

# Breast Cancer Screening Clinical Practice Guideline



## Overview of the Condition/Disease

**Definition:** Breast cancer screening includes tests to detect breast cancer at an early stage. Screening for breast cancer primarily involves mammography.

**Pathophysiology:** Breast cancer occurs when breast cells grow abnormally. These cells divide more rapidly than healthy cells and can accumulate, forming a mass or lump. These cells can spread or metastasize to other parts of the body.

### Types of breast cancer screenings:

- 2-D Mammograms (recommended)
- 3-D Mammograms
- Breast Ultrasounds
- Breast MRI's



## Best Practice Standards for Prevention and Management

**Education:** Mammography may detect cancer one and half to four years before a cancer becomes clinically evident

### Interventions:

- Starting at age 40, members should talk with their doctor about breast cancer screening and when to start having mammograms
- Age 40-49, individualized but typically every 2 years
- Age 50-74, for average risk women, screen every 2 years
- Screening mammography is the primary method for early detection of breast cancer, it is the only method that has consistently been found to decrease breast cancer-related mortality

**Lifestyle changes:** Reduce alcohol consumption and quit smoking; regular exercise and a diet rich in fruits, veggies, fish and olive oil may lower the risk of breast cancer.

### Additional conditions that negatively impact the condition/disease:

- Genetic predisposition-BRCA gene carrier
- Have close relatives who have had breast cancer (mother, sister, or daughter)
- Increased breast density can impair detection of abnormalities and increase the risk of breast cancer
- Caucasian race
- Female gender: Breast cancer occurs 100 times more frequently in women than in men.
- Weight and body fat in postmenopausal women

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- Dense breast tissue
- Tall stature
- Low bone mineral density
- Use of oral contraceptives

## Anticipating, Recognizing, and Responding to Symptoms



Seek timely medical attention when current interventions and/or medications are not managing symptoms.

### Potential symptoms & their Manifestations:

- Change in general appearance of the breast: increase or decrease in size or change in symmetry
- New nipple inversion
- Nipple discharge including the timing, color and frequency
- Breast pain: occurrence (ie. during a menstrual cycle or not), durations, aggravated or alleviated by any activities or medications
- Breast mass: watching the evolution of a breast mass is important including, how it was first noted (self-exam, clinical exam or mammogram), how long it's been present, and change in size (especially during the menstrual cycle)
- Trauma to the breast (ie. car accident or direct injury from a hard object)



### Interventions to manage symptoms:

- Physical examination: inspection, palpation, documentation, timing of exam (in relation to menstrual cycle or menopause), and accuracy of exam
- Diagnostic evaluation: diagnostic mammography including tomosynthesis and targeted breast ultrasound



## Guidelines and Process for Interdisciplinary Team

Female members, age 50-74, should have a mammogram every 2 years

- Valid tests: Traditional and 3-D Mammograms
- Exclusions: members in hospice or bilateral mastectomy
- Schedule appointments early (waiting lists can be months out)
- Prevention and Wellness Policy



## Quality Assurance Monitoring

Quality Management identifies the eligible population and provides care teams with a list to monitor and encourage screenings throughout the year.

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## References

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