North Carolina Breast & Cervical Cancer Control Program (BCCCP)

Title: Breast Cancer and Cervical Cancer Risk Assessment Policy	**Category/Number: N/A**
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Purpose:

The Centers for Disease Control and Prevention (CDC) has mandated that the North Carolina Breast and Cervical Cancer Control Program (BCCCP) assess and report a patient's risk determination for the development of breast cancer and cervical cancer. The purpose of this policy is to guide BCCCP providers with risk assessment and subsequent counseling.

Policy:

NC BCCCP providers are required to assess BCCCP patients for the risk of developing breast cancer and cervical cancer, and to counsel patients identified as high risk about screening recommendations.

Definitions:

For breast cancer, high risk includes:

- Those who have a known genetic mutation (such as BRCA 1 or 2)
- Those who have first-degree relatives with premenopausal breast cancer or known genetic mutations
- Those who have a history of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma)

- Those who have a personal history of breast cancer or pre-cancer
- Those who have a lifetime risk of 20% or more for development of breast cancer based on risk assessment models that are largely dependent on family history.[i]

For cervical cancer, high risk includes:
- Those with HIV infection
- Those who have had organ transplantation
- Those who may be immunocompromised from another health condition
- Those who had diethylstilbestrol (DES) exposure in-utero
- Those who have a personal history of cervical cancer or pre-cancer.[i]

Responsibilities: Local BCCCP Providers

Procedure:

1. Assess BCCCP patients for risk of developing breast cancer.
    a. If a patient has one of the following factors, they are considered "high-risk":
        - Known genetic mutation such as BRCA1 or BRCA2
        - First-degree relatives with premenopausal breast cancer or known genetic mutations
        - History of radiation treatment to the chest area before the age of 30 (typically for Hodgkin's lymphoma)
        - Personal history of breast cancer or pre-cancer.
    b. If the patient has none of the risk factors listed above, calculate risk using a risk assessment model that is largely dependent on family history, such as the Breast Cancer Risk Assessment Tool (BCRAT) accessible at https://bcrisktool.cancer.gov/ *(iii)* or the Tyrer-Cuzick Risk Assessment Calculator accessible at https://ibis-risk-calculator.magview.com/ *(iv)*. A calculated lifetime risk of 20% or more for development of breast cancer is considered high risk.
2. Assess BCCCP patients for risk of cervical cancer.
    a. If a patient has one of the following factors, they are considered high risk:
        - HIV infection
        - Organ transplantation
        - Immunocompromised from another health condition
        - In-utero exposure to diethylstilbestrol (DES)
        - Personal history of cervical cancer or pre-cancer
    b. Per guidance from the 2019 revised ASCCP risk-based management consensus guidelines published in April 2020 (NC DHHS 2020). If a patient is found to be high-risk, document the patient's high-risk status and follow recommendations for screening intervals.

3. Document risk assessment findings in the patient's medical record and report in data sent to NC BCCCP.
4. Counsel BCCCP patients about screening strategies if they are at high risk:
    a. People who are at high risk for cervical cancer may be screened with cervical cytology annually or screened with co-testing every three years. NC BCCCP will cover this more frequent screening.
    b. Additional recommendations apply for people who are infected with HIV and can be found on page 39 of *The Cervical Screening Manual: A Guide for Health Departments and Providers*, December 2020 edition.
    c. People who are at high risk for breast cancer (including those who are ages 21-39) should be advised to have a mammogram annually, beginning at age 30. NC BCCCP will cover this annual screening.
    d. People who are at high risk for breast cancer may also consider obtaining a breast MRI in conjunction with an annual mammogram. NC BCCCP does not cover MRI screening based on risk alone. MRI may only be covered as a diagnostic service in certain circumstances with pre-approval. Contact your NC BCCCP nurse consultant to obtain prior authorization. MRI performed without prior authorization is not covered for any reason.
5. For additional information on screening for breast and cervical cancer and for follow-up recommendations, please see the following guidance manuals:
    a. NC DHHS Division of Public Health, (2022). *Breast Screening Manual: A Guide for Health Departments and Providers,* 2022 edition. July 2022 edition
    b. NC DHHS Division of Public Health, (2020). *The Cervical Screening Manual: A Guide for Health Departments and Providers*, December 2020 edition.

References:

American Society for Colposcopy and Cervical Pathology (2024). Retrieved February 9, 2024 from https://www.asccp.org/screening-guidelines .

Centers for Disease Control and Prevention, National Breast and Cervical Cancer Early Detection Program (2022). *DP22-2202 Program Manual: Part I Program Implementation*, v. 1.1 August 2022

NC DHHS Division of Public Health, (2020). *The Cervical Screening Manual: A Guide for Health Departments and Providers*, 2020 edition.

NC DHHS Division of Public Health, (2022). *Breast Screening Manual: A Guide for Health Departments and Providers,* 2022 edition.

Tyrer-Cuzick Risk Assessment Calculator (IBIS Tool). Retrieved February 9, 2024 from https://ibis-risk-calculator.magview.com/

National Institute of Health [NIH]: National Cancer Institute, [NCI] (2019). The Breast Cancer Risk Assessment Tool (BCRAT). Retrieved February 9, 2024 from https://bcrisktool.cancer.gov/

"The Breast Cancer Risk Assessment Tool (BCRAT), also known as The Gail Model, allows health professionals to estimate a woman's risk of developing invasive breast cancer over the next five years and up to age 90 (lifetime risk). The tool has been validated for White women, Black/African American women, Hispanic women, and for Asian and Pacific Islander women in the United States. The tool may underestimate risk in Black women with previous biopsies and Hispanic women born outside the United States. Because data on American Indian/Alaska Native women are limited, their risk estimates are partly based on data for White women and may be inaccurate" NIH, NCI (2024). Retrieved February 9, 2024 from https://bcrisktool.cancer.gov/