SMF PCP Referral Guideline
Breast MRI Referral Indications
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**Indications**

**Screening (for Breast Cancer) for women at high risk**  
(Annual MRI screening beginning at age 30 as long as patient is in good health)

**A. High genetic risk patients**
- Known BRCA1 or BRCA2 gene mutation
- First degree relative of a known BRCA1 or BRCA2 mutation carrier and patient has not been tested
- Lifetime risk >20% as defined by one of the following risk models
  - Gail [www.cancer.gov/bcrisktool](http://www.cancer.gov/bcrisktool)
  - Claus [www.utsouthwestern.edu/breasthealth/cagene/default.asp](http://www.utsouthwestern.edu/breasthealth/cagene/default.asp)
  - Tyrer-cuzick [ibis@cancer.org.uk](mailto:ibis@cancer.org.uk)
  - BRCAPRO [www.astor.som,jhmi.edu/BayerMendel/brcapro.html](http://www.astor.som,jhmi.edu/BayerMendel/brcapro.html)
- Personal history of or a 1st degree relative who carries a genetic mutation in the TP53 or PTEN genes
  - Li-Fraumeni syndrome
  - Cowden syndrome or
  - Bannayan-Riley-Ruvalcaba syndrome

**B. High risk patients**
- History of mantle radiation to the chest >4Gy between 10-30yrs of age (Hodgkins dz)
- Personal history of breast cancer in a subgroup particularly at high risk of recurrence
  - Triple negative or basal-like cancers
  - Breast cancer diagnosed < age 40
  - Multi-focal disease treated with breast conservation
  - Invasive lobular cancer
- Women with mammographically negative (occult) cancer at diagnosis

**Diagnosis in breast cancer patients**

**New diagnosis of breast cancer**
- To evaluate the contralateral breast when clinical and mammographic findings are normal
- To evaluate the size and extent of disease (presence of multi-centric disease) in patients with localized breast cancer who are candidates for breast conservation therapy
- To evaluate for involved margins/residual disease after lumpectomy

**Assess breasts in patient with metastatic axillary adenopathy, unknown primary**

**Assess tumor response to neoadjuvant chemotherapy**

**Assess breast implant for rupture**

**Augmented Breast - silicone implant evaluation for rupture**
- Not recommended for saline implants
- Not recommended before mammography
- Not recommended for routine “screening” of integrity of implants
- Not recommended if rupture already diagnosed by mammography and or ultrasound
- No contrast needed for silicone implant evaluation
### Problem solving Indications

<table>
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<th>Indications</th>
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<td>Inconclusive workup: mammography, ultrasound, clinical (examples: Scar vs cancer recurrence, bloody/clear nipple discharge with negative or incomplete ductogram, etc.)</td>
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- MRI is not recommended for routine evaluation of challenging breast exam or difficult mammogram
- MRI is not a substitute for careful mammographic and sonographic evaluation.
- For patient with challenging mammogram or clinical exam, careful diagnostic mammographic and sonographic evaluation should precede any consideration of MRI
- MRI cannot “over-rule” a recommendation to biopsy based on abnormal mammogram or clinical exam.

We acknowledge that there will be occasional cases that remain bothersome despite a comprehensive work-up that will require an MRI to determine subsequent management. These cases will be approved on individual basis by agreement of 2 members of core breast team who will review the case and recommend imaging alternatives, interventions, or breast MRI.

Approval:
SMF QM/UM Committee
November 13, 2013