

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 5**

POLICY TITLE: BREAST MRI GUIDELINES

POLICY PURPOSE: Provide a screening for women at high risk for breast cancer to improve the sensitivity of screening in this group of women, with the goal of providing early diagnosis and reducing the mortality rate associated with breast cancer.

PROCEDURE:

There is sufficient evidence to support the use of MRI in combination with mammography and other screening techniques for detection of breast cancer in women who are at high risk. (Younger women and those with dense breast tissue)

Screening Uses

MRI of the breast may be considered medically necessary for the following indications for screening for breast cancer in the following patients:

1. Those with a known BRCA1 or BRCA2 or TP53 gene mutation.
2. Those at high risk of BRCA1 or BRCA2 or TP53 gene mutation due to known presence of the mutation in relatives.
3. Those with a pattern of breast cancer history in multiple first-degree relatives, often harboring BRCA mutations or other hereditary breast cancer.
4. Those high risk (defined as a lifetime risk of breast cancer about 15-25% or greater), of developing breast cancer as identified by models, such as BRCAPRO, that are largely dependent on family history. (See below).
5. Those who have had radiation therapy to the chest when they were between the ages of 10 and 30 years.
6. Those who have Li-Fraumeni syndrome (inherited in an autosomal dominant pattern, which means one copy of the altered gene in each cell is sufficient to increase the risk of developing cancer), Cowden syndrome (rare disorder characterized by multiple noncancerous, tumor-like growths), or Bannayan-Riley-Ruvalcaba syndrome (uncommon condition characterized by hamartomatous polyps of the small and large intestine), or have one of these syndromes in first degree relative.

*For high risk, MRI and mammogram should begin at age 30 and continue for as long as a woman is in good health. (shared decision between patient and practitioner)

Other Risk Factors: Insufficient Evidence to Recommend for or Against MRI Screening

1. Have a lifetime risk of breast cancer or 15-20%, according to risk assessment tools that are based mainly on family history (see below).
2. Women with a personal history of Ductal carcinoma in situ (DCIS)
3. Lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH).
4. Atypical ductal hyperplasia (ADH)
5. Have extremely dense breasts or unevenly dense breasts when viewed by mammogram.

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Detection Uses:

MRI of the breast may be considered medically necessary for the following indications for detection:

- Suspected occult breast primary tumor in patients with axillary nodal adenocarcinoma when mammography and physical exam are negative.
- Suspected silicone or saline implant rupture if the original implant surgery was not performed for cosmetic purposes.
- In the contralateral breast of a patient with breast cancer when the physical exam and mammography are negative or inconclusive.
- Post-lumpectomy with close or positive pathological margins to evaluate the presence of residual disease.

Diagnostic Uses:

MRI of the breast may be considered medically necessary for the following diagnostic indications:

- Pre-surgical planning to evaluate the presence of multicentric disease in patients with locally advanced cancer who are candidates for breast conservation treatment. (defined as the excision of the primary breast tumor and adjacent breast tissue)
- Pre-surgical planning in patients with locally advanced cancer before and after adjuvant chemotherapy to permit tumor localization and characterization.
- To determine presence of pectoralis major muscle/chest wall invasion in patients with posteriorly located tumor(s).
- To further characterize indeterminate or suspicious breast lesions when primary screening results and physical examination are inconclusive for breast cancer.

***Insufficient Evidence to Recommend or Investigational**

- As a screening technique in women not meeting the screening criteria above, because of the direct benefit of MRI screening over mammography has not been proven outside those indications.
- Diagnosis of low-suspicion findings on conventional testing not indicated for immediate biopsy.
- Diagnosis of suspicious breast lesion in order to avoid biopsy.
- Technique to evaluate response during neoadjuvant chemotherapy.

Risk Assessment Tools: Tools that can be used to determine the risk of an individual in the development of breast or ovarian cancers.

1. BRCAPRO - Predictions of genetic predisposition to breast and ovarian cancer
2. Claus Model - Predicts the probability of a woman's risk for developing breast cancer based on her family history.
3. Tyrer-Cuzick Model- Algorithms to assess the risk of breast and ovarian cancer.

Cases not meeting established criteria will be discussed and reviewed with a physician reviewer.

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References: Other Major Health Plan Policy Statements
American Cancer Society

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