

**SELECT HEALTH NETWORK, INC.
PHYSICIAN PRACTICE GUIDELINES**

SUBJECT: MRI Breast Diagnostic Standards

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Source: American College of Radiology
<http://www.acr.org/~media/ACR/Documents/PGTS/guide>
American Journal of Surgery (2014) 207, 698-701
Expert Review of Anticancer Therapy (August 2009) 1073-1080
The Breast Journal (2007) Vol. 13, #5, 465-469
ACR PRACTICE PARAMETER FOR THE PERFORMANCE OF
ONTRASTENHANCED MAGNETIC RESONANCE IMAGING (MRI) OF THE
BREAST revised 2018
<https://www.acr.org/-/media/ACR/Files/Practice-Parameters/mr-contrast-breast.pdf>

General Guideline:

MRI Breast will be considered following the completion of mammogram and/or other appropriate diagnostic studies. Molecular Breast Imaging (MBI) may be substituted for most of these indications.

I. INDICATIONS FOR MRI BREAST

Screening:

- A. High risk patients (>20% lifetime risk)
 - 1. 1st degree relative
 - 2. Genetic predisposition (BRCA 1&2)
 - 3. History of mantle radiation for Hodgkin's Disease
 - 4. LCIS and/or ADH on prior biopsy
- B. Patients with new malignancy
 - 1. For screening the contralateral breast in patients with a new breast malignancy, can detect occult malignancy in 3-5%
- C. Patients with breast augmentation. **MBI not appropriate for this indication.**
 - 1. In those with silicone and saline implants and those with free injections of silicone, paraffin, or polyacrylamide gel **in whom mammography may be difficult.**

Extent of Disease:

- A. Invasive Cancer and DCIS
 - 1. Determine multi-focality (2 or more in same quadrant) and multi-centricity (2 or more in different quadrant)
- B. Invasion deep to fascia. **MBI not appropriate for this indication.**
 - 1. For pre-surgical planning to determine relationship of tumor to fascia and extension into pectoralis major, serratus anterior, and/or intercostals muscles.
- C. Post-lumpectomy with positive margins

1. Evaluation of residual disease when pathology shows close or positive margins for residual disease
- D. Neo-adjuvant chemotherapy
 1. MRI can be done before, during, or after to assess response to chemotherapy prior to surgery

Additional evaluation of clinical or imaging findings:

- A. Recurrence of Breast CA
 1. May be useful when clinical, mammographic, or US findings are inconclusive
- B. Metastatic CA when primary is unknown or suspected to be of breast origin
 1. May be useful when patients presenting with metastatic disease or axillary adenopathy with no mammographic or physical findings of breast cancer.
- C. Lesion Characterization – when other modalities are inconclusive
- D. Post-op tissue reconstruction – for evaluation of recurrence in tissue transfer flaps
- E. MRI-guided biopsy. ***MBI not appropriate for this indication.***