

Dense Breast Guidelines**DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 10/14****DATE LAST REVIEWED: 10/20**

SOURCES: 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
[https://www.jacr.org/article/S1546-1440\(09\)00480-3/fulltext](https://www.jacr.org/article/S1546-1440(09)00480-3/fulltext)
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6001765/>
Screening for breast cancer in 2018—what should we be doing today?
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RECOMMENDED GUIDELINES:

Indiana providers are required to inform women with dense breasts of their increased risk of cancer.

- 1) The available imaging options include:
 - a) Automated Breast Ultrasound: Viewed to be the safest in terms of radiation and contrast, but the least accurate, 70% sensitivity, 50% specificity.
 - i) It is the least expensive option.
 - ii) This is currently not available locally.
 - b) Molecular Breast Imaging (MBI): Excellent sensitivity (89%) and specificity (90%) compared to 40% sensitivity of standard mammography alone. It is also much less expensive than MRI—performed at Saint Joseph Health System
 - c) Magnetic Resonance Imaging (MRI): Excellent sensitivity (92%) but lower specificity (54%).
- 2) While there is no consensus about the best study to do at this time, because of the lower risk of unnecessary surgeries and decreased expense, Molecular Breast Imaging (MBI) is the preferred procedure.
- 3) Indications:
 - a) For women with breast density BIRADS 1 or 2, no further studies are necessary.
 - b) For women with breast density BIRADS 3 or 4, further studies are recommended. These should be done yearly until the breasts are no longer considered dense.
- 4) Prior Authorization Considerations:
 - a) Women with breast density BIRADS 1 or 2 will need prior authorization.
 - b) MBI for women with breast density BIRADS 3 or 4 may be ordered without prior authorization.
 - c) MRI Breast requires prior authorization.