

# Take Charge! Program Breast Cancer Screening and Diagnostic Guidelines

## **I. Definition**

Breast cancer screening is a detection method used to discover breast cancer in the earliest stages of the disease. Breast cancer forms in the tissues of the breast, milk ducts, and milk glands. No population is immune from breast cancer; it can strike anyone regardless of the nation they reside in, their social status, wealth, or lack of, sex, or sexual identity. Although it can affect anyone, male breast cancer is uncommon with only about 1% of all breast cancer cases being attributed to those assigned male at birth.<sup>1</sup>

Breast cancer is the most frequently diagnosed cancer among the female population in the United States, representing approximately one third of all cancer diagnosed among those assigned female at birth. Currently, breast cancer is the second major cause of death in the United States for those assigned female at birth, and who are 40-55 years of age.<sup>1</sup>

According to the Centers for Disease Control and Prevention (CDC), several factors increase the risk for developing breast cancer. The risk factors include identified as female at birth, increasing age, genetic risk factors, family, or a personal history of breast cancer, and sedentary lifestyle. Additional information and a complete listing of breast cancer risk factors can be found on the CDC website: [CDC Risk Factors for Breast Cancer](#).<sup>2</sup>

Breast pain is rarely a sign of breast cancer. There are two types of breast pain: cyclic and non-cyclic. Cyclic breast pain usually involves the upper outer breast area and radiates to the upper arm and axilla. The pain typically increases during the menstrual cycle. Cyclic breast pain is described as "dull," "heavy", or "aching". Non-cyclic breast pain is constant or intermittent pain that isn't associated with the menstrual cycle. The pain is usually unilateral and localized. Non-cyclic breast pain is often described as "drawing," "burning," "achy" "and" "sore". Persistent non-cyclic pain should be evaluated.<sup>3</sup>

## **II. Breast Screening, Diagnostic, and Diagnosis of Cancer**

### **A. Screening Tests**

There are three tests used to screen for breast cancer: clinical breast exam, mammogram, and self-exam check.<sup>4</sup>

- i. Clinical breast exam along with health history is an exam performed by a licensed healthcare provider to detect any masses, changes in skin texture, size of breast, along with gathering information about past illness or treatments.<sup>3</sup> (Refer to Section IV Performing Clinical Breast Examinations for further instructions)

- ii. Screening mammogram is a radiological exam performed for preventative purposes to detect breast cancer in asymptomatic patients.<sup>4</sup>
- iii. Breast self-exam is performed by the patient to check breasts for lumps, and/or changes, including size, and shape.<sup>4</sup>

## **B. Diagnostic Tests**

Several diagnostic tests can be used to find or diagnose breast cancer<sup>4</sup>.

- i. Diagnostic mammogram is a radiological exam performed to evaluate symptomatic patients; the procedure consists of additional and specialized views for the problematic area.<sup>5</sup>
- ii. Breast ultrasound is an exam that utilizes sound waves to take a picture of the tissue inside the breast. It can be used to see if a lump is cystic or solid.<sup>7</sup>
- iii. Ultrasound/stereotactic guided breast biopsy is a procedure that uses either ultrasound or specialized digital equipment to insert a needle for a biopsy in a nodule or area of concern.<sup>7</sup>
- iv. Fine needle aspiration is performed by insertion of a slender needle in the area of concern and drawing out fluid or small amount of tissue from a mass. The fluid or tissue is then sent to the pathologist to determine whether cancer is present.<sup>5</sup>
- v. Magnetic resonance imaging (MRI) is a procedure that uses magnet, radio waves, and a computer to take a series of pictures of the inside of a body.<sup>5</sup>
- vi. Breast specialist consult is a specialized office visit with a highly specialized physician that may perform additional clinical breast exams, review mammogram films, pathology reports, and obtain additional health history.

## **C. Diagnosis of Breast Cancer**

Clinical breast exam or mammography may reveal an abnormality but a biopsy is required for a diagnosis of breast cancer. Surgical consultant is required when a patient has a palpable mass found on clinical breast exam and a normal mammogram finding. Anytime that the physical exam and the radiological exam do not agree, further study is recommended by a breast specialist consultation. Refer to the Take Charge! Surgical Consultant Guidelines for further information. The guidelines can be found at [Take Charge!](#) on the current provider information tab.

## **III. Breast Cancer Screening Guidelines**

- A.** Patients between the ages of 20 and 39 should be advised to have a clinical breast exam every 1-3 years and be encouraged to be aware of their breasts and promptly report changes to their healthcare providers.<sup>8</sup>
- B.** Patients age 40-74 should be advised to have a clinical breast exam every year, encouraged to be aware of their breasts and promptly report changes to their healthcare providers and consult with their healthcare provider to determine when to begin mammogram screening.<sup>8,9</sup>
- C.** Patients 40-74 years of age should have a mammogram every year.<sup>4,9</sup>

## **IV. Clinical Breast Examination**

The clinical breast examination is comprised of multiple elements: time spent on the examination, obtaining clinical history, search pattern, and palpation.

