**Purpose:** Regular screening mammograms help ensure that breast cancer can be detected as early as possible. To facilitate appropriate imaging-based screening, it is essential to implement evidence-based screening guidelines to promote optimal decision-making and proper utilization of image-based breast screenings. These guidelines are recommendations for ordering and obtaining breast imaging-based screenings, and they are in accordance with the American College of Radiology (ACR) Appropriateness Criteria for Breast Screening.

- UAB Medicine Breast Imaging Guidelines: No Personal History of Breast Cancer
- UAB Medicine Breast Imaging Guidelines: Personal History of Breast Cancer
- UAB Medicine Breast Imaging Guidelines: Special Cases

**LEGEND**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABUS</td>
<td>Automated Breast Ultrasound</td>
</tr>
<tr>
<td>ACR</td>
<td>American College of Radiology</td>
</tr>
<tr>
<td>CEDM</td>
<td>Contrast-Enhanced Digital Mammography</td>
</tr>
<tr>
<td>DBT</td>
<td>Digital Breast Tomosynthesis</td>
</tr>
<tr>
<td>LTR</td>
<td>Lifetime Risk for Developing Breast Cancer</td>
</tr>
<tr>
<td>MG</td>
<td>Mammogram</td>
</tr>
<tr>
<td>NCCN</td>
<td>National Comprehensive Cancer Network</td>
</tr>
<tr>
<td>T-C 7, 8</td>
<td>Tyrer-Cuzick Risk Assessment Model Version 7, Version 8</td>
</tr>
<tr>
<td>US</td>
<td>Ultrasound</td>
</tr>
<tr>
<td>Patient Population</td>
<td>Breast Density</td>
</tr>
<tr>
<td>--------------------</td>
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</tr>
<tr>
<td><strong>Average Risk: &lt;15%LTR (TC-7,8)</strong></td>
<td>Fatty/Scattered</td>
</tr>
<tr>
<td><strong>Average Risk: &lt;15%LTR (TC-7,8)</strong></td>
<td>Heterogeneously/ Extremely Dense</td>
</tr>
<tr>
<td><strong>Intermediate Risk: 15-20% LTR (TC-7,8)</strong></td>
<td>Fatty/Scattered</td>
</tr>
<tr>
<td><strong>Intermediate Risk: 15-20% LTR (TC-7,8)</strong></td>
<td>Heterogeneously/ Extremely Dense</td>
</tr>
<tr>
<td><strong>High Risk: LTR ≥ 20% OR known genetic mutation</strong></td>
<td>Any Density</td>
</tr>
<tr>
<td>*No Surgery</td>
<td></td>
</tr>
<tr>
<td><strong>High Risk: Thoracic radiation between ages 10-30</strong></td>
<td>Any Density</td>
</tr>
<tr>
<td>*No Surgery</td>
<td></td>
</tr>
<tr>
<td>Patient Population</td>
<td>Breast Density</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>High Risk: Prophylactic Bilateral Mastectomy *No Reconstruction</td>
<td>NONE</td>
</tr>
<tr>
<td>High Risk: Prophylactic Bilateral Mastectomy with Autologous Reconstruction</td>
<td>NONE</td>
</tr>
<tr>
<td>High Risk: Prophylactic Bilateral Mastectomy with Silicone or Saline Implants</td>
<td>NONE</td>
</tr>
<tr>
<td>Patient Population</td>
<td>Breast Density</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| Post- Lumpectomy ≤50 years of age | Any Density | DBT plus MRI (or CEDM) | Annual screening following diagnosis (any age) | Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations from the ACR (JACR, March 2018)  
First diagnostic mammogram 6-12 months post-radiation.  
Yearly mammogram will be diagnostic for 5 years annually post treatment.  
If patient cannot tolerate MRI or CEDM, ABUS can be considered. |
| Post- Lumpectomy > 50 years of age | Fatty/Scattered | DBT | Annual screening | Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations from the ACR (JACR, March 2018)  
First diagnostic mammogram 6-12 months post-radiation  
Annual mammogram will be diagnostic for 5 years post-treatment. |
| Post- Lumpectomy > 50 years of age | Heterogeneously/ Extremely Dense | DBT plus MRI (or CEDM) | Annual screening | Breast Cancer Screening in Women at Higher-Than-Average Risk: Recommendations from the ACR (JACR, March 2018)  
First diagnostic mammogram 6-12 months post-radiation  
Annual mammogram will be diagnostic for 5 years post-treatment.  
If patient cannot tolerate MRI or CEDM, ABUS can be considered. |
<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Breast Density</th>
<th>Recommended Screening Method</th>
<th>Age to Start &amp; Interval</th>
<th>Imaging Reference &amp; Additional Information</th>
</tr>
</thead>
</table>
| Mastectomy with No Reconstruction  | N/A            | NONE                        | N/A                     | ACR Appropriateness Criteria - Imaging After Mastectomy and Breast Reconstruction (2020) - Variant 1  
  
  The contralateral breast in unilateral mastectomy patients follows guidelines for Intermediate-Risk Patients with Personal History of Breast Cancer.  
  
