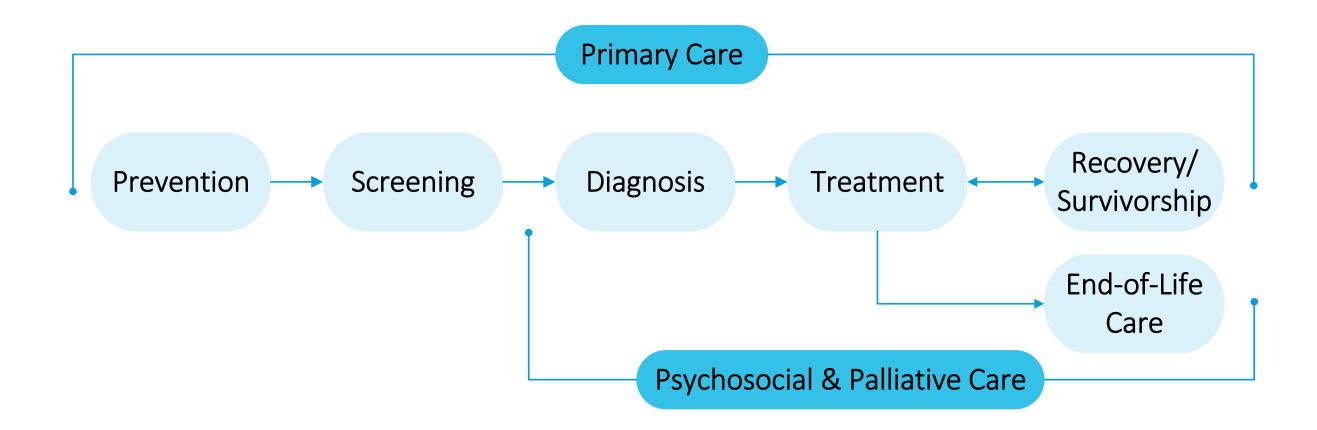
# **Breast Cancer Prevention Pathway Map**

Version 2024.04



**Disclaimer:** The pathway map is intended to be used for informational purposes only. The pathway map is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. Further, all pathway maps are subject to clinical judgment and actual practice patterns may not follow the proposed steps set out in the pathway map.

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#### **Target Population**

People who are at a higher than average risk for breast cancer.

## **Pathway Map Considerations**

- For more information about the evidence linking risk factors to breast cancer visit:
  - Cancer Risk Factors in Ontario: Healthy Weights, Healthy Eating and Active Living
  - Cancer Risk Factors in Ontario: Alcohol Report

### **Pathway Map Legend**

Colour Guide Sr		nape Guide	Line Guide			
	Primary Care		Intervention		Required	
	Palliative Care	$\Diamond$	Decision or assessment point		Possible	
	Pathology		Patient (disease) characteristics			
	Surgery		Consultation with specialist			
	Radiation Oncology		Exit pathway			
	Medical Oncology	$\bigcirc$ or $\bigcirc$	Off page reference			
	Radiology	R	Ref erral			
	Multidisciplinary Cancer Conference (MCC)					
	Genetics					
	Psychosocial Oncology (P	Psychosocial Oncology (PSO)				

### **Pathway Map Disclaimer**

This pathway map is a resource that provides an overview of the treatment that an individual in the Ontario cancer system may receive.

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### **Ontario Breast Screening Program (OBSP) Eligibility Criteria**

#### **Average Risk Screening**

Women, Two Spirit, trans and nonbinary people are considered eligible for average risk screening if they are <u>asymptomatic</u> and meet all of the following criteria:

- Are 50-74 years of age\*
- Have no personal history of breast cancer
- Have not had a mastectomy
- Have not had a screening mammogram within the last 11 months
- If transfeminine (i.e., assigned male at birth), has had at least five consecutive years of feminizing hormone use

For more information see: **Breast Screening Guidelines Summary** 

\* Participants over age 74 are encouraged to make a personal decision about breast cancer screening in consultation with their doctor or nurse practitioner and can continue to access screening through the program with a referral from their primary care provider. The OBSP does not send letters to people over age 74 about participating in the program.

People ages 40 to 49 who are at average risk for breast cancer are encouraged to make a personal decision about breast cancer screening in consultation with their family doctor or nurse practitioner. The family doctor or nurse practitioner can provide a referral for a mammogram if the person would like to be screened.

#### **High Risk Screening**

Women, Two Spirit, trans and nonbinary people ages 30 to 69 can access screening through the High Risk OBSP if they have a referral from their primary care provider, a valid Ontario Health Insurance Plan number, no breast cancer symptoms and meet criteria listed in Category A or B (see below).

