

Take Charge! Program Breast Cancer Screening and Diagnostic Guidelines

I. Definition

Breast cancer screening is a detection method to screen women in order to detect breast cancer in the earliest stages of the disease. Breast cancer forms in the tissues of the breast, milk ducts, and milk glands. Breast cancer can occur in women and men. Breast cancer in men is rare.¹

Breast cancer is the most frequently diagnosed cancer among women in the U.S. and represents approximately one third of all cancer diagnosed among women. The lifetime risk of being diagnosed with breast cancer has increased in the past 40 years from one in eleven women to one in eight.¹

According to the Centers for Disease Control and Prevention (CDC), there are several factors that increase the risk for developing breast cancer. The risk factors include: female gender, increasing age, genetic risk factors, family or a personal history of breast cancer, and sedentary lifestyle. Additional information and a complete listing of breast cancer risk factors can be found on the CDC website at <http://www.cdc.gov>.²

Breast pain is rarely a sign of breast cancer. There are two types of breast pain: cyclic and non-cyclic. Cyclic breast pain usually involves the upper outer breast area and radiates to the upper arm and axilla. The pain typically increases during the menstrual cycle. Cyclic breast pain is described as "dull," "heavy", or "aching". Non-cyclic breast pain is constant or intermittent pain that isn't associated with the menstrual cycle. The pain is usually unilateral and localized. Non-cyclic breast pain is often described as "drawing," "burning," "achy," and "sore". Persistent non-cyclic pain should be evaluated.³

II. Breast Screening, Diagnostic and Diagnosis of Cancer

A. Screening Tests

There are three tests used to screen for breast cancer: clinical breast exam, mammogram, and self-exam check.⁴

- i. Clinical breast exam along with health history is an exam performed by a licensed healthcare provider to detect any masses, changes in skin texture, size of breast, along with gathering information about past illness or treatments.³ (Refer to Section IV Performing Clinical Breast Examinations for further instructions)
- ii. Screening mammogram is a radiological exam performed to detect unsuspected breast cancer in asymptomatic women.⁴
- iii. Breast self-exam is performed by the woman to check her breast for lumps, changes, including size, and shape.⁴

B. Diagnostic Test

There are several diagnostic tests that can be used to find or diagnose breast cancer.⁴

- i. Diagnostic mammogram is a radiological exam performed to evaluate patients who are symptomatic and consists of additional views for the problematic area.⁵

- ii. Breast ultrasound is an exam that utilizes sound waves to take a picture of the tissue inside the breast. It can be used to see if a lump is cystic or solid.⁷
- iii. Ultrasound/stereotactic guided breast biopsy is a procedure that uses either ultrasound or specialized digital equipment to insert a needle for a biopsy in a nodule or area of concern.⁷
- iv. Fine needle aspiration is performed by insertion of a slender needle in the area of concern and drawing out fluid or small amount of tissue from a mass. The fluid or tissue is then sent to the pathologist to determine whether or not cancer is present.⁷
- v. Magnetic resonance imaging (MRI) is a procedure that uses magnet, radio waves, and a computer to take a series of pictures of the inside of a body.⁵
- vi. Breast specialist consult is a specialized office visit with a highly specialized physician that may perform additional clinical breast exams, review mammogram films, pathology reports, and obtain additional health history.⁵

C. Diagnosis of Breast Cancer

Clinical breast exam or mammography may reveal an abnormality but a biopsy is required for a diagnosis of breast cancer. Surgical consultant is **required** when a woman has a palpable mass found on clinical breast exam and a normal mammogram finding. Anytime that the physical exam and the radiological exam are not in agreement, further study is recommended by a breast specialist consultation.⁸ Refer to the Take Charge! Surgical Consultant Guidelines for further information. The guidelines can be found at <http://takehcharge.health.ok.gov> on the current provider information tab.

III. Breast Cancer Screening Guidelines

- A. Women between the age of >20 and <40 should be advised to have a clinical breast exam every 1-3 years and be encouraged to be aware of their breasts and promptly report changes to their healthcare providers.⁸
- B. Women age >40 should be advised to have a clinical breast exam every year, encouraged to be aware of their breasts and promptly report changes to their healthcare providers and consult with their healthcare provider to determine when to begin mammogram screening.^{8,9}
- C. Women 50-74 years of age should have a mammogram every two years.^{4,9}

IV. Clinical Breast Examination

The clinical breast examination is comprised of multiple elements: time spent on the examination, obtaining clinical history, search pattern, and palpation.

A. Clinical History

- i. The healthcare provider must:
 - a. Ask about any breast changes and how changes were noticed.¹¹
 - b. Assess risk to include previous breast symptoms, biopsies, or cancer diagnosis.¹¹
 - c. Document the women's findings on the Take Charge! 274A form in the proper places.

