

Madigan Army Medical Center Referral Guidelines

Breast Mass

FOR PATIENTS

Women may now schedule screening mammograms directly with Radiology at 253-968-3669, 968-0997, or in-person at the Mammography Service in the Department of 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

A mass or thickening in the breast.

Initial Diagnosis and Management

- Breast tissue is inherently nodular and variable, depending on the individual and the phase of the menstrual cycle.
- However, all clear-cut masses, and any concerning possible mass or thickening should be carefully assessed and promptly referred for specialty opinion if spontaneous resolution does not take place within 3 weeks.
- In patients over age 30 with an abnormality on physical exam, a diagnostic mammogram and ultrasound should be obtained.
- In patients under age 30 with an abnormality on physical exam, breast-imaging decisions should be deferred until after specialty opinion.
- Breast cysts are common and easily treated by aspiration if large and symptomatic. However, attempted aspiration of suspected small or asymptomatic cysts at a primary care level is discouraged since such attempts are often unsuccessful, and may hinder specialty assessment.

Ongoing Management and Objectives

- 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 (Policy Memo 11-054, 24 Jun 2011) recommend screening according to United States Preventive Services Task Force (USPSTF) guidelines (below). Minimum requirements are biennial screening in women 50-74 years of age.
- **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

- Any concerning breast mass that persists beyond one menstrual cycle should be referred for diagnostic mammography.
- Spontaneous unilateral, bloody or clear nipple discharge should be referred for diagnostic mammography.
- Nipple or skin inversion or retraction should be referred for diagnostic mammography.
- Any mammographic concern for which specialty level assessment has been advised by the Radiologist should be referred.

Criteria for Return to Primary Care

- Following specialty level assessment, patients are returned to primary care providers and should follow the follow-up plan as outlined in the consultation note if no biopsy has been advised or performed.
- Patients who have had a specialty-level breast biopsy of any kind with benign outcome should have a follow-up unilateral mammogram 6 months post biopsy, then resume well-woman breast health surveillance (at the one year interval given age and risk factors) under the supervision of their primary care provider.

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

Maintained by the Madigan Army Medical Center - Quality Services Division
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