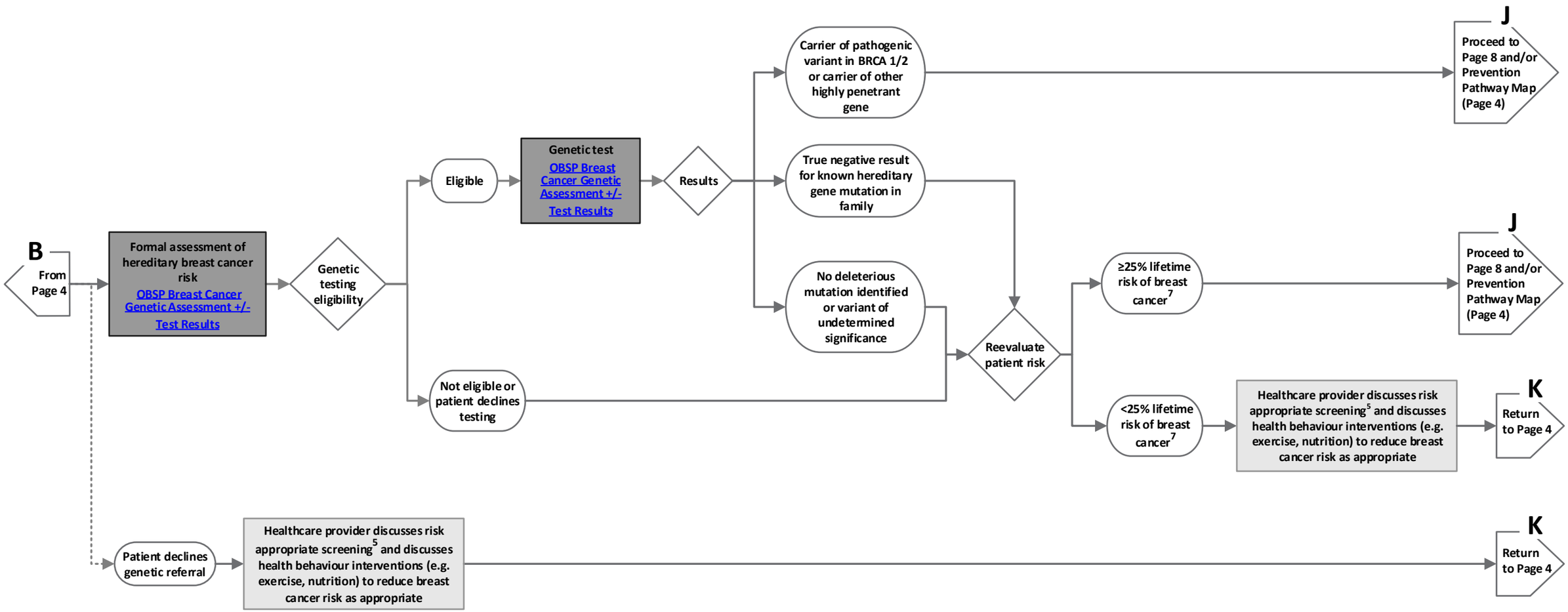

[5] There is insufficient evidence to recommend appropriate screening guidelines for some risk categories (e.g. a 40 year old woman at increased but not high risk). Risk appropriate screening in these cases is a personalized decision made between the woman and her healthcare provider.
[7] Lifetime risk of breast cancer should be based on family history and must have been assessed using IBIS or BOADICEA risk assessment tools, preferably by a genetic or breast cancer clinic. For more information on these tools visit http://www.ems-trials.org/riskevaluator/ for IBIS and http://ccge.medschl.cam.ac.uk/boadicea/ for BOADICEA.

