Allina Health

Breast Program Committee/Oncology Clinical Service Line
Primary Care Clinical Service Line

System-wide Consensus Guidelines:
Mammography Screening for Women at Average Risk for Breast Cancer

These guidelines apply to clinical interventions that have well-documented outcomes, but whose outcomes are not clearly desirable for all patients.

Reference #: SYS-PC-OCSL-CG-003

Origination Date: February 2017
Next Review Date: February 2020
Effective Date: February 2017

Approval Date: February 2017 Approved By: Allina Health Quality Council

System-wide Information Resource:
Manager of Clinical Programs, Oncology
Manager of Clinical Programs, Primary Care

Stakeholder Groups
Primary Care Council
Clinical Practice Council
Shared Decision Making Advisory Committee

SCOPE:

Sites, Facilities, Business Units	Departments, Divisions, Operational Areas	People applicable to
Allina Health Group; Abbott Northwestern Hospital, Buffalo Hospital, Cambridge Medical Center, District One Hospital, Mercy Hospital, New Ulm Medical Center, Owatonna Hospital, Phillips Eye Institute, River Falls Area Hospital, Regina Hospital, St. Francis Regional Medical Center, United Hospital	Oncology, Primary Care	Physicians, NPs, RNs, PA, LPN, CMA

PICOTS Framework
Patient / Population / Problem: Women ages 40-49 with average risk for breast cancer
Exclude: higher risk women; men
Intervention: Mammographic Screening with CAD (Computer aided detection)
Comparison: age 50-75
Outcomes:

- *Clinical*: patient survival, morbidity, harms
- *Intermediate/process*:
- *Cost:*(any)

Timing: every year vs. every 2 years
Setting: primary care, specialty, system-wide hospitals and clinics

BACKGROUND:

In the United States, there are over 31,000 new cases of breast cancer diagnosed annually.[1] After lung cancer, breast cancer ranks as the second highest cause of cancer death in women in the United States and it is a leading cause of premature mortality in women. Mammography is the only screening test shown to reduce breast cancer–related mortality but has known limitations; it will find most, but not all breast cancers.

For women of average risk, there is general agreement that mammography screening should be offered from ages 50 to 74 years[2]. For women 40 to 49 years of age, screening recommendations vary across professional organizations and societies, including ACP, USPSTF, AAFP and ACS[3]. In addition, there is growing emphasis on assessing benefits versus harms, supporting patient values and preferences and ensuring informed decision making. In response, the Allina Health Breast Program and Primary Care Preventative Program Committees, Patient and Family Council (PFAC) members and Clinical Practice Council (CPC) partnered to review and consider critical outcomes of screening mammography and provide consensus recommendations.

CLINICAL PRACTICE GUIDELINE:

The Clinical Practice Council, in partnership with the Breast Program Committee and Primary Care Clinical Service Line, endorse the 2015 American Cancer Society (ACS) recommendations[4] for mammogram screening in women at average risk for breast cancer.

Recommendations for mammogram screening in women at average risk for breast cancer:

- Ages 40 to 44: Mammograms are optional.
- Ages 45 to 54: Mammograms should be completed annually.
- Age 55 and older: Continue annual mammograms or transition to mammograms every other year. Continue screening as long as patient' health is good.

Providers may recommend a different schedule for patients with higher than average risk for breast cancer.

DEFINITIONS:

Average Risk: The strongest risk factor for developing breast cancer is age; however, risk is not equivalent for all women in a given age group. Research has demonstrated that additional risk factors are associated with an increased chance of developing breast cancer, including: Genetic alterations, race, family and personal cancer history, reproductive and menstrual history and physical activity level[5].

SPECIAL ENTITIES:
The clinical guideline content and implementation will be co-owned by the Breast Program Committee and the Primary Care Clinical Service Line.

FORMS: N/A

ALGORITHM: N/A

ADDENDUM: N/A

REFERENCES:

1. Siegel RL,Miller KD, Jemal A. Cancer statistics, 2015. *CA Cancer J Clin*. 2015;65(1):5-29.
2. Tirony MT. Breast Cancer Screening Update. *Am Fam Physician. 2013* Feb 15;87(4):274-278
3. Wilt TJ, Russell HP, Qaseem A. Screening for Cancer: Advice for High-Value Care From the American College of Physicians. *Ann of Internal Med.* 2015; 162(10):117-125.
4. Oeffinger KC, Fontham ETH, Etzioni R, et al. Breast Cancer Screening for Women at Average Risk2015 Guideline Update From the American Cancer Society. *JAMA.* 2015;314(15):1599-1614
5. National Cancer Institute, 2016. https://www.cancer.gov/types/breast/risk-fact-sheet

Related Guidelines/Documents

Name	Content ID	Business Unit
Mammogram	35310	Education
Have You Had Your Mammogram	30141	Education
Before Your Mammogram (PBC only)	10381	Education