Category A – Eligible for direct entry into the High Risk OBSP based on personal and family history. To fall under this category, at least one of the following criteria must be met:

- Known carrier of a pathogenic or likely pathogenic gene variant (e.g., BRCA1, BRCA2, TP53, PALB2) that increases their risk for breast cancer
- Have not had genetic testing, but have had genetic counselling because they are a first-degree relative of a carrier of a pathogenic or likely pathogenic variant (e.g., BRCA1, BRCA2, TP53, PALB2) that increases their risk for breast cancer
- Previously assessed by a genetics clinic (using the IBIS or CanRisk risk assessment tools) as having a 25% or greater lifetime risk for breast cancer based on personal and family history
- Have had radiation therapy to the chest to treat another cancer (e.g., Hodgkin lymphoma) before age 30 and at least eight years ago

Category B – Genetic assessment required (i.e., counselling and/or testing) to determine eligibility for the High Risk OBSP. To fall under this category, at least one of the following criteria must be met:

- An identified pathogenic or likely pathogenic gene variant that is associated with breast cancer risk (e.g., BRCA1, BRCA2, TP53, PALB2) in a close blood relative
- A personal or family history of a cancer suggestive of a hereditary breast cancer syndrome

Note: People with a personal history of breast cancer may access screening through the High Risk OBSP if they meet program eligibility criteria.

The High Risk OBSP does not accept new participants over age 70. However, when participants already in the High Risk OBSP turn 70, the program will continue to screen them with just mammography every year until they are age 74.

Participants over age 74 are encouraged to make a personal decision about breast cancer screening in consultation with their doctor or nurse practitioner and can continue to be screened with just mammography through the High Risk OBSP with a referral from their primary care provider. The High Risk OBSP does not send letters to people over age 74 about participating in the program.

For more information see: Breast Cancer Screening for People at High Risk and OBSP Requisition for High Risk Screening.

## Assessment of Breast Cancer Risk and Prevention Guidance

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#### Health behaviour interventions (e.g., exercise, nutrition) should be considered for all individuals of any risk category. Preventative treatment may include From one or more of the following: Screening/ Proceed Diagnosis From the High Risk Bilateral Salpingo-Oophorectomy<sup>2,3</sup> to Screening/ **Appropriate** Pathway OBSP If age ≥35 years and carrier of a Eligible Diagnosis Healthcare Map pathogenic variant of BRCA 1/2 Carrier of Pathway Map Provider (Page 7) pathogenic (Page 8) Bilateral Mastectomy e.g. medical Proceed variant in BRCA Meets criteria for referral (+/- reconstruction) oncologist, to Screening 1/2 to High Risk OBSP. surgeon, Chemoprevention<sup>4</sup> Diagnosis Discuss gynecologist) Pathway Map Considered if age ≥35 years **High Risk OBSP** appropriate breast (Page 4) Requisition screening and Individualized cancer genetics risk reassess High Risk management consultation. Carrier of a Individualized OBSP eligibility pathogenic variant cancer genetics risk management in another gene on **Refer to Genetics** the panel consultation. Family history of **Program for formal** Primary care Follow-up relevant cancer but not assessment of review of breast Preventative treatment may Not Eligible managed eligible for High Risk hereditary breast Appropriate cancer risk. include one or more of the (e.g., age, Outcome OBSP screening cancer risk and genetic Results Healthcare ≥25% lifetime risk (e.g. family, clinical following: bilateral primary (e.g., strong family test when eligible Provider of breast cancer1 and history, My Cancer **Bilateral Mastectomy** mastectomy) history & 18 to 29 **Hereditary Cancer** e.g. medical not a carrier of a IQ) (+/- reconstruction) provider years of age) oncologist, **Testing Eligibility** pathogenic variant Criteria surgeon, Chemoprevention<sup>6</sup> gynecologist) Considered if age ≥35 years <25% lifetime risk Proceed of breast cancer1 to Screening/ Average lifetime risk Eligible Diagnosis of breast cancer1 (no **Pathway Map** additional risk factors) (Page 6) Discuss appropriate breast screening and Increased risk of breast Follow-up **OBSP** average risk cancer for non-genetic reasons Chemoprevention4 managed **Appropriate** eligibility (e.g. high risk lifestyle, alcohol, Considered if age ≥ 35 years; Healthcare Not eligible obesity, age, previous childhood assessment for From primary Provider cancer) R appropriateness using risk care Screening/ (e.g. primary assessment model and Diagnosis provider Confirmed high-risk care, medical consideration of specific risk Pathway Map benign lesion oncologist) factors (Page 10)

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<sup>&</sup>lt;sup>1</sup>Lifetime risk of breast cancer should be based on personal and family history and must have been assessed using IBIS or CANRISK risk assessment tools, at a genetics clinic. For more information on these tools visit http://www.ems-trials.org/riskevaluator/ for IBIS and https://www.canrisk.org for CANRISK.

<sup>&</sup>lt;sup>2</sup> Daly MB, Pal T, Berry MP, Buys SS, Dickson P, Domchek SM, et al. Genetic/Familial High-Risk Assessment: Breast, Ovarian, and Pancreatic, Version 2.2021, NCCN Clinical Practice Guidelines in Oncology. Journal of the National Comprehensive Cancer Network. 2021 Jan 6;19(1):77–102.

<sup>&</sup>lt;sup>3</sup> For information on the examination of bilateral salpingo-oophorectomy specimens visit the CAP checklists at www.cap.org

<sup>&</sup>lt;sup>4</sup>Visvanathan K, Fabian CJ, Bantug E, Brewster AM, Davidson NE, DeCensi A, et al. Use of Endocrine Therapy for Breast Cancer Risk Reduction: ASCO Clinical Practice Guideline Update. Journal of clinical oncology. 2019;37(33):3152–65. Available from: https://edoc.unibas.ch/72124/.