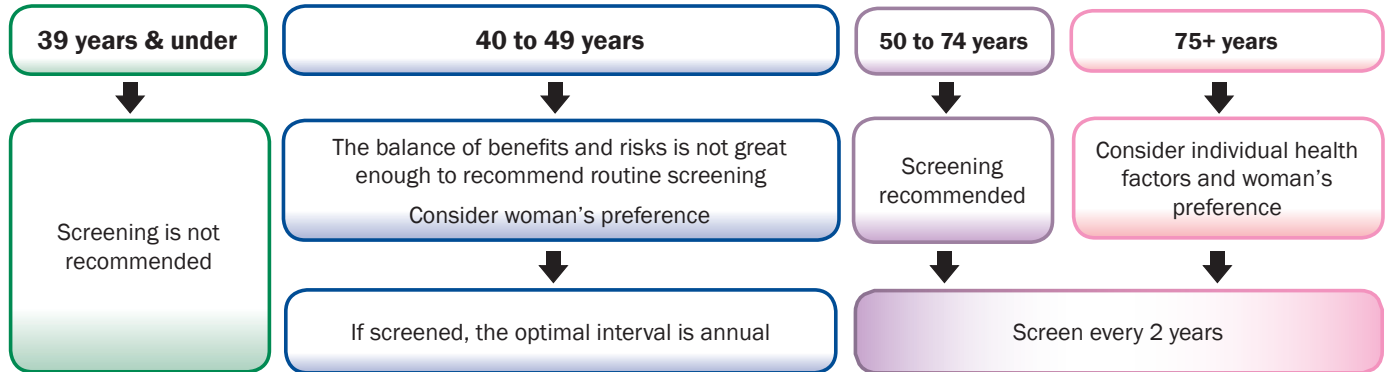


## AVERAGE RISK POPULATION: RECOMMENDATIONS

Use Mammography for Screening



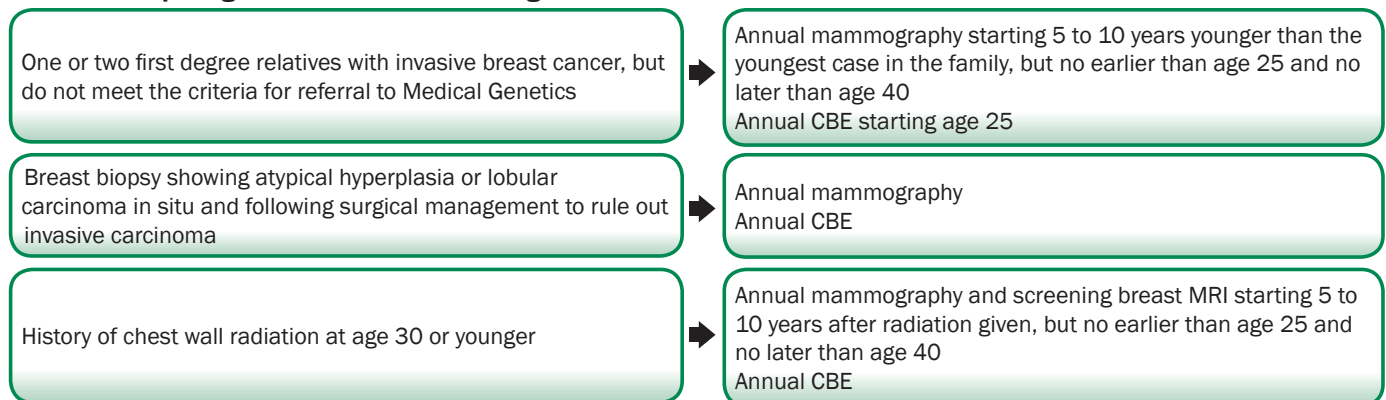
**Breast augmentation, breast reduction, sex-reassignment:** As above  
Note presence of implants in history section of mammography requisition form