B. Visual Inspection

- i. The healthcare provider must:
 - a. Explain in advance that a visual inspection will be performed and how it is performed.¹¹
 - b. Ask the women to sit on the exam table with her hands pushing tightly on her hips.¹¹
 - i. This position contracts the pectoralis major muscles and enhances identification of asymmetries. Although adding multiple positions (e.g., hands over head and hands at sides) may further assist identification of asymmetries, it does not add substantively to the single position recommended and may reduce time devoted to palpation.¹¹
 - c. Observe the breasts from all sides and assess symmetry (breast shape or contour including subtle changes or differences), and skin changes to include any skin erythema, retraction or dimpling, and nipple changes.¹¹

C. Examination (time, search pattern and palpation)

- i. The healthcare provider must explain the following prior to palpation:
 - a. The exam will last about 2-5 minutes.¹⁰
 - b. The entire breast area (not just the area that fits into bra) and lymph nodes will be examined.¹¹
 - c. Different levels of pressure will be applied to the same breast tissue to ensure a thorough evaluation.¹¹
- ii. The healthcare provider should allow at least two minutes on the breast examination to improve sensitivity.¹⁰
- iii. The healthcare provider must assist the woman to the palpation positions.
 - a. The woman should be sitting for palpation of the axillary, supraclavicular, and infraclavicular lymph nodes.¹¹
 - b. The woman should be lying down for breast palpation, with their ipsilateral hand over their head. It may be necessary to use a small pillow or towel under the shoulder to ensure the breast tissue is evenly distributed.¹¹
- iv. The healthcare provider should examine all of the area from the midaxillary line, across the inframammary ridge at the fifth/sixth rib, up the lateral edge of the sternum, across the clavicle and back to the midaxilla.¹¹
- v. The healthcare provider should use the vertical strip method to perform the clinical breast exam. The vertical strip method in systematic analysis has demonstrated superiority over other patterns.¹¹
- vi. The healthcare provider should use the pads of their three middle fingers to perform the clinical breast exam. The healthcare provider should apply three levels of pressure which overlap dime-sized circular motion pressure in each area of tissue. The levels of pressure are light, medium and deep.¹¹

V. Document Physical Findings

- A. Use the breast diagram on the 274A form to document any physical or visible findings. Please note: clinical notes on the diagram are not entered into the program database.
- i. Terms used to describe palpable (physical) findings include:
 - a. Mobility-fixed or mobile
 - b. Firmness-rubbery, soft, firm, hard
 - c. Shape-oval, irregular
 - d. Distinctiveness-solitary, not mirrored in contra-lateral breast, different than surrounding tissue
 - e. Texture-smooth, rough
 - f. Depth-just below surface of skin, or requires moderate pressure to palpate, or near or affixed to chest wall
 - g. Location in relation to surface features such as nipple, sternum, axilla, clavicle, inframammary ridge
 - ii. Terms used to describe visible findings include:
 - a. Asymmetry of shape, color, size or surface texture of breasts
 - b. Skin dimpling or retraction, nipple retraction
 - c. Scaling-diagram area covered, bilateral or unilateral
 - d. Moles, scars, or lesions
 - e. Nipple discharge-unilateral or bilateral, spontaneous or expressed, clear or bloody
 - f. Location in relation to fixed surface features such as nipple, sternum, axilla, clavicle, inframammary ridge

VI. Client Education

- A. The healthcare provider should discuss screening guidelines with the woman as indicated in section III Breast Cancer Screening Guidelines and ways to reduce modifiable risk factors. The modifiable risk factors for breast cancer include:
- i. Combined hormone therapy after menopause (estrogen and progesterone) - women currently using combined hormone therapy have an increased risk of breast cancer and an increased risk of dying from breast cancer. Risk returns to the general population level within five years of stopping combined treatment.¹²
 - ii. Alcohol use - risk of breast cancer increases with the amount of alcohol consumed. Women who have two to five drinks daily have about one and a half times the risk of women who don't drink alcohol.¹²
 - iii. Sedentary lifestyle - physical activity reduces the risk of breast cancer.¹²
 - iv. Being overweight or obese - women that are overweight or obese after menopause have increased risk for breast cancer.¹²
- B. The healthcare provider should also provide patient educational materials to the client to review. The educational materials are provided by the Take Charge! Program at no cost.

VII. Consultation and Referral for Abnormal Breast Findings

- A. Women reporting pain in their breast or armpit should be evaluated.

