

# Ontario Breast Screening Program (OBSP)

## Guidelines Summary

OCTOBER 2015

### Screening Women at Average Risk for Breast Cancer

#### Screen-eligible population

Women 50 to 74 years of age.

#### Screening recommendation

Screening mammogram every two years for most women.

There are several instances where a woman will be automatically recalled by the program in one year.

- Documented pathology of high-risk lesions;
- A 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;
- One first-degree relative with ovarian cancer at any age;
- One male relative with breast cancer at any age;
- Breast density  $\geq 75$  per cent at the time of screening; or
- Recommended by the radiologist at the time of screening.

#### Eligibility

- No acute breast symptoms;
- No personal history of breast cancer;
- No current breast implants; and
- Has not had a screening mammogram within the last 11 months.

#### Outside the screen-eligible population

- Screening **starts at age 50** for women at **average risk for breast cancer**.
- Women **in their 40s** are encouraged to make a personal decision about breast cancer screening in consultation with their healthcare provider.
- Women **over age 74** can be screened within the OBSP; however, they are encouraged to make a personal decision about breast cancer screening 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 referral is required from a woman's healthcare provider.

#### How do healthcare providers enrol women?

Healthcare providers can refer women to the OBSP or women can self-refer by contacting their local OBSP site. For OBSP locations and their contact information, visit [cancercare.on.ca/obsplocations](http://cancercare.on.ca/obsplocations) or call **1-866-662-9233**.

### Screening Women at High Risk for Breast Cancer

#### Screen-eligible population

Women 30 to 69 years of age identified as high risk (see eligibility for criteria).

#### Screening recommendation

Screening mammogram and screening breast magnetic resonance imaging (MRI) every year (or, if appropriate, screening breast ultrasound) at OBSP high risk sites.

#### Eligibility

- Physician referral;
- Valid Ontario Health Insurance Plan number;
- No acute breast symptoms; and
- Fall into one of the following risk categories:

#### Category A: Eligible for direct entry into the high risk breast screening program based on personal and family history.

Must meet one of the following risk criteria:

- Known to be a carrier of the BRCA1 or BCRA2 gene mutation;
- First-degree relative of a mutation carrier, has had genetic counselling and has declined genetic testing;
- Previously assessed by a genetic clinic (using the IBIS or BOADICEA tools) as having a  $\geq 25$  per cent personal lifetime risk of breast cancer based on family history; or
- Received radiation therapy to the chest before age 30 and at least eight years ago.

#### Category B: Genetic Assessment required to determine eligibility for high risk breast screening.

Must meet one of the following risk criteria:

- First-degree relative of a carrier of the BRCA1 or BRCA2 gene mutation and has not had genetic counselling or genetic testing; or
- Personal or family history of breast or ovarian cancer suggestive of a hereditary breast cancer syndrome.

#### Outside the screen-eligible population

- Screening starts at **age 30** for women at **high risk for breast cancer**.
- Women **70 to 74 years of age** identified as high risk should be screened every year with mammography only at any OBSP site.
- **Women over age 74** can be screened within the OBSP; however, they are encouraged to make a personal decision about breast cancer screening 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 referral is required from a woman's healthcare provider.

#### How do physicians enrol women?

Physicians may refer women who might be at high risk for breast cancer to the OBSP by completing the OBSP Requisition for High Risk Screening form and faxing it to the OBSP high risk screening site in their area.

**The OBSP Requisition for High Risk Screening form and an up-to-date list of OBSP high risk screening referral contacts can be found at [cancercare.on.ca/obsphighrisk](http://cancercare.on.ca/obsphighrisk).**

The form serves as a referral for women who require genetic assessment to determine their program eligibility. It also authorizes the OBSP to book appropriate screening tests, as well as follow-up of abnormal results.

## Why screen for breast cancer in women at average risk?

- A greater reduction in risk of death from breast cancer is seen with mammography screening for women at average risk ages 50 to 74 years.
- Breast cancer mortality in the Ontario population declined by roughly 42 per cent for women ages 50 to 74 between 1990 and 2012. The decline in mortality rates is likely due both to improved breast cancer treatment and to increased participation in mammography screening.
- Screening mammography has the ability to detect breast cancers when they are small, less likely to have metastasized to the lymph nodes, and more likely to be successfully treated with breast-conserving surgery and without chemotherapy.
- There are still many women who would benefit from regular breast cancer screening because only 59 per cent of Ontario women ages 50 to 74 were screened for breast cancer with mammography between 2012 and 2013.

## Why screen for breast cancer in women at high risk?

- The Ontario Breast Screening Program screens women ages 30 to 69 who are at high risk for breast cancer using a combination of mammography and magnetic resonance imaging (MRI).
- Less than one per cent of women in the general population are estimated to be at high risk.
- Women at high risk have a greater estimated lifetime risk of developing breast cancer (up to 85 per cent) than the general population (10 per cent to 12 per cent).
- The sensitivity of mammography and MRI combined is greater than for mammography or MRI alone.

