

MRI Breast Diagnostic Standards Guidelines**DEPARTMENT: Utilization Management Physician Practice Guidelines****EFFECTIVE DATE: 10/05****DATE LAST REVIEWED: 09/21**

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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>

RECOMMENDED GUIDELINES:

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.

1) INDICATIONS FOR MRI BREAST**Screening:**

- a) High risk patients (>20% lifetime risk)
 - i) 1st degree relative
 - ii) Genetic predisposition (BRCA 1&2)
 - iii) History of mantle radiation for Hodgkin's Disease
 - iv) LCIS and/or ADH on prior biopsy
- b) Patients with new malignancy
 - i) 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.**
 - i) 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
 - i) 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.**
 - i) 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
 - i) Evaluation of residual disease when pathology shows close or positive margins for residual disease
- d) Neo-adjuvant chemotherapy
 - i) 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
 - i) 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
 - i) 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.***