### **A. Clinical History**

i. The healthcare provider must:

- a. Ask about any breast changes and how changes were noticed.<sup>11</sup>
- b. Assess risk to include previous breast symptoms, biopsies, or cancer diagnosis.
- c. Document the patient's findings in the secure software Take Charge! uses for data collection and storage, Med-IT, in the proper places.

### **B. Visual Inspection**

i. The healthcare provider must:

- a. Explain in advance that a visual inspection will be performed and how it is performed.<sup>11</sup>
- b. Ask the patient to sit on the exam table with hands pushing tightly on their hips.<sup>11</sup>
  - i. This position contracts the pectoralis major muscles and enhances identification of asymmetries. Although adding multiple positions (e.g., hands over head and hands at sides) may further assist identification of asymmetries, it does not add substantively to the single position recommended and may reduce time devoted to palpation.<sup>11</sup>
- c. Observe the breasts from all sides and assess symmetry (breast shape or contour including subtle changes or differences), and skin changes to include any skin erythema, retraction or dimpling, and nipple changes.<sup>11</sup>

### **C. Examination (time, search pattern, and palpation)**

i. The healthcare provider must explain the following prior to palpation:

- a. The exam will last about 2-5 minutes.<sup>10</sup>
- b. The entire breast area (not just the area that fits into bra) and lymph nodes will be examined.<sup>11</sup>
- c. Different levels of pressure will be applied to the same breast tissue to ensure a thorough evaluation.<sup>11</sup>

ii. The healthcare provider should allow at least two minutes on the breast examination to improve sensitivity.<sup>10</sup>

iii. The healthcare provider must assist the patient to the palpation positions.

- a. The patient should be sitting for palpation of the axillary, supraclavicular, and infraclavicular lymph nodes.<sup>11</sup>
  - b. The patient should be lying down for breast palpation, with their ipsilateral hand over their head. It may be necessary to use a small pillow or towel under the shoulder to ensure the breast tissue is evenly distributed.<sup>11</sup>
- iv. The healthcare provider should examine all of the area from the midaxillary line, across the inframammary ridge at the fifth/sixth rib, up the lateral edge of the sternum, across the clavicle and back to the midaxilla.<sup>11</sup>
  - v. The healthcare provider should use the vertical strip method to perform the clinical breast exam. The vertical strip method in systematic analysis has demonstrated superiority over other patterns.<sup>11</sup>
  - vi. The healthcare provider should use the pads of their three middle fingers to perform the clinical breast exam. The healthcare provider should apply three levels of pressure which overlap dime-sized circular motion pressure in each area of tissue. The levels of pressure are light, medium, and deep.<sup>11</sup>

## **V. Document Physical Findings**

- A. Use the resources found in the Med-IT secure software to document any physical or visible findings.
  - i. Terms used to describe palpable (physical) findings include:
    - a. Mobility-fixed or mobile
    - b. Firmness-rubbery, soft, firm, hard
    - c. Shape-oval, irregular
    - d. Distinctiveness-solitary, not mirrored in contra-lateral breast, different from surrounding tissue
    - e. Texture-smooth, rough
    - f. Depth-just below surface of skin, or requires moderate pressure to palpate, or near or affixed to chest wall
    - g. Location in relation to surface features such as nipple, sternum, axilla, clavicle, inframammary ridge
  - ii. Terms used to describe visible findings include:
    - a. Asymmetry of shape, color, size, or surface texture of breasts
    - b. Skin dimpling or retraction, nipple retraction
    - c. Scaling-diagram area covered, bilateral or unilateral
    - d. Moles, scars, or lesions
    - e. Nipple discharge-unilateral or bilateral, spontaneous or expressed, clear or bloody
    - f. Location in relation to fixed surface features such as nipple, sternum, axilla, clavicle, inframammary ridge

## **VI. Patient Education**

**A.** The healthcare provider should discuss screening guidelines with the patient as indicated in section III Breast Cancer Screening Guidelines and ways to reduce modifiable risk factors. The modifiable risk factors for breast cancer include:

- i.** Combined hormone therapy after menopause (estrogen and progesterone) - those currently using combined hormone therapy have an increased risk of breast cancer and an increased risk of dying from breast cancer. Risk returns to the general population level within five years of stopping combined treatment.<sup>12</sup>
- ii.** Alcohol use - risk of breast cancer increases with the amount of alcohol consumed. Individuals who have two to five drinks daily have about one and a half times the risk of individuals who don't drink alcohol.<sup>12</sup>
- iii.** Sedentary lifestyle - physical activity reduces the risk of breast cancer.<sup>12</sup>
- iv.** Being overweight or obese - individuals who are overweight or obese especially after menopause have increased risk for breast cancer.<sup>12</sup>

**B.** The healthcare provider should also provide patient educational materials to the patient to review. The educational materials are provided by the Take Charge! Program at no cost.

