ANNUAL SCREENING MRI for Breast Cancer

What do the experts say about breast MRI screening for women at higher risk for breast cancer?

Despite some variance, these medical organizations affirm that if you show one of these factors that put you are at higher risk for breast cancer, annual screening MRIs are often recommended.

Risk Factors	Is Annual Screening MRI Recommended?	American College of Radiology	National Comprehensive Cancer Network	American Cancer Society
BRCA1 or BRCA2 mutation carriers, untested first-degree relatives of BRCA mutation carrier	**YES**	Annual mammogram and annual MRI starting by age 30 but not before age 25	Recommended every year starting at age 30; ages 25-30, recommended every year (if MRI not available, then mammogram); under 25, not recommended	Recommended every year starting at age 30 or age recommended by health care provider
Women with ≥ 20% lifetime risk for breast cancer on the basis of family history	**YES**	Annual MRI starting by age 30 but not before age 25, or 10 years before the age of the youngest affected relative, whichever is later (annual mammogram also recommended)	Every year starting 10 years younger than the youngest breast cancer case in the family (but not younger than 30)	Every year starting at age 30 or age recommended by health care provider
History of chest radiation	**YES**	Annual MRI starting 8 years after treatment (if received between the ages of 10 and 30); annual mammography is also recommended, but not before age 25	Every year, ages 25 and older; under 25, not recommended	Every year starting at age 30 or age recommended by health care provider
Li-Fraumeni syndrome or TP53 gene mutation	**YES**	Annual mammogram and annual MRI starting 8 years after treatment; mammography is not recommended before age 25	Ages 30 and older, recommended every year; ages 20-29, recommended every year (if MRI not available, then mammogram)	Every year starting at age 30 or age recommended by health care provider
Personal history of breast cancer (invasive carcinoma or ductal carcinoma in situ (DCIS), ovarian cancer, or biopsy diagnosis of lobular neoplasia or ADH	**Talk with your health care provider**	Annual mammography from time of diagnosis; either annual MRI or ultrasound can also be considered	Talk with your health care provider and consider starting at age 30	Talk with your health care provider
Women with dense breasts as the only risk factor	**Talk with your health care provider**	The addition of ultrasound to screening mammography may be useful for incremental cancer detection	Talk with your health care provider	Talk with your health care provider

Sources: https://ww5.komen.org/BreastCancer/BreastCancerScreeningForWomenAtHigherRisk.html; https://www.cdc.gov/cancer/breast/pdf/BreastCancerScreeningGuidelines.pdf

As an advocate for your patient, you want the very best course of treatment. Routine breast cancer screening is important for all women, but even more so for those at higher risk.

While MRI is not a substitute for screening or diagnostic mammography, MRI is a very effective breast cancer screening modality that offers better sensitivity than mammography and ultrasound, and no radiation.

Here are some frequently asked questions about breast MRI that you may find helpful for your patients' care:

1. What is breast MRI?

Breast magnetic resonance imaging (MRI) uses magnetic fields to create an image of the breast. Breast MRI is more detailed and offers better sensitivity than mammography, but is also more invasive than mammography because a contrast agent is given through an IV before the test. While there is exposure to radiation through ultrasound and mammography, there is no radiation with breast MRI.

2. Is breast MRI the best imaging modality for breast cancer screening?

Breast MRI is more typically used in breast cancer diagnosis and staging; however, for women at higher risk, a breast MRI is often recommended annually in addition to more common screening techniques.

3. What are the factors that increase risk of breast cancer?

- A BRCA1 or BRCA2 gene mutation
- A strong family history of breast cancer, such as a mother and/or sister diagnosed at younger age
- A personal history of invasive breast cancer or ductal carcinoma in situ (DCIS)
- A personal history of lobular carcinoma in situ (LCIS) or atypical hyperplasia
- Radiation treatment to the chest area between ages 10 and 30
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome (or a TP53 or PTEN gene mutation)
- An ATM, CHEK2, or PALB2 gene mutation

4. What is the insurance coverage for breast MRI screening?

Insurance coverage for breast MRI screening varies, and getting authorization for your patients' MRIs can sometimes be a challenge. There are many criteria to consider, but if patients have any of the risk factors mentioned above, they will likely get approved for prior authorization.

Shields HEALTH

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