- B. Women with an abnormal breast exam findings and abnormal imaging findings require follow-up regardless of the insurance status. Utilize the Guidelines for Take Charge! Funded Breast Imaging (Diagnostic) Services and Breast Surgical Consult Services Guideline and the tables below to determine eligibility and follow-up recommendations for Take Charge! Program funded services located on the website: <http://takecharge.health.ok.gov>.
- C. Healthcare providers should ensure that women with abnormal findings are encouraged to enroll in the Oklahoma Cares program if they have a qualifying medical event. The basic eligibility of the Oklahoma Cares program is located on the website: <http://okcare.health.ok.gov>.
- D. If a woman requires follow-up or treatment services and doesn't meet the guidelines listed above the client can be referred to a private physician, hospital or community clinic for assistance. Contact the Patient Navigator at the Take Charge Program for assistance.
- E. Follow-Up and Referral Protocol of Abnormal Breast Findings
 - a. Ensure that you are referring to a current Take Charge! provider prior to issuing a coupon. The list of providers is located on the Take Charge! website at <http://takecharge.health.ok.gov> under the current provider tab. The list of contractors is subject to change throughout the year.

Table 1: Abnormal Clinical Breast Exam Findings

Finding	Follow-up Recommendations
Discrete Mass/Lump	Refer for Diagnostic Mammogram and/or Ultrasound as clinically indicated utilizing the Take Charge! Screening and Diagnostic Coupon, ODH Form # 833. Women should receive an immediate referral for additional testing.
Bloody/Serous Nipple Discharge	Please note: if a client receives an abnormal clinical breast finding and a normal finding on the mammogram/ultrasound, her results are discordant. ⁸ She requires breast surgical consultation to complete the evaluation of the abnormal breast finding within 3 months of the abnormal clinical breast examination. The woman must take her films and reports to the surgical consult visit.
Skin Dimpling	
Nipple Retraction	

Table 2: Mammogram and or Ultrasound Findings

BI-RADS® Category	Assessment	Findings	Follow up Recommendations
0	Need additional imaging evaluation and/or prior mammograms for comparison	Additional imaging and/or prior images are needed before a final assessment can be assigned ⁵	Issue an ODH Form #833 for additional imaging. Women should be contacted within 7 business days of receipt of report to discuss results and need for additional testing. It is possible that an imaging facility may call you and request additional testing while the client is still at the

BI-RADS® Category	Assessment	Findings	Follow up Recommendations
0 continued			facility. The changes can be made to the coupon to reflect the additional changes so that the client may receive the testing that day. The updated/corrected coupon can be faxed to the imaging facility for proper invoicing.
1	Negative	Routine screening mammography ¹³	Women should be contacted within 14 business days of their results. The contact can be in the form of a patient notification letter.
2	Benign Finding(s)	Routine screening mammography ¹³	Women should be contacted within 14 business days of their results. The contact can be in the form of a patient notification letter.
3	Probably Benign Finding-Initial Short Interval Follow-up Suggested	Initial short-term follow up (usually 6 month examination) ¹³	Women should be contacted within 7 business day of receipt of report to discuss results and need for additional testing. Issue an ODH Form #833 coupon to fund the additional testing at the appropriate timing.
4	Suspicious Abnormality-Biopsy Should be Considered 4A Finding needing intention with a low suspicion for malignancy 4B Lesions with an Intermediate suspicion of malignancy 4C Findings of Moderate concern, but not classic for malignancy	Usually Requires biopsy ¹³	Clients with this finding may be eligible for Oklahoma Cares. Clients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585. Clients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued an ODH Form #833 for additional services. Women should be contacted within 3 business days of receipt of report to discuss results and need for additional testing. ⁵
5	Highly Suggestive of Malignancy-Appropriate Action Should be Taken	Requires biopsy or surgical treatment ¹³	Clients with this finding may be eligible for Oklahoma Cares. Clients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585.

BI-RADS® Category	Assessment	Findings	Follow up Recommendations
5 continued			<p>Clients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued an ODH Form #833 for additional services.</p> <p>Women should be contacted within 3 business days immediately upon of receipt of report to discuss results and need for additional testing.⁵</p>
6	Known Biopsy-Proven Malignancy-Appropriate Action should be taken	Category reserved for lesions identified on imaging study with biopsy proof of malignancy prior to definitive therapy.	<p>Clients with this finding may be eligible for Oklahoma Cares. Clients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585.</p> <p>Clients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued an ODH Form #833 for additional services.</p> <p>Women should be contacted immediately upon of receipt of report to discuss results and need for additional testing.</p>

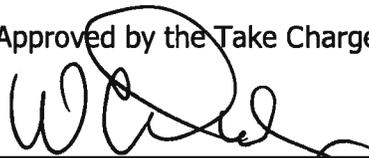
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Guidelines Reviewed and Approved by the Take Charge! Program Medical Consultant

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Signature



Date