

Breast Cancer Screening Guidelines Average Risk Population (2024)

Individuals who do not meet any of the criteria for [higher-than-average](#) risk or [high risk](#) are considered average risk.

Use Digital Mammography (DM) for Screening

39 Years & Under

Screening is **NOT** recommended

40 to 44 Years

Routine screening is **NOT** recommended. It may be considered based on informed discussion and individual preference.

Individuals requesting screening, in intervals of one year.

45 to 74 Years

Screening is recommended every two years

75+ Years

Consider individual health factors and preference to continue screening

Source: Alberta Breast Cancer Screening Clinical Practice Guideline Committee. Alberta Breast Cancer Screening Clinical Practice Guideline. 2022 Jan. Calgary, AB.
Available from: www.screeningforlife.ca/for-health-providers/breast-screening-information/?d=4#clinical_practice_guidelines

Territorial Cancer Screening program clients can call 1-867-765-4020.

Breast Cancer Screening Guidelines Higher-than-Average Risk Population (2024)

Individuals requiring more invasive screening

Risk Factor		Recommendation*
Breast density category D and age +45	➡	<ul style="list-style-type: none"> • Annual mammography AND • Consider annual breast ultrasound • Consider annual clinical breast exam
Breast biopsy showing certain benign breast conditions known to increase risk (atypical hyperplasia or lobular carcinoma in situ)	➡	<ul style="list-style-type: none"> • Annual mammography • Consider annual clinical breast exam
Previous history of ductal carcinoma in situ +/- invasive breast cancer	➡	<ul style="list-style-type: none"> • Annual mammography • Consider annual clinical breast exam
Family history of breast cancer in first-degree relative but not meeting criteria for Medical Genetics of the Hereditary Breast and Ovarian Cancer (HBOC) clinic	➡	<ul style="list-style-type: none"> • Annual mammography starting 5 to 10 years younger than the youngest case in the family, but no earlier than age 30 and no later than age 40 • Consider annual clinical breast exam

*The decision to continue screening is an individual one that should be made in conjunction with one's healthcare provider. If life expectancy is less than 10 years based on other comorbidities, individuals are unlikely to experience meaningful benefit from continued screening.

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Breast Cancer Screening Guidelines High Risk Population (2024)

Individuals requiring referral to a high-risk clinic/genetics for screening recommendations

Risk Factor

History of chest wall radiation (i.e., radiation for treatment for Hodgkin Lymphoma) at age 30 or younger



Recommendation

Starting at 5-10 years following radiation, but no earlier than age 30 and no later than age 40:

- Annual clinical breast exam
- Annual mammography
- Annual screening breast MRI until age 70

High risk due to family history +/- germline mutation as assessed by Medical Genetics or HBOC Clinic



Follow screening and risk reduction recommendations as per Medical Genetics or HBOC Clinic (see appendix A)

CLINICAL BREAST EXAM (CBE)

- There is no evidence that routine CBE reduces breast cancer mortality. It should not replace mammography for screening.
- However, CBE is encouraged as part of a periodic physical exam, as it provides an opportunity to discuss breast awareness with the patient (see below).
- CBE should be included in the work up for any new breast symptom.

Breast Awareness: Breast awareness is the practice of becoming familiar with the look and feel of one's own breasts over time. Specific changes to be aware of include—but are not limited to - new lumps, nipple inversion/discharge/crusting/bleeding/rash, dimpling or thickening of the skin in one area of the breast. Any changes or concerns should be discussed promptly with a healthcare provider.

Breast Self-Examination (BSE): BSE is the practice of regularly checking one's own breasts for signs of breast cancer. Evidence has shown that the harms of **this practice outweigh the benefits for the average-risk population. Therefore, BSE is not recommended as a cancer screening method for the average-risk population.**

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Referral Criteria for Genetics Clinics (2024)

Referral Criteria for Genetics Clinics

Relatives of an individual with a confirmed pathogenic or likely pathogenic mutation in a breast or ovarian cancer (HBOC) gene.

BREAST CANCER

1. Personal history of breast cancer diagnosed ≤ 35 .§
2. Personal history of bilateral breast cancer; both diagnosed $< \text{age } 60$.§
3. Personal history of breast and ovarian cancer *.§
4. Personal history of breast and pancreatic cancer.§
5. Personal history of breast cancer ≤ 50 AND a family history of breast cancer ≤ 50 .
6. Personal history of breast cancer AND family history of ovarian cancer* diagnosed at any age.
7. Personal history of breast cancer AND two family members with breast cancer; one diagnosis ≤ 50 .
8. Personal history of breast cancer AND two family members with pancreatic adenocarcinoma at any age.
9. Personal history of triple negative breast cancer (ER-ve, PR-ve, Her2-ve) diagnosed $\leq \text{age } 65$.§
10. Personal history of male breast cancer diagnosed at any age.§
11. Personal history of breast cancer and family history of male breast cancer.
12. Personal history of breast cancer at any age and a first-degree relative meeting a [§] criterion.
13. Ashkenazi Jewish heritage and personal history of breast or ovarian cancer * at any age.
14. Ashkenazi Jewish heritage and a 1st or 2nd degree relative with breast/ovarian cancer * at any age.

*Ovarian cancer = invasive epithelial ovarian cancer and includes primary peritoneal cancers and primary fallopian tube cancers.

§ = Mainstreaming criteria; patient meeting these criteria can have genetic testing ordered through approved surgeon/oncologist.

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