**Clinical Breast Exam (CBE):** Do not use for screening. Consider as part of physical exam

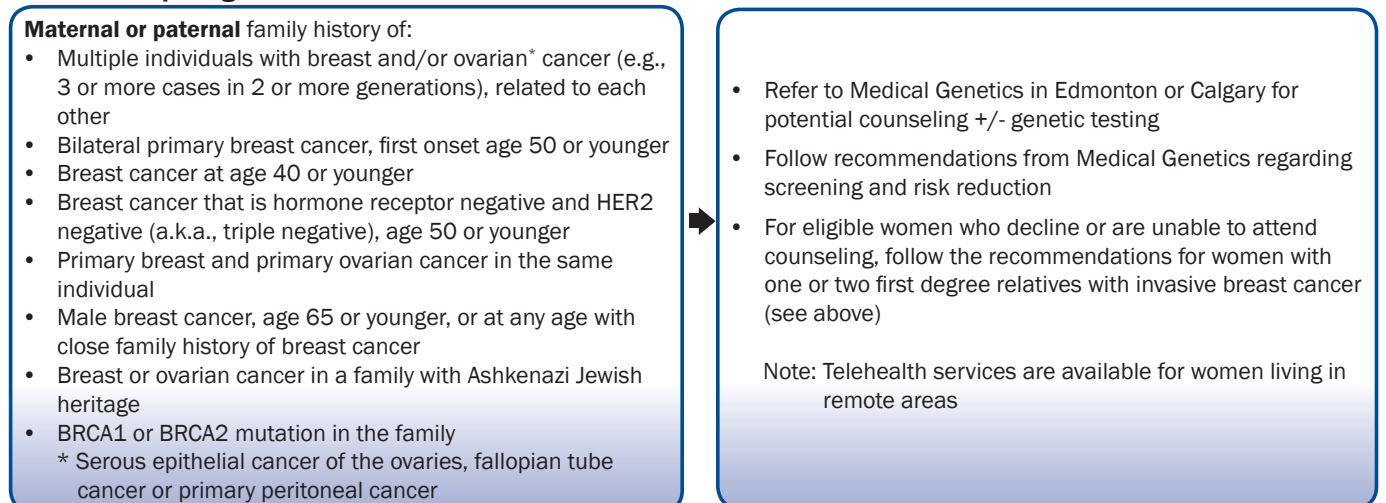
**Not recommended for routine screening:** MRI, ultrasound, tomosynthesis, thermography, breast self-examination

## HIGH RISK POPULATION: RECOMMENDATIONS

### Women Requiring More Intensive Screening



### Women Requiring Referral to Medical Genetics



## KEY DISCUSSION POINTS FOR HEALTH CARE PROVIDERS AND WOMEN

### 1. Initiate discussion about screening mammography with women of the appropriate age, including potential benefits and risks of mammography

Health care providers should remind women of the possibility of additional tests in order to reduce anxiety. For age-specific benefits and risks, refer to *Information on Mammography for Women Aged 40 and Older: A Decision Aid for Breast Cancer Screening in Canada*, Public Health Agency of Canada, 2009. Available at: [www.phac-aspc.gc.ca/cd-mc/mammography-mammographie-eng.php](http://www.phac-aspc.gc.ca/cd-mc/mammography-mammographie-eng.php).

### 2. Encourage breast awareness

Women should report changes in their breasts, in particular: nipple discharge, rash on nipples, inversion, dimpling or new mass in the breast or axilla.

### 3. Discuss modifiable risk factor(s)

While some risk factors for breast cancer are not modifiable (e.g., gene mutation, breast density), the ones more amenable to modification include: alcohol consumption, physical activity, weight management, and smoking. These should be addressed in the context of overall disease prevention, as should appropriate use of hormone replacement therapy.

## IMPLEMENTATION STRATEGIES

Use outreach, opportunistic screening and checklists to increase the likelihood of engaging women to make informed decisions about screening.

## GENERAL RESOURCES

- Breast Cancer Screening. Information available at: [www.ScreeningforLife.ca/breastcancer](http://www.ScreeningforLife.ca/breastcancer).
- Information on Mammography for Women Aged 40 and Older: A Decision Aid for Breast Cancer Screening in Canada, Public Health Agency of Canada, 2009. Available at: [www.phac-aspc.gc.ca/cd-mc/mammography-mammographie-eng.php](http://www.phac-aspc.gc.ca/cd-mc/mammography-mammographie-eng.php)

## RESOURCES FOR HIGH RISK POPULATION

- Calgary Cancer Genetics Clinic: Dr. R.B. Lowry Genetics Clinic, Alberta Children's Hospital, 2888 Shaganappi Trail NW, Calgary, AB T3B 6A8. Phone: (403) 955-7137. Fax (403) 955-2701
- Calgary High Risk Breast Cancer Clinic: The High Risk Breast Cancer Clinic, Calgary Zone Alberta Health Services accepts referrals using the Central Access and Triage system. Phone (403) 944-2240
- Edmonton Cancer Genetics Clinic Referral Criteria: [www.medicalgenetics.med.ualberta.ca](http://www.medicalgenetics.med.ualberta.ca). Edmonton Medical Genetics Clinic, 8-53 Medical Sciences Building, University of Alberta, Edmonton, Alberta T6G 2H7, Phone (780) 407-7333, Fax (780) 407-6845
- Allard Hereditary Breast and Ovarian Clinic, Royal Alexandra Hospital, Robbins Pavilion, Ground Level, 10240 Kingsway Avenue, Edmonton, Alberta, T5H 3V9, Phone (780) 735-4718, Fax (780) 735-4020
- Alberta Health Services. Risk Reduction and Surveillance Strategies for Individuals at High Genetic Risk for Breast and Ovarian Cancer (2011), available at: [www.albertahealthservices.ca/1749.asp](http://www.albertahealthservices.ca/1749.asp)

For the complete guideline refer to the TOP website: [www.topalbertadoctors.org](http://www.topalbertadoctors.org)

These recommendations are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances. They should be used as an adjunct to sound clinical decision making.