# Breast Cancer Risk Assessment Clinic Workflow

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. The chart illustrates a typical clinic workflow for breast cancer risk assessment, highlighting key decision points around screening, risk assessment, and genetic counseling referral. See the digital toolkit for more breast cancer risk assessment resources.

## Breast Cancer Risk Assessment

**ACS recommendations for women at highrisk:**

- Genetic mutation known to increase risk of breast cancer, such as a ***BRCA1* or *BRCA2* gene mutation** (based on having had **genetic testing**)
- First-degree relative (mother, father, brother, sister, or child) with a *BRCA1* or *BRCA2* gene mutation, and has not had genetic testing herself
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or has first-degree relatives with one of these syndromes
- Radiation therapy to the chest before age 30

**Do any of the above apply?**

**NO**

**Assess the following:**

- Personal and family (maternal and paternal) history of breast, ovarian, pancreatic, prostate, and other related cancers.[a]
- Personal history of benign breast disease, breast biopsy, and increased breast density.[a,b]

**Do any of the above apply?**

**NO**

**Average-risk Screening Guidelines**

**YES**

**Consider Using a risk assessment tool**

**Breast Cancer Risk Assessment Tools**

**Is lifetime risk 20%–25% or greater?[f]**

**NO**

**Average-risk Screening Guidelines**

**YES**

***BRCA 1/BRCA 2* Mutation Risk Assessment Tools**

**Is *BRCA1/BRAC2* mutation risk >2.5 or 5%?[e]**

**NO**

Proceed based on overall breast cancer risk and screening guidelines.

**YES**

Refer for genetic counseling.[d,e]

**YES**

Screening[c]: Most individuals should have an annual mammogram + MRI - typically starting at age 30. But this is a decision that should be made with their health care providers.

Refer to genetic counseling.[d]

| Age 40 to 44[g] | Age 45 to 54 | Over Age 55 |
|---|---|---|
| **Screening:** Have the option to start screening with a mammogram every year. | **Screening:** Should get mammograms every year. | **Screening:** Can switch to a mammogram every other year, or can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years. |

**Education & Shared Decision-making**

- All people eligible for breast cancer screening should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.
- Discuss screening options.
- Support patient preferences.
- Encourage breast health awareness.

**Footnotes**

[a]These factors are clinical considerations that may influence risk estimate when using certain risk assessment models.

[b]Women with high breast density may benefit from adding ultrasound or contrast-enhanced mammogram to routine mammogram. **https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/breast-density-and-your-mammogram-report.html**.

[c]There's not enough evidence to make a recommendation for or against yearly MRI screening for individuals who have a higher lifetime risk based on certain factors, such as:

- Having a personal history of breast cancer, **ductal carcinoma in situ (DCIS)**, **lobular carcinoma in situ (LCIS)**, **atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)**
- Having "extremely" or "heterogeneously" **dense breasts** as seen on a mammogram
  If MRI is used, it should be in addition to, not instead of, a screening mammogram.

[d]Genetic counseling referral: **https://www.ncbi.nlm.nih.gov/books/NBK179204/** and **https://www.nccn.org.**

[e]For women with a personal and family history of breast, ovarian, pancreatic, prostate, and other related cancers, providers can consider using a breast cancer risk assessment tool that includes a *BCRA1/2* mutation assessment. If the results of the *BRCA1/BRCA2* mutation is >2.5 or 5%, then they should refer the patient to a genetic counselor independently of their breast cancer risk results.

[f]According to risk assessment tools that are based mainly on comprehensive family history (e.g., BRCAPRO, Tyrer-Cuzick, BOADICEA, BCSC Risk Calculator).

[g]The SERVICE Act ensures that U.S. women Veterans exposed to toxins can access breast cancer risk assessments and clinically appropriate mammograms at any age.

**Sources:**

**https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/canjclin.57.2.75**.
**https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html**.
**https://www.nccn.org**.