## **VII. Consultation and Referral for Abnormal Breast Findings**

**A.** Individuals reporting pain in their breast and/or armpit should be evaluated.

**B.** Individuals with an abnormal breast exam findings and abnormal imaging findings require follow-up regardless of the insurance status. Utilize the Guidelines for Take Charge! Funded Breast Imaging (Diagnostic) Services and Breast Surgical Consult Services Guideline and the tables below to determine eligibility and follow-up recommendations for Take Charge! Program funded services located on the website: [Take Charge!](#) .

**C.** Healthcare providers should ensure that patients with abnormal findings are encouraged to enroll in the Oklahoma Cares program if they have a qualifying medical event. The basic eligibility of the Oklahoma Cares program is located on the website: [BCC Oklahoma Cares](#).

**D.** If a patient requires follow-up or treatment services and does not meet the guidelines listed above, the patient can be referred to a private physician, hospital, or community clinic for assistance. Contact the Patient Navigator at the Take Charge! Program for assistance.

**E.** Follow-Up and Referral Protocol of Abnormal Breast Findings

- a.** Ensure that you are referring to a current Take Charge! provider prior to issuing a coupon. The list of providers is located on the Take Charge! website at [Take Charge!](#) under the current provider tab. The list of contractors is subject to change throughout the year.

Table 1: Abnormal Clinical Breast Exam Findings

Finding(s):	Follow-up Recommendations:
<p>Discrete Mass/Lump (defined as harder than rubber superball)</p> <p>Bloody/Serous, Nipple Discharge</p> <p>Skin Dimpling</p> <p>Nipple Retraction</p> <p>Non-discrete masses or asymmetry (defined as softer than rubber superball)- can be cleared by diagnostic imaging alone</p>	<p>Complete and turn in for approval an ODH Form #1342 requesting Diagnostic Mammogram and/or Ultrasound as clinically indicated or add the additional testing into the <b>Procedure Approval</b> area found in the <b>Med-IT</b> secure software, once that format is in place. Patient should receive an immediate referral for additional testing.</p> <p>Please note: if patient receives an abnormal clinical breast finding and a normal finding on the mammogram/ultrasound, the results are discordant.<sup>8</sup> Patient requires breast surgical consultation to complete the evaluation of the abnormal breast finding within 3 months of the abnormal clinical breast examination. The patient must take films and reports to the surgical consult visit.</p>

Table 2: Mammogram and/or Ultrasound Findings

BI-RADS® Category	Assessment	Findings	Follow-up Recommendations
0	Need additional imaging evaluation and/or prior mammograms for comparison.	Additional imaging and/or prior images are needed before a final assessment can be assigned. <sup>5</sup>	<p>Complete and turn in an ODH Form #1342 for approval of additional imaging by Take Charge! Staff or add information into the <b>Procedure Approval</b> area of the <b>Med-IT</b> secure software once that format is in place. Patient should be contacted within 7 business days of receipt of report to discuss results and need for additional testing.</p> <p>An imaging facility may call you and request additional testing while the patient is still at the facility. The changes can be made to the coupon to reflect the additional changes so that the patient may receive the testing that day. The updated/corrected coupon can be faxed to the imaging facility for proper invoicing.</p>

1	Negative.	Routine screening mammography. <sup>13</sup>	Patient should be contacted within 14 business days of their results. The contact can be in the form of a patient notification letter.
2	Benign Finding(s).	Routine screening mammography. <sup>13</sup>	Patient should be contacted within 14 business days of their results. The contact can be in the form of a patient notification letter.
3	Probably Benign Finding-Initial Short Interval Follow-up Suggested.	Initial short-term follow up (usually 6 month examination). <sup>13</sup>	Patient should be contacted within 7-business day of receipt of report to discuss results and need for additional testing. Complete and turn in an ODH Form #1342 for approval of additional imaging by Take Charge! Staff or add information on the additional imaging into the <b>Procedure Approval</b> area of the <b>Med-IT</b> secure software once that format is in place, allowing additional testing to be funded at the appropriate time by Take Charge!
4	<p>Suspicious Abnormality-Biopsy Should be Considered:</p> <p><b>4A</b>-Finding needing intention with a low suspicion for malignancy.</p> <p><b>4B</b>- Lesions with an Intermediate suspicion of malignancy.</p> <p><b>4C</b>- Findings of Moderate concern, but not classic for malignancy.</p>	Usually Requires biopsy. <sup>13</sup>	<p>Patients with this finding may be eligible for Oklahoma Cares. Patients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585.</p> <p>Patients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued ODH Form #1342 to complete and turn in for approval of any additionally needed imaging by Take Charge! Staff or add information on the additionally needed imaging into the <b>Procedure Approval</b> area of the <b>Med-IT</b> secure software once that format is in place.</p> <p>Patient should be contacted within 3 business days of receipt of report to discuss results and need for additional testing.<sup>5</sup></p>

