

10.1 Breast Imaging Guidelines

DEFINITION: Early detection remains the primary defense available to patients in preventing the development of life-threatening breast cancer. Breast tumors that are smaller or nonpalpable are more treatable when detected and thus are associated with a more favorable prognosis. The survival benefit of early detection with mammography screening has been demonstrated. The recommendation for mammography screening is based on three factors: 1) the incidence of breast cancer; 2) the sojourn time for growth; 3) potential to reduce the number of deaths from breast cancer. The sojourn period is the time between when a mammogram can detect a breast cancer and the time it takes to grow big enough to become symptomatic. The sojourn period can vary and the greatest predictor is age. Women ages 40-49 have the shortest average sojourn period (2-2.4 years) and women 70-74 have the longest sojourn period (4-4.1 years).

SUBJECTIVE: Includes:

1. Age below 40:
 - a. Review history for increased risk factors for breast cancer
 1. genetic tendency (I.e., BRAC1, BRAC2)
 2. history of breast cancer
 3. family history of breast or ovarian cancer (mother, sister, grandmother, aunt)
 2. Age 40 and older:
 - a. Review history for increased risk factors
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OBJECTIVE: Clinical Breast Exam (CBE)

1. CBE every 1 to 3 years for women 20-39
 2. CBE annually for women 40 and older
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LABORATORY:

ASSESSMENT: Candidate for mammography

PLAN:

1. If <40 and abnormal CBE, repeat CBE in one month if still abnormal, refer for imagery or to physician.
 2. Women < 40 years of age with normal CBE – no mammogram
 3. Women < 40 years of age with risk factors and normal CBE – consult physician for possible mammogram.
 4. Women \geq 40 years of age with or without risk factors and normal CBE – recommend mammogram annually.
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CLIENT EDUCATION:

1. Discuss and encourage breast self-awareness (BSA) beginning at age 20: BSA means that women understand the normal appearance and feel of their breasts – but without a specific interval or systematic examination technique.
 2. Discuss recommendations for CBE.
 3. Stress importance of follow-up plan.
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REFER TO PHYSICIAN:

1. Refer if persistent abnormal CBE.
 2. Refer for evaluation of abnormal imaging results.
 3. Consult for possible mammogram for a woman < 40 years of age with risk factors for breast cancer and a normal CBE.
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