BlueCross BlueShield of Illinois

Breast Cancer Screening

History

Except for some forms of skin cancer, breast cancer is the most common cancer among American women, regardless of race or ethnicity.[1] The chance that a woman will die from breast cancer is about one in 39 (about 2.6%). Breast cancer is about 30% (or one in 3) of all new female cancers each year.[1]

As of 2022, the American Cancer Society estimates that about 287,850 new cases of invasive breast cancer will be diagnosed in women, about 51,400 new cases of ductal carcinoma in situ (DCIS) will be diagnosed and about 43,250 women will die of breast cancer.[1]

Breast cancer occurs mainly in middle-aged and older women. The median age at the time of diagnosis is 62 and a small number of women diagnosed with breast cancer are younger than 45.

Since 2007, breast cancer death rates have been steady in women younger than age 50 but have continued to decrease in older women. These decreases are believed to be a result of finding breast cancer earlier through screening and increased awareness, as well as better treatments.[1]

Eligible Population

Women ages 50-74 who had at least one mammogram to screen for breast cancer in the past two years[2]

***Please note:** Women ages 40-44 have the option to start screening with an annual mammogram. Women ages 45-54 should get mammo 0grams every year. Women ages 55 and older can switch a mammogram every other year, or they can choose to continue yearly mammograms. Screening should continue if a woman is in good health and is expected to live at least ten more years.[3]

Continues on reverse

247263.0123

Best Practice Recommendations

Early detection is your patient's best protection. Here are a few best practices to follow to encourage your patients to make their appointments and manage their care:

1. Develop a screening policy

- Use screening navigation. Use reminder systems in your electronic medical record for screenings and checkups.
- Designate a few key influencers among your office staff to create a policy that will work for your practice. It's encouraged to examine workflow issues that may impact screening. These key influencers can drive the initiative and provide systems to ensure all appropriate patients have been contacted, informed and encouraged to schedule their screening appointments.
  - In-office: If the patient will be visiting in the office, assist with scheduling the appointment.
  - Telehealth: If the patient would rather visit via telehealth, provide the patient with the information to successfully meet with their provider.
  - Make sure demographic information is up to date, including:
  - Home address
  - Email address
  - Phone number(s)
  - Communication preference – letter, email, or text message[6]

2. Effective communication and education

- Educate patients about the importance of early detection remind them about the need for screenings.
- Have a list of in-network mammogram facilities available to share with your patients
- Discuss possible fears your patients may have about mammograms
- Assure your patients of the current testing methods[6]

3. Update and document the patient's history

- Include the month and year of the date of service when documenting a mammogram
- Document a bilateral mastectomy, if applicable
- Document any exclusion codes that indicate why screening mammography was not performed (i.e. mastectomy, absence of left or right breast)[6]

Decision Support Recommendations

- Review benefit of screening

Mammography imaging has improved, which may result in more tumors being detected at a curable stage. However, as breast cancer treatments improves, the advantage of earlier detection decreases.[4]

Harms of Screening

The most important harm of screening is the detection and treatment of invasive and noninvasive cancer that would never have been detected, or threaten health, in the absence of screening. The U.S. Preventive Service Task Force (USPSTF) reports that the benefit of screening mammography outweighs the harms by at least a moderate amount from ages 50-74 and is greatest for women in their 60s.[4]

Risk Factors and When to Start Screening

Advancing age is the most important risk factor for breast cancer in most women, but epidemiologic data from the Breast Cancer Surveillance Consortium (BCSC) suggest that having a first-degree relative with breast cancer is associated with an approximately twofold increased risk for breast cancer in women aged 40-49. The CISNET models suggest that for women with about a twofold increased risk for breast cancer, starting annual digital screening at age 40 results in a similar harm-to-benefit.[4]

How Often to Screen

Once screening has been decided by the patient, the USPSTF reports that for most women, biennial mammography screening provides the best overall balance of benefit and harms.[4]

When to Consider Stopping Screening

The USPSTF extended the recommendation for screening mammography to age 74 based on the extrapolation that much of the benefit seen in women ages 60-69 should continue in this age range. CISNET models suggest that women aged 70 to 74 years with moderate to severe comorbid conditions that negatively affect their life expectancy are unlikely to benefit from mammography.[4]

*Quality measures evaluate a prior calendar year performance. Measure specifications are from the National Quality Forum (NQF) and/or National Committee for Quality Assurance (NCQA).

1 American Cancer Society. Key Statistics for Breast Cancer. Accessed at https://www.cancer.org/cancer/breast-cancer/about/how-common-is-breast-cancer.html on Aug. 15, 2022.

2 National Committee for Quality Assurance. Breast Cancer Screening. Accessed at https://www.ncqa.org/hedis/measures/breast-cancer-screening/ on Aug. 15, 2022.

3 American Cancer Society. American Cancer Society Recommendations for the Early Detection of Breast Cancer. Accessed at https://www.cancer.org/cancer/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html on Aug. 15, 2022.

4 U.S. Preventive Services Task Force. Breast Cancer: Screening. Accessed at https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening on Aug. 18, 2022.

5 The Breast Cancer Surveillance Consortium. Summary of Selected Data. Accessed at https://www.bcsc-research.org/data/variables on Aug. 19, 2022.

6 BCBSIL HEDIS Tip Sheets. Accessed at https://www.bcbsil.com/docs/provider/il/clinical/hedis/colorectal-toolkit-il.pdf on Aug. 18, 2022.