



Appendix B: Protocol for the Use of Mammography Services at Diagnostic Facilities

This protocol applies to mammography services **not** provided by the BC Cancer Agency's (BCCA) Screening Mammography Program (SMP) and billed to the Medical Services Plan (MSP).

Diagnostic Mammograms

The indications for a diagnostic mammogram must be entered on the requisition form. Those patients requiring a diagnostic mammogram include:

1) Patients with breast complaints and/or symptoms.

Acceptable indications would include, for example:

- women with signs and symptoms suggestive of breast disease – to include lump or discrete thickening, localized nodularity, dimpling or contour deformity, suspicious nipple discharge, non-cyclical localized pain or tenderness
- work-up of patient with abnormal screening mammogram
- first postoperative mammogram following a benign biopsy
- search for unknown primary malignancy

2) Patients with breast implants.

Acceptable indications would include, for example:

- suspected complications of breast implants (e.g., rupture, pathological capsule)
- for screening purposes but otherwise following the SMP guidelines for women without implants (e.g., age, frequency, etc.).

3) Patients who have had breast cancer.

Acceptable indications would include, for example:

- follow-up of women with proven breast cancer, and those with previous biopsy result of atypia or proliferative disease and lobular carcinoma in situ (LCIS)
- surveillance follow-up as recommended based on diagnostic work-up

Mammograms for Screening Purposes

The indications for a screening mammogram outside the SMP must be entered on the requisition form. Those patients requiring a screening mammogram include:

1) Patients aged < 40 years who are asymptomatic but are considered to be in a high-risk group.

- Patients aged < 40 years who are considered high-risk **can be** referred to the SMP by their family physician and should be arranged with a radiologist at the SMP centre of choice.
- Patients that are considered high-risk include:
 - have personal or family history of mutations of the *BRCA1* or *BRCA2* genes,
 - have a very strong family history of breast cancer. A very strong family history of breast cancer may be defined as:
 - 2 cases of breast cancer in close female relatives on the same side of the family, both diagnosed before age 50; or
 - 3 or more cases of breast cancer in close female relatives on the same side of the family, with at least one diagnosed before age 50.

2) Patients who qualify for the SMP service but do not have reasonable access.

- Reasonable access is defined as: available appointment with the SMP (centre or mobile vans) within two months and travel time to a SMP facility of less than one hour under ideal conditions.

3) Patients with breast implants.

- Do not send patients with breast implant to SMP for screening purposes. These patients are screened at diagnostic facilities and should follow the SMP guidelines for women without implants (e.g., age, frequency, etc.)

Administration and Audit Implications

► Responsibility for Documentation

Referring/Ordering Physician

- **Diagnostic Mammograms**

Physician must document indications(s) for a diagnostic mammogram consistent with this protocol in the patient's clinical record, and on the requisition form.

- **Screening Mammograms**

Physician must provide adequate documentation in both the patient's clinical record and the requisition to show that the request is consistent within this protocol.

Diagnostic Facility

- **Diagnostic Mammograms**

In order for the service to be covered by MSP, the facility must ensure that the indication for a diagnostic mammogram is adequately documented on the patient's requisition form.

- **Screening Mammograms**

In order for the service to be covered by MSP, the facility must ensure the documentation on the patient's requisition form meets one or more of the criteria listed within this protocol.