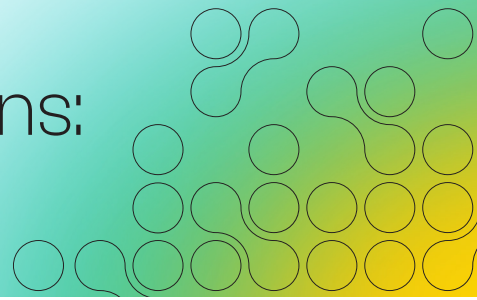


Australian Breast Cancer Risk Management Recommendations: Screening And Risk-Reducing Strategies



Current evidence-based guidelines for the prevention and early detection of breast cancer are lacking. iPrevent¹ and eviQ^{2,3} provide recommendations based on previous guidance,⁴ relevant literature (but not including results from the second round of the DENSE trial⁵), and high-risk breast MRI rebate criteria.⁶ The recommendations below can be considered in the context of the individual patient.

Breast cancer screening and surveillance recommendations

Age	Average risk	Moderate risk		High risk	
All ages	Breast awareness with prompt reporting to general practitioner of persistent or unusual changes				
		iPrevent	eviQ	iPrevent	eviQ
< 40	No screening	No screening		Annual examination and screening – mammogram/ MRI/US	Assess 10-year breast cancer risk using a validated risk model such as iPrevent, CanRisk, or IBIS Age for screening commencement may be individualised if the 10-year risk is 3% or greater Annual breast MRI*
40–50	2nd yearly mammogram optional (free through BreastScreen)	Annual mammogram	Annual mammogram Consider other imaging modalities depending on individual risk factors, such as breast density	Annual examination and screening – mammogram/ MRI/US	Annual mammography (digital, consider tomosynthesis where possible). Annual breast MRI*
50–60	2nd yearly mammogram	Annual mammogram	Mammogram every second year Consider annual mammogram in women with additional risk factors Other imaging modalities may be considered depending on individual risk factors, such as breast density	Annual examination and mammography – MRI* not usually recommended NOTE: MRI eligibility age increased to < 60 (from < 50) in November 2022	Annual mammography (digital, consider tomosynthesis where possible) Consider annual breast MRI* if dense breast tissue
> 60	2nd yearly mammogram	Annual mammogram	Mammogram every second year	Annual examination and mammogram	Annual mammogram (digital, consider tomosynthesis where possible)

*Refer to [MBS item 63464](#) for rebate eligibility⁶

Breast cancer risk-reducing strategies

	Moderate risk		High risk	
Risk-reducing medication	iPrevent	eviQ	iPrevent	eviQ
	Yes if age \geq 35	Consider use of surgery to reduce risk of developing breast cancer* <ul style="list-style-type: none"> • Pre-menopausal \geq 35 – consider tamoxifen • Post-menopausal – consider raloxifene, aromatase inhibitors, or tamoxifen 	Yes if age \geq 35	Consider use of surgery to reduce risk of developing breast cancer* <ul style="list-style-type: none"> • Pre-menopausal \geq 35 – consider tamoxifen • Post-menopausal – consider raloxifene, aromatase inhibitors, or tamoxifen
Risk-reducing surgery	iPrevent	eviQ	iPrevent	eviQ
	No recommendation	Generally not recommended	Discuss bilateral risk-reducing mastectomy	Discuss bilateral risk-reducing mastectomy

* Requires assessment of risks and benefits for an individual woman by an experienced medical professional; see Clinical Oncology Society of Australia (COSA) **SERM Guides: Medications to lower the risk of breast cancer - Clinician Guide**

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