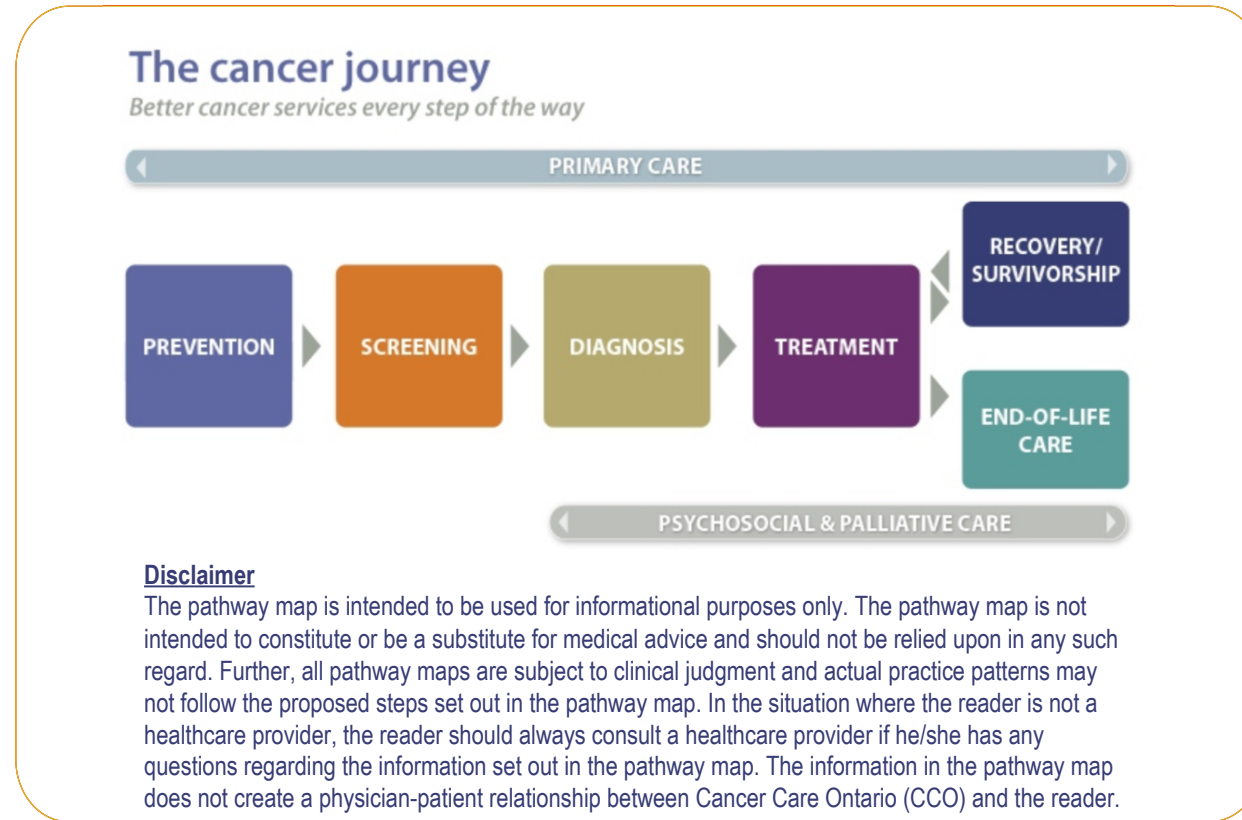


Breast Cancer Prevention Pathway Map

Version 2015.11



Target Population











Women 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](#)

Pathway Map Legend



Colour Guide

-  Primary Care
-  Supportive and End of Life Care
-  Pathology
-  Diagnostic Assessment Program (DAP)
-  Surgery
-  Radiation Oncology
-  Medical Oncology
-  Radiology
-  Multidisciplinary Cancer Conference (MCC)
-  Genetics or High Risk Cancer Clinics

Shape Guide

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

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 Cancer Care Ontario (CCO) and the reader.

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Ontario Breast Screening Program Risk Categories & Criteria

Average Risk Screening

Women are considered eligible for average risk screening if they are asymptomatic and meet all of the following:

- Are 50-74 years of age*
- Have no personal history of breast cancer
- Have not had a screening mammogram within last 11 months

For more information see: [CCO Cancer Screening Recommendations](#)

Potential High Risk (Genetic assessment required to determine eligibility)

Women may be eligible for high risk screening if they are asymptomatic, are 30-69 years of age AND meet one of the following criteria:

- First degree relative of a carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*) and has **not** had genetic counselling or testing
- A personal or family history of **at least one** of the following:
 - Two or more cases of breast cancer and/or ovarian cancer in closely related relatives
 - Bilateral breast cancers
 - Both breast and ovarian cancer in the same woman
 - Breast cancer at ≤ 35 years of age
 - Invasive serous ovarian cancer
 - Breast and/or ovarian cancer in Ashkenazi Jewish families
 - An identified gene mutation (e.g. *BRCA1*, *BRCA2*) in any blood relatives
 - Male breast cancer

For more information see: [Women at High Risk – Summary of Evidence](#) and [OBSP Requisition for High Risk Screening](#).

