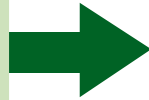


HIGH-RISK BREAST SCREENING GUIDELINES

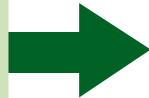
All women, especially Black women and those of Ashkenazi Jewish descent, should be evaluated for breast cancer risk no later than age 30, so that those at higher risk can be identified and can benefit from supplemental screening

Women with a calculated lifetime risk of 20% or more



Breast MRI *and* digital mammography with or without tomosynthesis should be performed annually beginning at age 30.

Women with an increased risk due to a mutation in a hereditary breast cancer gene



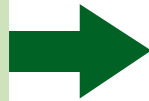
A referral to an oncology genetic counselor to develop an appropriate screening plan based on the mutation identified is recommended. It's also beneficial to meet annually with a genetics specialist as the gene-specific guidelines are updated each year based on new research.

Women with history of chest radiation therapy before age 30 (**cumulative dose of ≥ 10 Gy**), (i.e. history of Hodgkin Lymphoma)



Breast MRI should be performed annually beginning at age 25 to 30, *and* digital mammography with or without tomosynthesis should be performed annually beginning at age 25 or 8 years after radiation therapy, whichever is later.

Women with personal histories of breast cancer and dense breast tissue, or those diagnosed before age 50 (any tissue density)



Annual surveillance with breast MRI is recommended in addition to digital mammography with or without tomosynthesis.

Women with personal histories not included in the above, or with ADH, atypical lobular hyperplasia, or LCIS



MRI should be considered in addition to digital mammography with or without tomosynthesis, especially if other risk factors are present.

If you have questions, contact the breast health nurse navigators at (269) 341-8517 or email breasthealth@bronsonhg.org.