

Madigan Army Medical Center Referral Guidelines

Mammography

FOR PATIENTS

Women may now schedule screening mammograms directly with Radiology at 968-3669 or 968-0997, or in-person at Radiology. Women must be 40 years or older, be enrolled and assigned to a Madigan Primary Care Manager and have not had a mammogram in the past year. Additional screening will be done at the time of scheduling. Breast cancer screening guidelines from various national organizations offer differing recommendations on the age to start screening and how often to be screened. These recommendations vary from beginning screening at age 40 and every year thereafter, beginning at age 40 and every other year thereafter and beginning at age 50 and every other year thereafter. If you have questions or concerns regarding when to start or how often to have mammograms, please discuss with your Primary Care Manager.

FOR PROVIDERS

Diagnosis/Definition

Screening mammography is performed on asymptomatic women age 40 and above, including women with breast implants. Screening mammograms may also be obtained at an earlier age for high-risk patients. Screening mammograms may be ordered by the referring health care provider, or the patient may self-request the examination under the name of the Primary Care Manager (PCM).

Diagnostic mammography may be performed on women and men for a variety of indications. Patients are usually at least 30 years of age. The indications include a personal history of breast cancer, palpable mass, skin retraction, erythema, or induration, axillary adenopathy, nipple discharge or retraction, focal areas of pain or tenderness, possible abnormality on screening mammogram or other imaging, and short-interval followup of mammographic findings that are probably benign. Diagnostic mammograms are ordered by the referring health care provider.

Ongoing Management

Breast cancer screening guidelines from various national organizations offer differing recommendations on the age to begin screening and the frequency of screening. These include national evidenced-based guideline developer the United States Preventive Services Task Force, professional societies, such as the American College of Radiology, American Academy of Family Physicians and American College of Physicians and the public advocacy group the American Cancer Society. These recommendations are summarized below.

Providers should consult the literature, local practice guidelines/policy and discuss the risks and benefits with the patient before ordering mammography.

The Office of the Surgeon General Women's Readiness Guidelines (which expired 14 January 2011) requires women aged 40 and above to have a mammogram at a minimum of every two years. An update is pending.

The American College of Radiology and the American Cancer Society recommend annual screening beginning at the age of 40 and continuing for as long as the woman is in good health.

The United States Preventive Services Task Force (USPSTF) recommends biennial screening for women aged 50 to 74 years. The USPSTF states that the decision to start regular, biennial screening mammography before the age of 50 years should be an individual one and take patient context into account, including the patient's values regarding specific benefits and harms. The USPSTF concludes that the current evidence is insufficient to assess the additional benefits and harms of screening mammography in women 75 years or older.

The American Academy of Family Physicians has endorsed the USPSTF recommendations on breast cancer screening.

The American College of Physicians recommends that screening mammography decisions in women aged 40 to 49 years should be based on individualized assessment of risk for breast cancer; that clinicians should inform women aged 40 to 49 years about the potential benefits and harms of screening mammography; and that clinicians should base screening mammography decisions on benefits and harms of screening, as well as on a woman's preferences and breast cancer risk profile. For more screening and preventive care guidelines, the ACP recommends the United States Preventive Services Task Force (USPSTF) Web site and the Canadian Task Force on Preventive Health Care.

The national and Military Health System Healthcare Effectiveness Data and Information Set (HEDIS) quality measure assesses mammography screening at least every other year, beginning at either 40 or 50 years of age. The AMEDD measures mammography screening at least once every two years beginning at age 40.

Indications for Specialty Care Referral

Breast ultrasound and breast magnetic resonance imaging (MRI) are radiologic examinations that are often performed in conjunction with mammography. Breast ultrasound is usually performed to further evaluate a palpable lump or mammogram finding. Breast ultrasound is also the primary radiologic modality for female and male patients less than 30 years of age. Breast MRI is performed for high risk patients, patients with a recent diagnosis of breast cancer, and in patients with suspected rupture of silicone breast implants.

Criteria for Return to Primary Care

Patients who have had a breast biopsy will have a followup recommendation by the radiologist who performed the biopsy.

Last Review for this Guideline: **June 2011**
Referral Guidelines require review every three years.

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