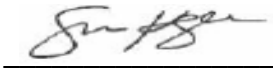
North Carolina Breast & Cervical Cancer Control Program (NC BCCCP)

Title: Breast Cancer and Cervical Cancer Risk Assessment Policy	**Category/Number: N/A**
Approved By:  _____ **NC BCCCP Medical Advisor**  _____ **NC BCCCP Program Director**	**Section: NC BCCCP Training Manual-Overview** **Program: NC BCCCP**
Effective Date: 02/01/19 **Current Revision Effective Date:** 04/01/21 **Revision History Date/s:** 02/24/21	**Review Date/s:** 06/24/22_____ _____ _____

Purpose:

The Centers for Disease Control and Prevention (CDC) has mandated that the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) assess and report risk of patients for breast cancer and for cervical cancer. The purpose of this policy is to guide NC BCCCP providers for assessment and subsequent counseling.

Policy:

NC BCCCP providers are required to assess BCCCP patients for breast cancer and cervical cancer risk, and to counsel high risk patients regarding risk reduction.

Definitions:

For breast cancer, high risk is defined as

- Those who have a known genetic mutation such as BRCA 1 or 2,
- Those who have first-degree relatives with premenopausal breast cancer or known genetic mutations,
- Those who have a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma), or

- Those who have a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history.

For cervical cancer, high risk is defined as:

- Those who have been exposed to diethylstilbestrol (DES) in-utero,
- Those who are immunocompromised, or
- Those who have a personal history of cervical cancer or pre-cancer.[i]

Responsibilities: Local BCCCP Providers

Procedure:

1. Assess BCCCP patients for risk of breast cancer.
    a. If a patient has one of the following factors, she is considered at high risk:
        - Known genetic mutation such as BRCA1 or BRCA2
        - First-degree relatives with premenopausal breast cancer or known genetic mutations
        - History of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma)
    b. If the patient has none of the risk factors listed above, calculate risk using https://bcrisktool.cancer.gov/calculator.html.[ii] This is the risk assessment tool recommended by the Cancer Branch and BCCCP Medical Advisors. A calculated lifetime risk of 20% or more for development of breast cancer is considered high risk.
2. Assess BCCCP patients for risk of cervical cancer via the 2019 revised ASCCP risk-based management consensus guidelines published in April 2020 (NC DHHS 2020). If a patient is found to be high-risk, document the patient's high-risk status and follow recommendations for screening interval.
3. Document your assessment in the patient's medical record and report in data sent to NC BCCCP.
4. Counsel BCCCP patients about risk reduction strategies if they are at high risk
    a. Women who are at high risk for cervical cancer may be screened with cervical cytology annually or screened with co-testing every three years. NC BCCCP will cover this more frequent screening.
    b. Additional recommendations apply for women who are infected with HIV and can be found on page 39 of *The Cervical Screening Manual: A Guide for Health Departments and Providers*, December 2020 edition.
    c. Women who are at high risk for breast cancer (including those women who are age 21- 39) should be advised to have a mammogram annually, beginning at age 30. NC BCCCP will cover this annual screening.

d. Women who are at high risk for breast cancer may also consider obtaining a breast MRI in conjunction with the annual mammogram. NC BCCCP does not cover MRI screening based on risk alone. MRI may only be covered as a diagnostic service in certain circumstances with pre-approval. Call your NC BCCCP nurse consultant to obtain prior authorization. MRI done without prior authorization is not covered for any reason.

5. For additional information on screening for breast and cervical cancer and for follow-up recommendations, please see the following guidance manuals:
   a. NC DHHS Division of Public Health, (2016, Revised 2018). *The Breast Screening Manual: A Guide for Health Departments and Providers*, December 2016 edition
   b. NC DHHS Division of Public Health, (2020). *The Cervical Screening Manual: A Guide for Health Departments and Providers*, December 2020 edition.

References:

Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program, (2019). *Program Manual: DP17-1701 Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations*, v. 2.0 Dec 2018

NC DHHS Division of Public Health, (2020). *The Cervical Screening Manual: A Guide for Health Departments and Providers*, 2020 edition.

National Institute of Health [NIH]: National Cancer Institute, [NCI] (2019). The Breast Cancer Risk Assessment Tool. Retrieved January 31, 2019 from. https://bcrisktool.cancer.gov/calculator.html

Shiffman, Mark et.al., (2020). An introduction to the 2019 ASCCP Risk-Based Management Consensus Guidelines. Journal of Lower Genital Tract Disease vol 24, number 2, April 2020.

The Breast Cancer Risk Assessment Tool is based on a statistical model known as the Gail Model. The Gail Model has been tested in large populations of white women and has been shown to provide accurate estimates of breast cancer risk. The model was tested for Asian and Pacific Islander women, black/African American, and Hispanic women using data from the Women's Health Initiative. It performed well but may underestimate risk in black/African American women with previous biopsies and Hispanic women born outside the United States. The model needs further validation for Hispanic women and other subgroups. Researchers are conducting additional studies to gather more data to test and improve the model.