Known High Risk (Eligible for direct entry into OBSP High Risk Program)

Women are considered eligible for high risk screening if they are asymptomatic, are 30-69 years of age and **at least one** of the following criteria are met:

- Known carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*)
- First degree relative of a carrier of a gene mutation (e.g. *BRCA1*, *BRCA2*), has previously **had** genetic counselling, and has **declined** genetic testing
- Previously assessed as having a $\geq 25\%$ lifetime risk of breast cancer on basis of family history**
- Received chest radiation (not chest x-ray) before age 30 and at least 8 years previously (e.g. as treatment for Hodgkin's Lymphoma)

For more information see: [Women at High Risk – Summary of Evidence](#) and [OBSP Requisition for High Risk Screening](#).

* 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 throughout the OBSP, a healthcare provider will need to make a referral.

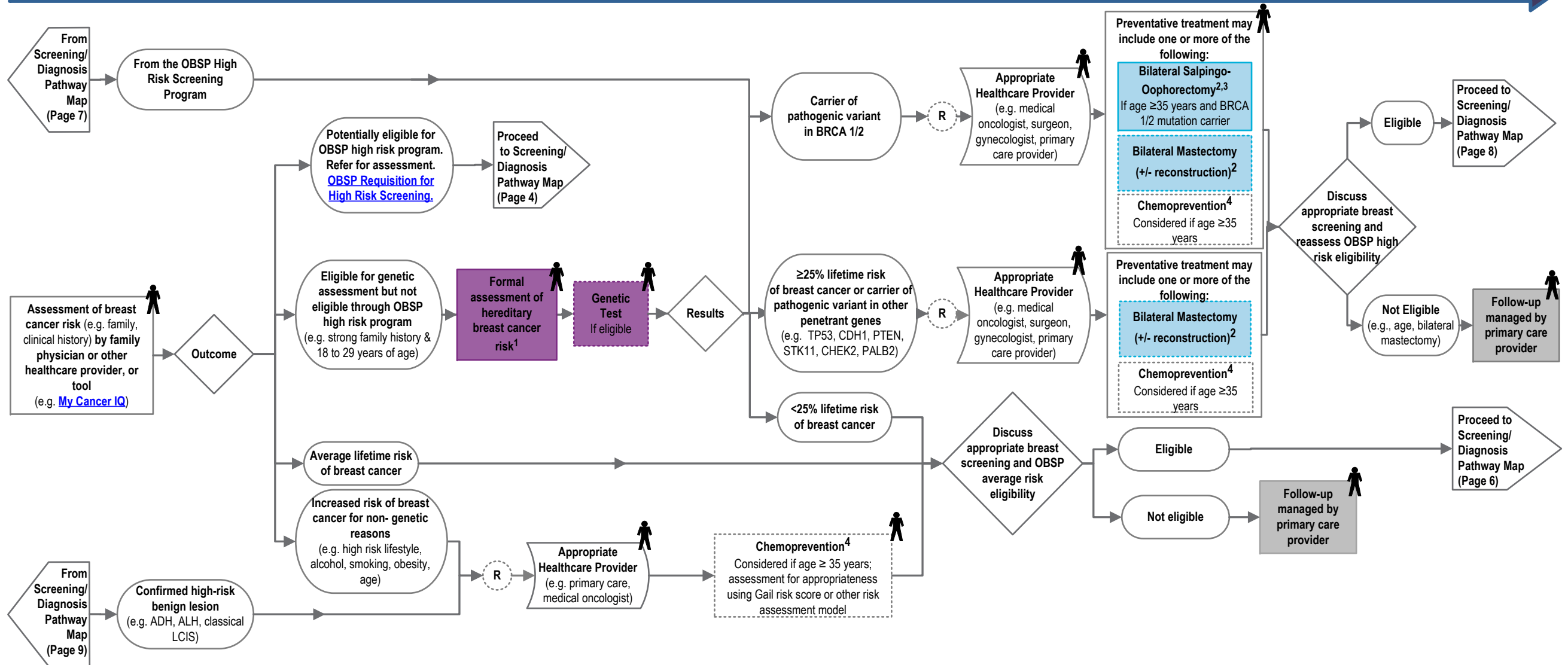
** A genetic clinic must have used **at least one** of the following tools to complete this assessment – IBIS 10 Year Risk, IBIS Lifetime Risk, BOADICEA 5 Year Risk or BOADICEA Lifetime Risk. Results must be faxed with requisition form.

Breast Cancer Prevention Pathway Map

Assessment of Breast Cancer Risk and Prevention Guidance

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



¹Lifetime 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 genetics 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.

²National Institute for Health and Care Excellence (2013). Familial breast cancer: Classification and care of people at risk of familial breast cancer and management of breast cancer and related risks in people with a family history of breast cancer & National Comprehensive Cancer Network (2014). Breast Cancer Risk Reduction (version 1.2014).

³For information on the examination of bilateral salpingo-oophorectomy specimens visit the CAP checklists at www.cap.org

⁴U.S. Preventive Services Task Force (2013). Medications for risk reduction of primary breast cancer in women: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2013 Nov 19;159(10):698-708.