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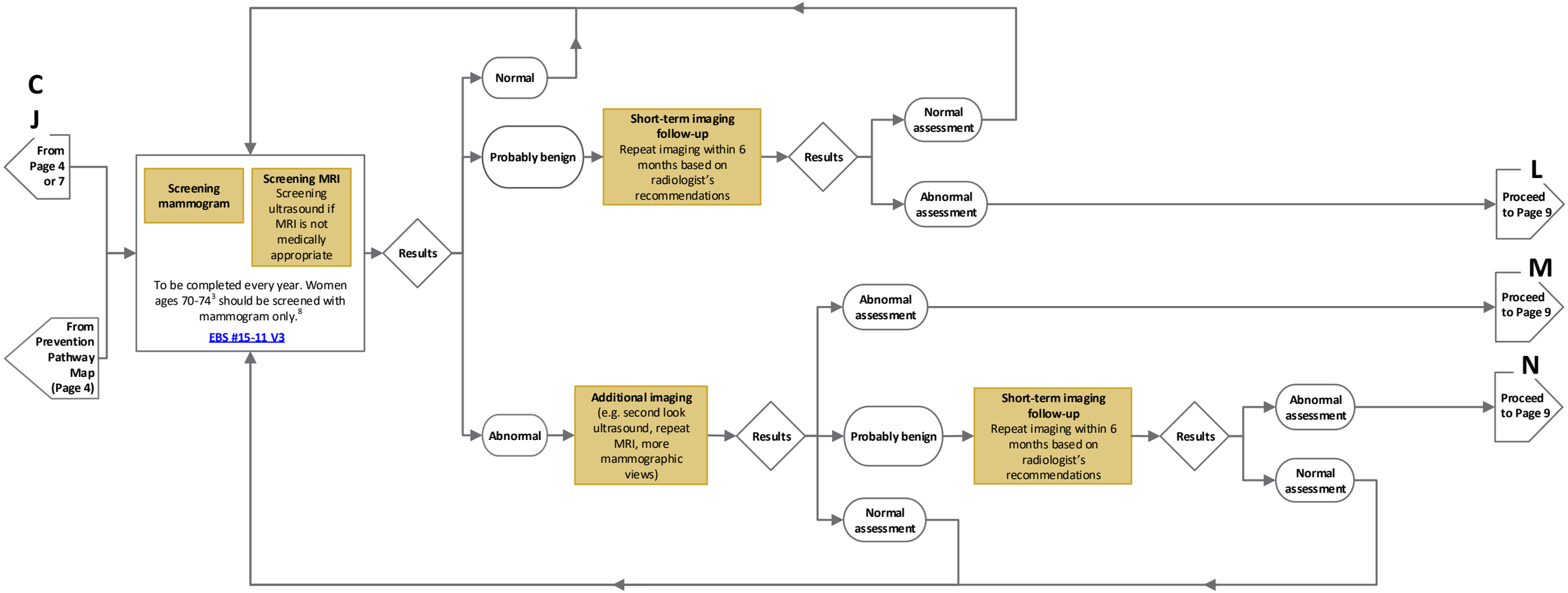

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[8] A screening mammogram and MRI should be completed within 30 days of each other.

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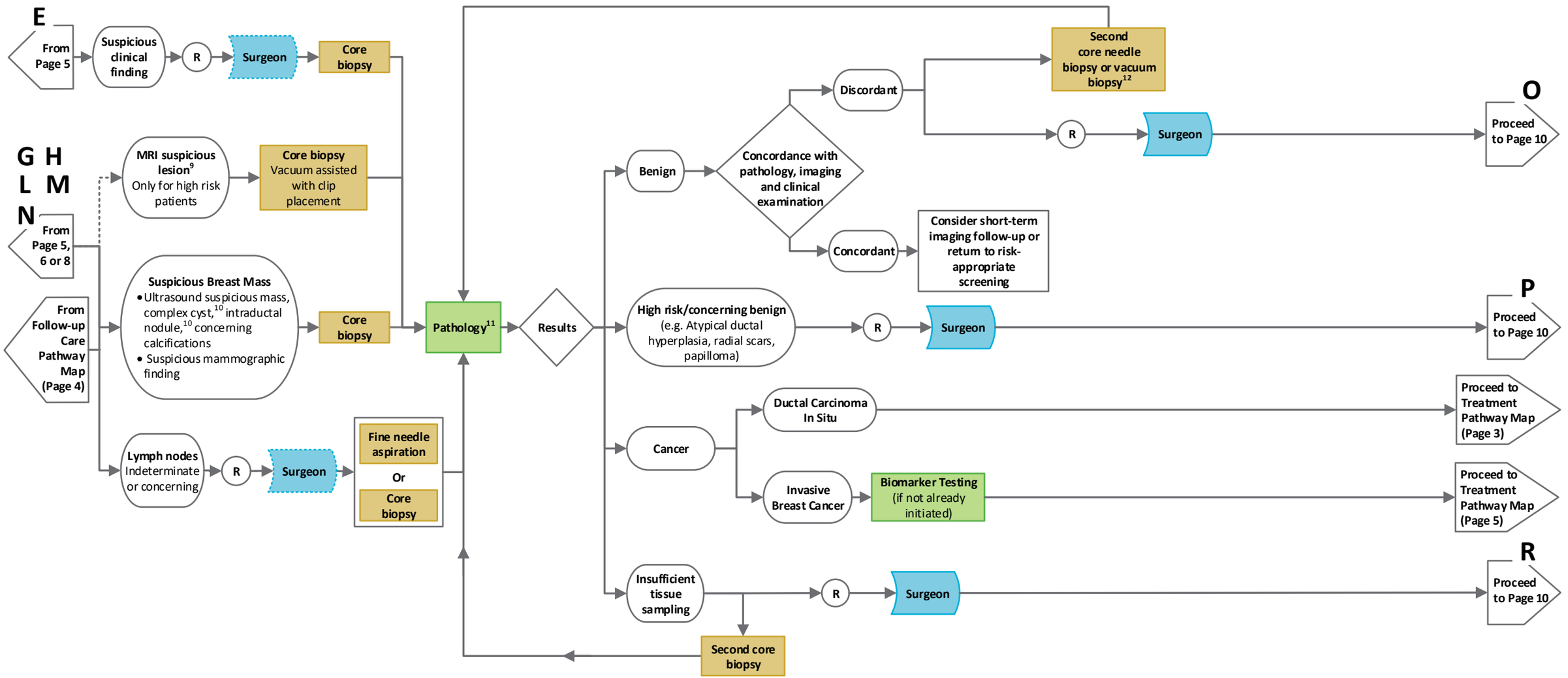