<p><b>5</b></p>	<p>Highly Suggestive of Malignancy- Appropriate action should be taken.</p>	<p>Requires biopsy or surgical treatment.<sup>13</sup></p>	<p>Patients with this finding may be eligible for Oklahoma Cares. Patients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585.</p> <p>Patients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued an ODH Form #1342 to complete and turn in for approval of any additionally needed imaging by Take Charge! Staff or add information on the additionally needed imaging into the <b>Procedure Approval</b> area of the <b>Med-IT</b> secure software once that format is in place.</p> <p>Patient should be contacted within 3 business days immediately upon of receipt of report to discuss results and need for additional testing<sup>5</sup>.</p>
<p><b>6</b></p>	<p>Known Biopsy- Proven Malignancy- Appropriate action should be taken.</p>	<p>Category reserved for lesions identified on imaging study with biopsy proof of malignancy prior to definitive therapy.</p>	<p>Patients with this finding may be eligible for Oklahoma Cares. Patients must be assisted in enrollment in the program. Contact the Oklahoma Cares for assistance 866-550-5585.</p> <p>Patients not eligible for Oklahoma Cares due to citizenship or non-compliance with child support enforcement should be issued an ODH Form #1342 to complete and turn in for approval of any additionally needed imaging by Take Charge! Staff or add information on the additionally needed imaging into the <b>Procedure Approval</b> area of the <b>Med-IT</b> secure software once that format is in place.</p> <p>Patient should be contacted immediately upon of receipt of report to discuss results and need for additional testing.</p>



## References:

1. Yedjou, Clement G., et al. "Assessing the racial and ethnic disparities in breast cancer mortality in the United States." *International journal of environmental research and public health* 14.5 (2017): 486.
2. Centers for Disease Control and Prevention, Breast Cancer Risk Factors, [https://www.cdc.gov/cancer/breast/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/breast/basic_info/risk_factors.htm) on 11/4/2022.
3. Smith RL, Pruthi S, Fitzpatrick LA. Evaluation and management of breast pain. *Mayo Clinic Proc.* 2004 Mar; 79(3):353-72. doi: 10.4065/79.3.353. PMID: 1500860., accessed on 11/4/2022.
4. Centers for Disease Control and Prevention, What Screening Tests Are There? [https://www.cdc.gov/cancer/breast/basic\\_info/screening.htm](https://www.cdc.gov/cancer/breast/basic_info/screening.htm) accessed on 11/4/2022.
5. National Breast Cancer Foundation, Inc. ©, Diagnosis, <https://www.nationalbreastcancer.org/breast-cancer-diagnosis/> accessed on 11/5/2022.
6. Centers for Disease Control and Prevention, How is Breast Cancer Diagnosed? [https://www.cdc.gov/cancer/breast/basic\\_info/diagnosis.htm](https://www.cdc.gov/cancer/breast/basic_info/diagnosis.htm) accessed on 11/4/2022.
7. American Cancer Society, Breast Cancer, <https://www.cancer.org/cancer/breast-cancer.html> accessed on 11/4/2022.
8. National Comprehensive Cancer Network Guidelines in Oncology (NCCN Guidelines®) Version 4.2022, released June 21, 2022, Breast Cancer Screening, and Diagnosis, [breast.pdf \(nccn.org\)](#), accessed on 11/5/2022.
9. U.S. Preventive Services Task Force, Screening for Breast Cancer. Released January 11, 2016, Updated 2016, <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening.>, accessed on 11/5/2022.
10. Freund KM. Rationale and technique of clinical breast examination. *Medscape Women's Health.* 2000 Nov; 5(6):E2. PMID: 11320350. Accessed on 11/5/2022.
11. Saslow D, Hannan J, Osuch J, et al. Clinical breast examination: practical recommendations for optimizing performance and reporting. *CA Cancer J Clin.* 2004; 54(6):327-344. doi:10.3322/canjclin.54.6.327, accessed on 11/5/2022.
12. American Cancer Society, Breast Cancer: Early Detection <https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html> accessed on 11/4/2022.
13. D'Orsi CJ, Sickles EA, Mendelson EB, Morris EA, et al. ACR BI-RADS® Atlas, Breast Imaging Reporting and Data System. Reston, VA, American College of Radiology; 2013 accessed on 11/4/2022.

Guidelines Reviewed and Approved by the Take Charge! Program Medical Consultant

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A handwritten signature in black ink, appearing to read 'W. C. Dooley', written over a horizontal line.

Signature

November 14/2022

Date