RECALL GUIDELINES

GENERAL INFORMATION

BreastCheck's screening mammography recall intervals are determined by a client's overall risk of developing breast cancer, which is based on their family history and other considerations outlined in this document.

Most clients age 50-74 should have a screening mammogram every 2 years. Some clients may need a screening mammogram more often based on their overall risk of developing breast cancer and/or based on the radiologist's clinical assessment. BreastCheck notifies clients of their recall interval and when they are due for their next screening mammogram.

FACTORS AFFECTING RECALL

1. Lifetime risk of developing breast cancer based on family history (see page 2).
2. Ashkenazi descent.
3. Other diagnosed breast conditions including: Atypical Ductal Hyperplasia (ADH), Atypical Lobular Hyperplasia (ALH), and Lobular Carcinoma In Situ (LCIS).
4. Radiologist's clinical recommendations.

RECALL INTERVALS

The following table outlines how often clients will be recalled to BreastCheck. Recall is based on the BreastCheck's assessment of their **overall risk** of developing breast cancer.

		RISK BASED ON FAMILY HISTORY		
		Average risk	**Low increased risk**	**High increased risk**
OTHER FACTORS	**None**	every 2 years	every 1-2 years*	every year
	Ashkenazi descent	every 1-2 years*	every year	every year
	Atypical ductal hyperplasia (ADH)	every year	every year	every year
	Atypical lobular hyperplasia (ALH)			
	Lobular carcinoma in situ (LCIS)			

* Client may come yearly if desired, but will not receive yearly recall letter if radiologist recommendation is every 2 years.

Based on the **radiologist's clinical assessment** some clients may be recalled every year regardless of their overall risk.

MORE INFORMATION

BreastCheck, CancerCare Manitoba
1-855-95-CHECK
GetCheckedManitoba.ca

CancerCare Manitoba
204-787-2197
CancerCare.mb.ca

WRHA Genetics & Metabolism Program
204-787-2494
WRHA.mb.ca

BREAST CANCER RISK BASED ON FAMILY HISTORY

	FEMALE RELATIVES	MALE RELATIVES
1st DEGREE	mother, sister, daughter	father, brother, son
2nd DEGREE	grandmother, granddaughter, aunt, niece, or half-sister	grandfather, grandson, uncle, nephew, or half-brother

*3rd degree relatives and non-blood relatives are **not** considered in determining risk (e.g. great relatives, step relatives and cousins).*

HIGH INCREASED RISK BASED ON FAMILY HISTORY

Lifetime risk of developing breast cancer is 25% or greater** with any of the following relationships:

FEMALE BREAST CANCERS

- ✓ one 1st degree relative with bilateral breast cancer diagnosed under the age of 50
- ✓ one identical twin with breast cancer
- ✓ two 1st degree relatives diagnosed under the age of 60
- ✓ mother + one other 2nd degree (maternal) relative both diagnosed under the age of 60
- ✓ sister or daughter + one other 2nd degree relative (maternal or paternal) diagnosed under the age of 60
- ✓ two 2nd degree relatives same side of family (maternal or paternal) both diagnosed under the age of 40
- ✓ three 1st or 2nd degree relatives with **one** diagnosed under the age of 50

BREAST & OVARIAN CANCERS

- ✓ one 1st or 2nd degree relative diagnosed with both breast and ovarian cancer at any age
- ✓ two 1st or 2nd degree relatives diagnosed with breast cancer + one relative with ovarian cancer at any age

OVARIAN CANCER

- ✓ personal history of ovarian or fallopian tube cancer at any age (confirmed through the cancer registry if possible)
- ✓ two 1st degree relatives diagnosed under the age of 70

MALE BREAST CANCER

- ✓ one 1st or 2nd degree male relative with breast cancer at any age

LOW INCREASED RISK BASED ON FAMILY HISTORY

Lifetime risk of developing breast cancer: 12-24%**

- ✓ at least one 1st or 2nd degree female relative on either maternal or paternal side of the family with a history of breast or ovarian cancer that does not fall into the high increased risk category

AVERAGE RISK BASED ON FAMILY HISTORY

Lifetime risk of developing breast cancer: 11%**

- ✓ no 1st or 2nd degree relative on either maternal or paternal side of the family with a history of breast or ovarian cancer

For cases of family history that do not fit the above criteria, contact CancerCare Manitoba or the WRHA Genetics & Metabolism Program for direction.

**Lifetime risk based on Claus Model (Claus EB, Risch N, Thompson WD. Autosomal dominant inheritance of early-onset breast cancer. Cancer 1994; 73:643-51).

CancerCare Manitoba
BreastCheck

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