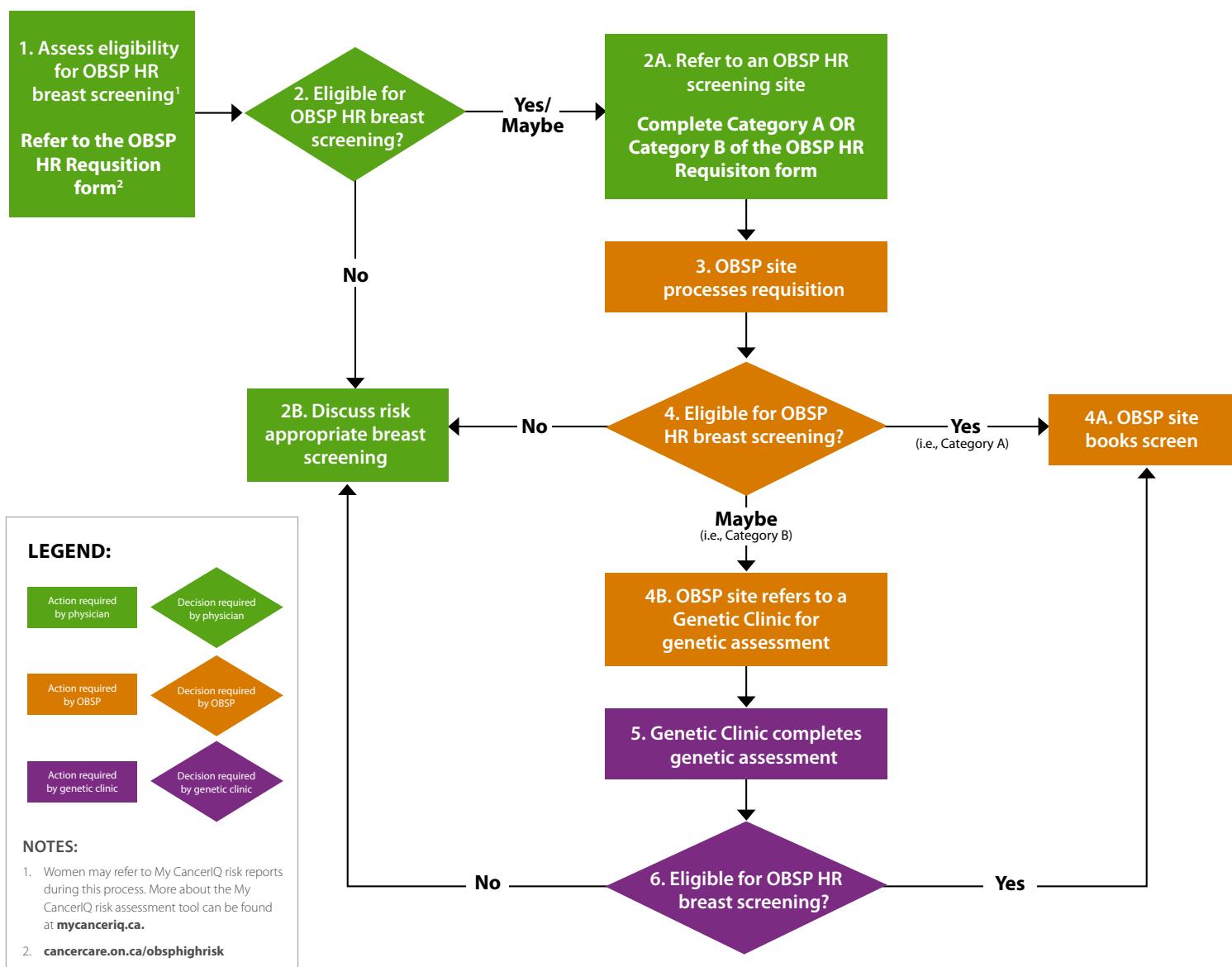
## Limitations of breast cancer screening

- Mammography may miss some breast cancers or may produce abnormal results, raising the suspicion of cancer, when, in fact, additional imaging or biopsies show there is no cancer.
- For every 200 women screened in the Ontario Breast Screening Program, about 17 are referred for further tests and one will have breast cancer.
- Some cancers develop in the time between screens. This is why

regular screening is important.

- Not all people with cancers caught at screening can be cured.
- Some breast cancers that appear on a mammogram may never progress to the point where a woman has symptoms during her lifetime. Therefore, some women may have surgery or treatment for a breast cancer that would never have been life-threatening.

## OBSP High Risk (HR) Screening Program referral pathway



For more information and resources:

Visit: [cancercare.on.ca/pcresources](http://cancercare.on.ca/pcresources) | Call: 1-866-662-9233  
Email: [screenforlife@cancercare.on.ca](mailto:screenforlife@cancercare.on.ca)

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