

FAQ's for Radiologists

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. What are the roles and responsibilities of genetic clinics in screening women at high risk for breast cancer?

Genetics clinics will provide assessment services to women to determine their eligibility for high risk screening. The clinics will receive copies of the OBSP Requisition for High Risk Screening when the initial appointment is booked (if the referral is facilitated by the OBSP). They are responsible for returning this Requisition along with the Genetics Report Form to the OBSP when the genetic assessment is complete. Genetics clinics will be responsible for communicating genetics results to women and for sending these results to referring clinicians and the OBSP, following current practice.

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. How will the OBSP expansion impact wait times for MRI and mammography? What measures are being put in place to reduce the impact?

Wait times for breast screening MRIs vary significantly across the province. Volumes and wait times will continue to be monitored across all of the sites to understand the impact of the OBSP expansion on wait times. Mitigation strategies will continue to be developed as new data is received.



5. What criteria must be satisfied in order for a site to be identified as an OBSP high risk screening and assessment site?

OBSP high risk screening and assessment sites must satisfy the following criteria:

- o Site is an OBSP Screening Site
- o Site is an OBSP Breast Assessment Affiliate
- o Conducts breast MRI
- o Has MRI breast coil
- o Reports MRI wait times to the Wait Times Information System (WTIS)
- o Has associated genetic assessment and testing (or within a reasonable distance)
- o Each LHIN is required to have at least one OBSP high risk screening and assessment site

6. What is the MRI imaging protocol for screening women at high risk for breast cancer through the OBSP?

Minimum MRI standards have been developed for use by OBSP High Risk Screening Centres to ensure consistency of image quality across the province. The details of these standards are outlined below:

Requirements:

- Injection contrast must be gadolinium (0.1-0.2 mmol/kg)
- Minimum 1.5 Tesla
- Dedicated breast coil
- Bilateral imaging (unilateral only if mastectomy on one side)
- All screening breast MRI imaging should be axial or sagittal

Pre-gadolinium:

- T1 gradient echo (3D) fat sat
- T2 fat sat or IR

Post-gadolinium:

- T1 gradient echo (3D) fat sat
- At least three time points from the start of the injection
 - o The first time point should be within 2 minutes
 - o The last time point being after 5 minutes but no longer than 8 minutes post-injection



Spatial resolution:

- Use largest imaging matrix within the acquisition window
- In-plane pixel size of 0.5mm x 0.5mm to 1mm x 1mm
- Through plane pixel size of 1mm - 3mm

The recommended imaging protocol is as follows:

- Localizer protocol
- T2 fat sat/IR
- T1 fat sat (pre)
- T1 fat sat (post)
- T1 fat sat (post)
- T1 fat sat (post)
- Subtracted (computer generated processing stage)
- Subtracted (computer generated processing stage)
- Subtracted (computer generated processing stage)
- Sagittal reconstruction (post-contrast)

This protocol is expected to be completed within 40 minutes including preparation time.

7. What new information do I need to provide to the OBSP after completion of the MRI or ultrasound?

Upon completion of the MRI or ultrasound, the results should be sent both to the referring clinician and back to the OBSP so that the results can be communicated to the woman by the OBSP and data entered into the Integrated Client Management System (ICMS). The results simply state if the test was normal or abnormal. OBSP does not require MRI or ultrasound results to be documented on a separate OBSP form. The standard results reports for MRI and ultrasound can continue to be utilized to communicate the outcomes of screening.