

Oncology Clinical Pathways Breast Cancer Risk Reduction

August 2024 – V1.2024



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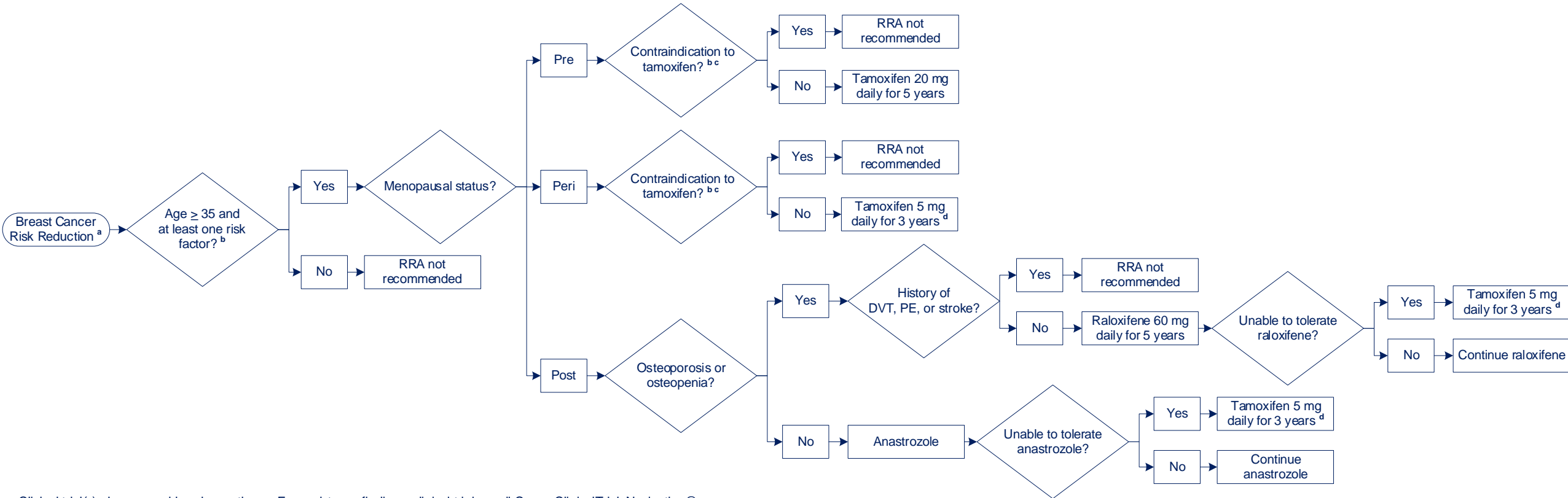


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Breast Cancer Risk Reduction



Clinical trial(s) always considered on pathway. For assistance finding a clinical trial, email CancerClinicalTrialsNavigation@va.gov.

^a **High Risk Patients** screening for high risk patients includes annual mammogram and annual MRI for patients with $\geq 20\%$ lifetime risk based on risk models such as Tyrer-Cuzick; common practice is alternating mammogram and MRI every 6 months; if assistance is needed, refer to a local high risk breast clinic or the National TeleOncology high risk breast clinic for discussion of risk-reducing strategy

^b **Risk Factors** include Gail Model $\geq 1.7\%$ at 5 years, Tyrer-Cuzick $> 5\%$ at 10 years, received chest irradiation prior to age 30, ADH/ALH, LCIS, or pathogenic/likely pathogenic germline genetic variant

^c **Tamoxifen Contraindications** history of DVT, PE, or stroke; known hypersensitivity to tamoxifen, pregnancy, uterine malignancy, concomitant warfarin therapy

^d **Tamoxifen** if providing 10mg, take one tablet every other day

ADH/ALH Atypical Ductal Hyperplasia/Atypical Lobular Hyperplasia

LCIS Lobular carcinoma in situ

RRA Risk Reducing Agent

Pathogenic/Likely Pathogenic Germline Genetic Variant for an Increased Risk of Breast Cancer

Pathogenic/Likely Pathogenic Germline Genetic Variant for an Increased Risk of Breast Cancer ^{a b}	
ATM	<ul style="list-style-type: none"> Screening: annual mammogram starting at age 40 years and consider breast MRI starting at age 30-35 years RRM: evidence insufficient; manage based on family history
BARD1	<ul style="list-style-type: none"> Screening: annual mammogram and consider breast MRI starting at age 40 years RRM: evidence insufficient; manage based on family history
BRCA1 Male Birth Sex	<ul style="list-style-type: none"> Self-exam training and clinical breast exam q12m starting at age 35 years
BRCA1 Female Birth Sex	<ul style="list-style-type: none"> Screening: annual breast MRI starting at age 25 years; mammogram and breast MRI age 30-75 years; >75 years manage based on individual basis RRM: discuss option of RRM
BRCA2 Male Birth Sex	<ul style="list-style-type: none"> Self-exam training and clinical breast exam q12m starting at age 35 years; consider annual mammogram starting at age 50 years or 10 years before the earliest known male breast cancer in the family
BRCA2 Female Birth Sex	<ul style="list-style-type: none"> Screening: annual breast MRI starting at age 25 years; mammogram and breast MRI age 30-75 years; >75 years manage based on individual basis RRM: discuss option of RRM
CDH1	<ul style="list-style-type: none"> Screening: annual mammogram and breast MRI starting at age 30 RRM: discuss option of RRM
CHEK2	<ul style="list-style-type: none"> Screening: consider breast MRI starting at age 30-35 years; annual mammogram starting at age 40 years RRM: evidence insufficient; manage based on family history
NF1	<ul style="list-style-type: none"> Screening: annual mammogram starting at age 30 years and breast MRI starting from ages 30-50 years RRM: evidence insufficient; manage based on family history
PALB2 Male Birth Sex	<ul style="list-style-type: none"> Self-exam training and clinical breast exam q12m starting at age 35 years
PALB2 Female Birth Sex	<ul style="list-style-type: none"> Screening: annual mammogram starting and breast MRI at age 30 years RRM: discuss option of RRM
PTEN	<ul style="list-style-type: none"> Screening: annual mammogram and breast MRI starting at age 30 years or 10 years before the earliest known breast cancer in the family up to 75 years of age; >75 years manage based on individual basis RRM: discuss option of RRM
RAD51C, RAD51D	<ul style="list-style-type: none"> Screening: annual mammogram and breast MRI starting at age 40 years RRM: evidence insufficient; manage based on family history
STK11	<ul style="list-style-type: none"> Screening: annual mammogram and breast MRI starting at age 30 years RRM: discuss option of RRM
TP53	<ul style="list-style-type: none"> Screening: annual breast MRI age 20-29 years, mammogram and breast MRI age 30-75 years, >75 years manage based on individual basis RRM: discuss option of RRM
BRIP1, CDKN2A, EPCAM, MSH2, MLH1, MSH6, PMS2	<ul style="list-style-type: none"> Screening and RRM: evidence insufficient; manage based on family history

^a **High Risk Patients** screening includes annual mammogram and annual MRI for patients with $\geq 20\%$ lifetime risk based on risk models such as Tyrer-Cuzick; common practice is alternating mammogram and MRI every 6 months

^b **Germline Genetic Considerations** pathogenic/likely pathogenic germline findings may also increase risk for other cancers; consider options to address other risk management such as genetics annual follow-up clinic

RRM Risk-Reducing Mastectomy



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