  In any case, DBT or MRI can be considered, if there is a substantial amount of residual tissue. |
| Mastectomy with Autologous Reconstruction | N/A            | NONE                        | N/A                     | ACR Appropriateness Criteria - Imaging After Mastectomy and Breast Reconstruction (2020) - Variant 2  
  
  MG (DBT) may be considered. However, there is insufficient evidence to support screening with mammography of the post-mastectomy side. Currently, UAB does not recommend MG (DBT) on the reconstructed breast. |
| Mastectomy with Silicone or Saline Implants | N/A            | NONE                        | N/A                     | ACR Appropriateness Criteria - Imaging After Mastectomy and Breast Reconstruction (2020) - Variant 3  
  
  MG (DBT) may be considered. However, there is insufficient evidence to support screening with mammography of the post mastectomy side. Currently UAB does not recommend MG (DBT) on the reconstructed breast. |
<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Breast Density</th>
<th>Recommended Screening Method</th>
<th>Age to Start &amp; Interval</th>
<th>Imaging Reference &amp; Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transgender Woman (male birth):</td>
<td>Any Density</td>
<td>DBT may be appropriate</td>
<td>&gt;40 years of age</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 1</td>
</tr>
<tr>
<td>Average risk w/ hormone use ≥5 years</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Transgender Woman (male birth):</td>
<td>Any Density</td>
<td>DBT</td>
<td>25-30 years of age or older</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 2</td>
</tr>
<tr>
<td>Higher-than-average risk w/ hormone use ≥5 years</td>
<td></td>
<td></td>
<td></td>
<td>Higher-than-average risk: personal history of breast cancer or chest irradiation at 10-30 years of age, patient with genetic predisposition to breast cancer, patient with family history of breast or ovarian cancer, and untested patient with first-degree relative with genetic predisposition to breast cancer</td>
</tr>
<tr>
<td>Transgender Woman (male birth):</td>
<td>Any Density</td>
<td>None</td>
<td>Any age</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 3</td>
</tr>
<tr>
<td>Average risk w/ hormone use &lt;5 years OR no hormone use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender Woman (male birth):</td>
<td>Any Density</td>
<td>DBT may be appropriate</td>
<td>25-30 years of age or older</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 4</td>
</tr>
<tr>
<td>Higher-than-average risk w/ hormone use &lt;5 years OR no hormone use</td>
<td></td>
<td></td>
<td></td>
<td>Higher-than-average risk: personal history of breast cancer or chest irradiation at 10-30 years of age, patient with genetic predisposition to breast cancer, patient with family history of breast or ovarian cancer, and untested patient with first-degree relative with genetic predisposition to breast cancer</td>
</tr>
<tr>
<td>Patient Population</td>
<td>Breast Density</td>
<td>Recommended Screening Method</td>
<td>Age to Start &amp; Interval</td>
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<tr>
<td>--------------------</td>
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</tr>
<tr>
<td>Transgender Man (female birth): History of bilateral mastectomy</td>
<td>Any Density</td>
<td>DBT</td>
<td>None</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 5</td>
</tr>
<tr>
<td>Transgender Man (female birth): Average Risk w/ history of reduction mammoplasty or no chest surgery</td>
<td>Any Density</td>
<td>DBT</td>
<td>40 years old, annually</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 6</td>
</tr>
<tr>
<td>Transgender Man (female birth): Intermediate risk</td>
<td>Any Density</td>
<td>DBT (ABUS, MRI may be appropriate)</td>
<td>30 years of age or older</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 7</td>
</tr>
<tr>
<td>Transgender Man (female birth): High risk</td>
<td>Any Density</td>
<td>DBT plus MRI (CEDM or ABUS may be appropriate if MRI is not tolerated)</td>
<td>25-30 years of age or older</td>
<td>ACR Appropriateness Criteria for Transgender Breast Screening (2021)-Variant 8</td>
</tr>
<tr>
<td>Male with History of Breast Cancer or High Risk</td>
<td></td>
<td>DBT</td>
<td>Annual</td>
<td>NCCN Guidelines</td>
</tr>
</tbody>
</table>

> Male with History of Breast Cancer or High Risk

- >35 years old, not before age 25
- Prior to 1st DBT: Schedule visit with NP in Breast Health Clinic or in Diagnostic Breast Clinic.

**References**

<table>
<thead>
<tr>
<th>Patient Population</th>
<th>Breast Density</th>
<th>Recommended Screening Method</th>
<th>Age to Start &amp; Interval</th>
<th>Imaging Reference &amp; Additional Information</th>
</tr>
</thead>
</table>
| During Pregnancy: Any Risk | Any Density | Follow guidelines for non-pregnant counterpart (see above) with the exception of MRI. MRI is not indicated for screening in pregnant women. | | ACR Appropriateness Criteria - Breast Imaging of Pregnant and Lactating Women (2018)  
ABUS; evidence not available. May be considered. However, false positives should be considered |
Tissue will be dense; expressing breast milk just prior to examination by breast feeding or pumping improves accuracy. |
Implant evaluation by imaging is done only when there is symptom for rupture or BIA-ALCL, and that is a diagnostic study, not a screening. |