[9] In rare circumstances, a breast MRI may be used as a problem solving tool.
[10] An excisional biopsy may be considered for presumed isolated papillary lesions in the appropriate clinical context.
[11] Biomarkers should be performed on core biopsies showing invasive cancer.
[12] If discordant upon second biopsy, refer to surgeon.

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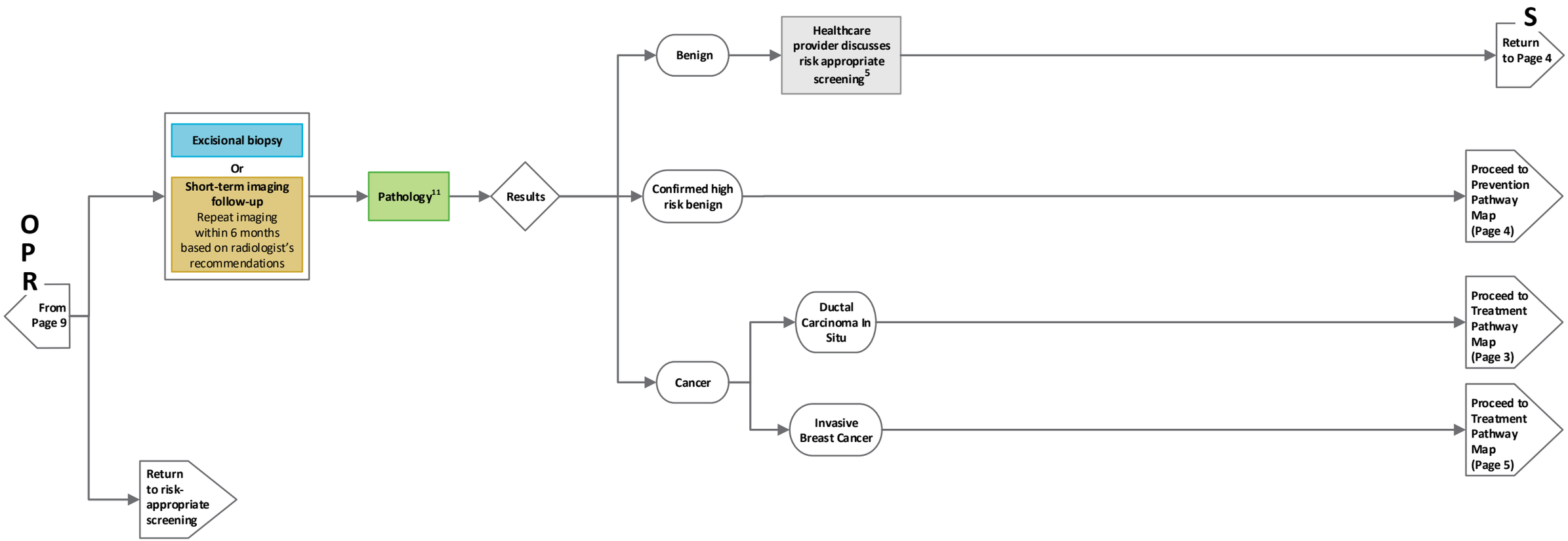

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