

# Oncology Clinical Pathways Breast Cancer Risk Reduction

August 2024 – V1.2024



Choose **VA**



**SHOULDER to SHOULDER**  
Every Step of the Way

**VA**



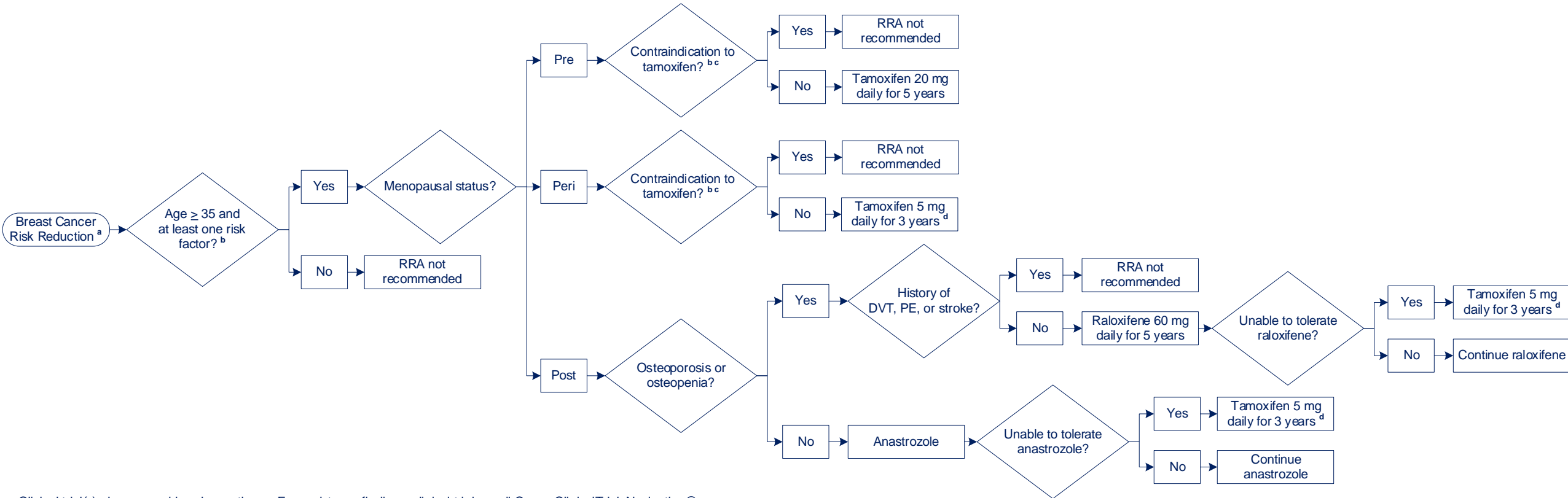
U.S. Department  
of Veterans Affairs

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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](mailto:CancerClinicalTrialsNavigation@va.gov).

<sup>a</sup> **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

<sup>b</sup> **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

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

<sup>d</sup> **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

ATM	<ul style="list-style-type: none"> <li>Screening: annual mammogram starting at age 40 years and consider breast MRI starting at age 30-35 years</li> <li>RRM: evidence insufficient; manage based on family history</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram and consider breast MRI starting at age 40 years</li> <li>RRM: evidence insufficient; manage based on family history</li> </ul>
	<ul style="list-style-type: none"> <li>Self-exam training and clinical breast exam q12m starting at age 35 years</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual breast MRI starting at age 25 years; mammogram and breast MRI age 30-75 years; &gt;75 years manage based on individual basis</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>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</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual breast MRI starting at age 25 years; mammogram and breast MRI age 30-75 years; &gt;75 years manage based on individual basis</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram and breast MRI starting at age 30</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: consider breast MRI starting at age 30-35 years; annual mammogram starting at age 40 years</li> <li>RRM: evidence insufficient; manage based on family history</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram starting at age 30 years and breast MRI starting from ages 30-50 years</li> <li>RRM: evidence insufficient; manage based on family history</li> </ul>
	<ul style="list-style-type: none"> <li>Self-exam training and clinical breast exam q12m starting at age 35 years</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram starting and breast MRI at age 30 years</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>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; &gt;75 years manage based on individual basis</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram and breast MRI starting at age 40 years</li> <li>RRM: evidence insufficient; manage based on family history</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual mammogram and breast MRI starting at age 30 years</li> <li>RRM: discuss option of RRM</li> </ul>
	<ul style="list-style-type: none"> <li>Screening: annual breast MRI age 20-29 years, mammogram and breast MRI age 30-75 years, &gt;75 years manage based on individual basis</li> <li>RRM: discuss option of RRM</li> </ul>

<sup>a</sup> **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

<sup>b</sup> **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