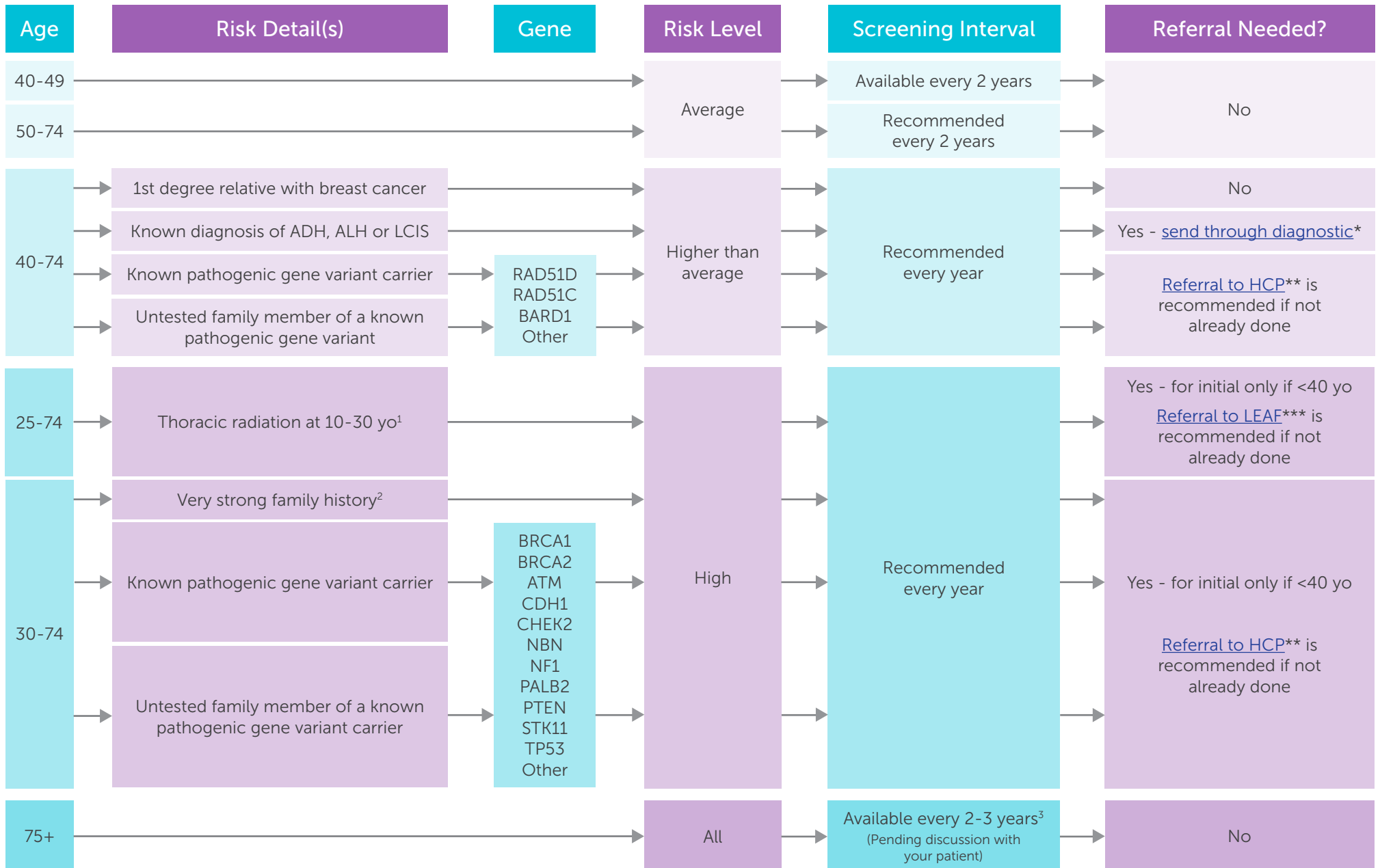# Breast Screening Referral Algorithm

A decision aid to assist health care providers to appropriately refer and book asymptomatic patients for breast screening.

Age	Risk Detail(s)	Gene	Risk Level	Screening Interval	Referral Needed?
40-49			Average	Available every 2 years	No
50-74			Average	Recommended every 2 years	No
40-74	1st degree relative with breast cancer		Higher than average	Recommended every year	No
	Known diagnosis of ADH, ALH or LCIS				Yes - send through diagnostic*
	Known pathogenic gene variant carrier	RAD51D RAD51C BARD1 Other			Referral to HCP** is recommended if not already done
	Untested family member of a known pathogenic gene variant				
25-74	Thoracic radiation at 10-30 yo[1]		High	Recommended every year	Yes - for initial only if <40 yo Referral to LEAF*** is recommended if not already done
30-74	Very strong family history[2]		High	Recommended every year	Yes - for initial only if <40 yo Referral to HCP** is recommended if not already done
	Known pathogenic gene variant carrier	BRCA1 BRCA2 ATM CDH1 CHEK2 NBN NF1 PALB2 PTEN STK11 TP53 Other			
	Untested family member of a known pathogenic gene variant carrier				
75+			All	Available every 2-3 years[3] (Pending discussion with your patient)	No

[1] Typically refers to chest wall radiation therapy for pediatric and adolescent cancers.
[2] (A) 2 cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, or great-aunt) on the same side of the family, both diagnosed before age 50, or (B) 3 or more cases of breast cancer in close female relatives on the same side of the family, with at least one diagnosed before age 50.
[3] Those who are higher or higher than average risk may continue screening annually.

* www.bccancer.bc.ca/screening/Documents/Breast-Higher-Risk.pdf
** www.bccancer.bc.ca/hereditary
*** www.bccancer.bc.ca/our-services/services/late-effects-assessment-follow-up