

FAQ's for Healthcare Providers

1. What are the roles and responsibilities of healthcare providers in screening women at high risk for breast cancer?

The healthcare provider serves as the first point of contact for women who may be eligible for high risk breast screening through the Ontario Breast Screening Program (OBSP). Physicians are responsible for completing the OBSP Requisition for High Risk Screening and for submitting this form to the OBSP. This Requisition will serve as a referral for women who require genetic assessment to determine their eligibility for the program. If a woman progresses through genetic assessment and is not found to be at high risk for breast cancer, it is the responsibility of the healthcare provider to review the woman's results with her and discuss risk appropriate screening. If a woman is deemed to be eligible for high risk screening, the healthcare provider will receive imaging results from the woman's screening tests directly from the diagnostic imaging department.

2. Can a Nurse Practitioner authorize the OBSP Requisition for High Risk Screening?

While Nurse Practitioners can complete the requisition, they cannot approve it as per current regulations. A physician needs to sign off on the requisition as it is an implied requisition for an MRI.

3. How can the OBSP navigator support my patient?

The OBSP plays a navigational role in determining a woman's eligibility for high risk screening. The OBSP Navigator will receive the Requisition for High Risk Screening and book appointments for further assessment at a genetics clinic and/or for a screening mammogram and MRI for the woman as appropriate. The OBSP will arrange follow-up breast assessment services after abnormal screens, will inform patients of screening results, and will provide automatic annual recalls for patients who are due to be re-screened.

4. Am I responsible for completing the genetic assessment?

No. The genetics clinic provide all genetic and risk assessment services to women to determine their eligibility for high risk screening.

5. What is the value of genetic assessment and what is the process my patient will go through to determine her eligibility for high risk screening?

When the woman visits the genetics clinic, she meets with a genetic counsellor to review her family and medical history and discuss any implications to her health. If she is eligible for genetic testing, she will be offered it. If she accepts, her blood will be drawn and sent to a lab for processing. When the lab results come back, the woman will return to the genetics clinic to discuss her results and her risk mitigation options, if appropriate.



6. What if my patient does not want to go through a genetic assessment?

The staff at the genetics clinic are specially trained to assess and counsel women who may be at high risk for breast cancer. They are keenly aware of the sensitive nature of this consultation and are able to support women through the assessment process. Genetic testing may not be required for eligibility into the program but genetic assessment for those with a family history suggestive of hereditary breast cancer is strongly encouraged. Women who choose not to undergo assessment and do not meet the criteria for Category A will not be deemed eligible for the program.

7. How will I be kept informed of patient results?

Genetics clinics are responsible for communicating genetics results to women and for sending these results to referring physician, following current practice. Please note that wait times for genetic assessment vary across the province; it may take up to several months for a woman to complete the full assessment and receive her results. The OBSP is responsible for communicating all imaging results to women and for sending these results to referring physician.

8. Should all women who are eligible for the OBSP receive an MRI for breast cancer screening?

No. Screening mammography is the most effective tool for the early detection of breast cancer for average risk women. For women at high risk, screening with mammography alone has limitations. For example, mammography does not perform well in women with high radiologic breast density. Younger women have greater breast density than older women. Mammography is less sensitive for women with deleterious genetic mutations (e.g. BRCA1, BRCA2) due to the faster growth of cancer in these populations. MRI technology addresses some of the screening limitations of mammography for women at high risk. When used in combination, mammography and MRI find more cancers in women at high risk for breast cancer than using mammography or MRI alone.

9. How do I assess a patient who is adopted and/or is unaware of their family history?

All potential OBSP high risk patients should be assessed using the OBSP Requisition for High Risk Screening. If patients fall into category A or B, they should fax the requisition to the OBSP site in their area. If the referring physician is unable to categorize the patient into category A or B, the patient is not eligible for the high risk OBSP. However these patients should be offered breast screening according to the screening guidelines for average risk women.

10. How do we identify women who may be at high risk for breast cancer and are currently being screened by mammography?

Women who are currently being screened through the OBSP may self-identify as being potentially at high risk for breast cancer. These women should see their healthcare provider to conduct an initial risk assessment and determine their eligibility for high risk screening.

If the woman already has a mammogram booked with the OBSP, she should proceed with screening while her assessment is being completed. OBSP staff should encourage these women to make an appointment with their healthcare provider.

11. What are the screening guidelines for women at high risk who have breast implants or who have previously had breast cancer?

Women who have breast implants or who have previously had breast cancer are eligible to receive high risk screening through the OBSP if they meet the criteria on the requisition form.



12. What are the screening guidelines for women at high risk who are pregnant and/or breastfeeding?

Since a complete screen involves both a mammogram and an MRI, pregnant or breastfeeding women should not be screened. Screening can be scheduled after they have given birth and 4 to 6 months after they have stopped breastfeeding. Pregnancy and breastfeeding may result in a higher screening false positive rate, particularly in MRI.

13. How will my patient's personal health information be used and disclosed?

All personal health information collected through the OBSP will be used to inform planning for breast screening, and to provide screening results to the patient and the healthcare provider. Some of this information may also be used to conduct analysis and compile statistics on breast cancer screening and assessment which will assist in informing future program design.

Please note that CCO will not share any patient results or data with anyone. CCO has strict privacy practices in place which are required to be approved by the Information and Privacy Commissioner of Ontario every three years.

