

ACS/SBI Guidelines for the Early Detection of Breast Cancer

AMERICAN CANCER SOCIETY /
SOCIETY OF BREAST IMAGING

Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health. A clinical breast exam by your doctor or health care provider (CBE) should be part of a periodic health exam, about every three years for women in their twenties and thirties and every year for women forty and over.

Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast Self Exam (BSE) is an option for women starting in their twenties.

Women at high risk (greater than 20% lifetime risk of developing breast cancer) are eligible for a MRI and a mammogram every year. This risk is determined by using standard risk assessment tools based mainly on family history.



MRI Safety

PLEASE REVIEW THE FOLLOWING
CHECKLIST PRIOR TO YOUR EXAM:

- If you think you may be claustrophobic, ask your doctor to prescribe medication prior to the exam. If you do receive medication, bring someone with you to drive you home.
- No metal is allowed in the MRI exam room. Safety pins, straight pins, metal hair pins and all jewelry must be removed before entering the room.
- If your occupational background includes metal work (welder, grinder, etc.) please be sure to tell the technologist prior to the exam. This may require you to have an orbital x-ray prior to your MRI appointment to ensure foreign bodies are identified.
- You CANNOT have the exam if you have any of the following: cerebral aneurysm clips, certain heart valves, cochlear implants, metal filings in the eye, or a pacemaker.

Please note each insurance company has its own criteria to meet for coverage. Please check with your individual insurance provider to determine your coverage and eligibility for breast MRI. Our staff at EWBC can also help provide assistance and information to you and your PCP to help with the process.

EWBC

170 Sawgrass Dr. | Rochester, NY 14620

(585) 758-7050

www.ewbc.com

Breast MRI for High Risk Patients



EWBC

Elizabeth Wende
Breast Care

Breast Imaging Excellence

MAIN OFFICE: 170 Sawgrass Dr. | Rochester, NY 14620

(585) 758-7050

www.ewbc.com

What is Breast MRI?

Magnetic Resonance Imaging, or MRI, is an advanced, state-of-the-art, medical imaging method. Breast MRI uses a powerful but harmless magnetic field and radiowaves to produce detailed images of the breast and its internal structures. No radiation is used for MRI imaging. The average Breast MRI appointment takes about one hour. Actual scan time is only about 20 minutes. Before the exam, you may eat and drink as usual and take medications as you normally would.

MRI scans pose minimal risks to most patients if safety guidelines are followed. These are described on the back page of this pamphlet. Also, one of our MRI staff will call you in advance of your appointment to go over these guidelines and the specifics of your exam.

What you can expect during the exam

Breast MRI is a relatively comfortable and easy exam. You will be asked to lie on your stomach on a cushioned bed. Your breasts will be positioned within a padded opening on the bed. The bed will move into the magnet for the exam and you will hear a muffled thumping sound intermittently throughout the scan. The most important thing you can do to make sure your exam is successful is to hold as still as you can throughout the procedure.

Most breast MRI exams require an injection of a contrast agent. An intravenous catheter (I.V.) for this injection will be placed in your arm before you lie on the bed. Please tell us if you have ever had an allergic reaction to MRI contrast in the past (or any other contrast agent), or if you have any renal (kidney) disease.

NOTES ABOUT

Breast MRI from the American Cancer Society

- If MRI is used, it should be in addition to, not instead of, a yearly screening mammogram. This is because while an MRI is a more sensitive test (*it's more likely to detect cancer than a mammogram*), it may still not detect some cancers that a mammogram can.
- Screening with MRI and Mammogram depends on personal and family history and genetic test results. As the evidence is limited regarding the best age at which to start screening, this decision should be based on shared decision making between patients and their health care providers, taking into account personal circumstances and preferences.
- Several risk assessment tools (*i.e. BRCAPRO, Claus, Tyrer-Cuzick, Gail*) are available to help health professionals estimate a woman's breast cancer risk. These tools give approximate, rather than precise, estimates of breast cancer risk based on different combinations of risk factors and different data sets. As a result, they may give slightly different risk estimates for the same woman.

The risk estimates should be discussed by a woman and her doctor when being used to decide on whether to start MRI screening. EWBC has resources available to calculate your individual lifetime risk of developing breast cancer.

- There is no evidence at this time that MRI will be an effective screening tool for women at average risk. While MRI is more sensitive than mammograms, it also has a higher false-positive rate (*where the test finds something that turns out not to be cancer*), which could result in unnecessary biopsies and other tests in a large portion of these women.

Women at High Risk Include

- Have a known ATM, BRCA1, BRCA2, CDH1, CHEK2, NBN, PALB2, PTEN, STK11 or TP53 gene mutation
- Have a first-degree relative (*parent, brother, sister, or child*) with a BRCA1 or BRCA2 gene mutation, and have not had genetic testing themselves
- Have a lifetime risk of developing breast cancer $\geq 20\%$, according to risk assessment tools, that are based mainly on family history
- Had radiation therapy to the chest when they were between the ages of 10 and 30 years