

BCCHP and Updated Guidelines for Assessing Breast and Cervical Cancer Risk

The Breast, Cervical and Colon Health Program requires the patient's medical provider (MD, DO, Nurse Practitioner, Physician Assistant or Registered Nurse) to assess for breast cancer and cervical cancer risk.

There are two levels of risk for the purposes of BCCHP: Average risk and High risk

Definitions of Cervical Cancer Risk:

- **Average Risk** is defined as no personal history of cervical cancer or dysplasia.
- **High Risk** is defined as a personal history of **any one of the following**:
 - The client has had invasive cervical cancer and completed treatment, including those who have had a total hysterectomy due to cervical cancer.
 - The client has a prior history of CIN2 or higher (CIN3) and has not completed the 20 year post-treatment surveillance period (see "Clinical Guidelines" in the BCCHP policy). This includes women who have had a total hysterectomy due to cervical pre-cancer.
 - The client has never been screened or prior screening cannot be accessed.
 - The client is positive for HIV.
 - The client was exposed to diethylstilbestrol (DES) in utero.
 - The client is Immunocompromised due to organ transplant or an autoimmune disease like Systemic Lupus Erythematosus, and is taking immunosuppressive medications.

Definitions of Breast Cancer Risk:**

- **Average Risk** is defined as no personal or family history of breast cancer and no previous biopsies.
- **High Risk** is defined as a personal history of **any one of the following**:
 - Prior history of breast cancer.
 - Family history of breast cancer in a first degree relative
 - Positive for BRCA mutation.
 - First degree relative is BRCA carrier.
 - Prior chest wall radiation to treat malignancy.
 - Personal history or a first degree relative with: Li-Fraumeni, Cowden, Bannayan-Riley-Ruvalcaba syndromes or other genetic predisposition.
 - Lifetime risk $\geq 20\%$ based on breast cancer risk assessment accepted by BCCHP (Claus, BRCAPRO, BOADICEA or Tyrer-Cuzick). The Gail model is not sufficient under BCCHP guidelines.

****Note: If a patient is at high risk for breast cancer screening by MRI should be assessed**

- Approval for screening MRI requires the use of a Risk Assessment Model approved by BCCHP and a **Lifetime risk of $\geq 20\%$** . Please include model used and results on the prior authorization form.
- Approved models include: 1) Tyrer-Cuzick (IBIS) v8.ob 2) BRCAPRO 3) Claus 4) BOADICEA.
- **The Tyrer-Cuzick (IBIS) model v8.ob** <https://ibis.ikonopedia.com/> includes a breast density measure question, in addition to questions about family history. This tool will calculate lifetime risk after clinical information has been entered by the provider. This tool cannot be used for a patient with a history of breast cancer. For clients with a history of breast cancer, see information below.
- **For MRI approval, the only contexts that don't require a lifetime risk calculation are:**
 - Chest wall radiation before 30, Positive for BRCA mutation, History of genetic predisposition
- **Does the client have a history of breast cancer?**
For clients with a history of breast cancer, BCCHP follows the clinical recommendation of the oncologist or breast surgeon. Please provide recommendations from the oncologist or breast surgeon.