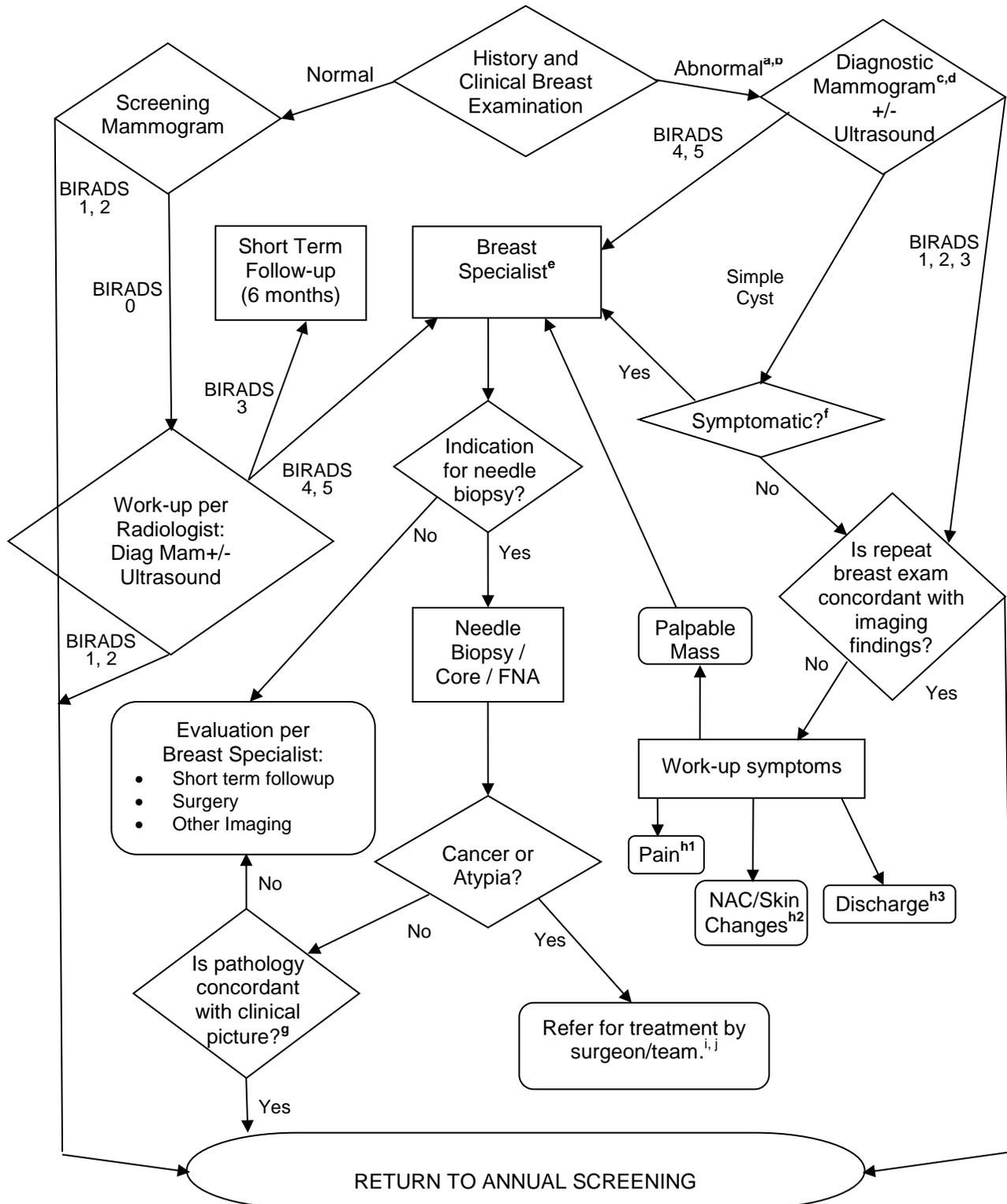


BCCHP BREAST CARE ALGORITHM

This algorithm does not replace clinical judgment in particular cases. There may be exceptions which should be discussed with BCCHP staff.



BCCHP BREAST CARE ALGORITHM NOTES

- a) If mass appears to be a simple cyst, one may perform an aspiration initially to obviate lengthy workup and expedite treatment. However, imaging is more accurate in undisturbed breast tissue. Delay the mammogram for about two weeks for needle tracks to resolve.
- b) Abnormal may include mass, discharge, pain, and skin or nipple changes. (See “h” below.)
- c) Diagnostic mammogram within two months does not need to be repeated. One may use a two month old mammogram for a current evaluation.
- d) Ultrasound may be the initial imaging method for women under 30 years old.
- e) Here, breast specialist means an experienced clinician able to dependably obtain a valid tissue diagnosis. This includes radiologists, surgeons, and adequately trained primary care providers.
- f) Non-painful simple cysts confirmed by ultrasound and mammography need not be aspirated. (See “h” - breast pain below.)
- g) Concordant means lesion found by imaging satisfactorily explains clinical symptoms or signs and pathology.
- h) Workup of varied breast symptoms:
 - h1. Breast Pain:
 - All women with symptomatic breast pain should be initially evaluated using the breast algorithm. Ultrasound may identify a simple cyst.
 - Women with cyclic pain should be evaluated for hormone irregularities or medications influencing hormonal balance. **BCCHP does not cover laboratory testing or treatment in this case.**
 - Women with non-cyclic pain may be referred to a breast specialist if no hormonal cause can be found.
 - h2. Skin Changes involving nipple-areolar complex (NAC) or other sites on the breast:
 - All women with symptomatic skin changes should be initially evaluated using the breast algorithm.
 - Unilateral skin changes may be treated with either a short course of antibiotics or topical steroid creams. **BCCHP does not cover this type of therapy.** If signs or symptoms do not resolve, refer to a breast specialist.
 - h3. Discharge:
 - All women with symptomatic discharge should be initially evaluated using the breast algorithm.
 - If bloody or heme-occult positive, refer to breast specialist.
 - If non-bloody discharge is spontaneous and persists over two months, refer to breast specialist.
 - Persistent spontaneous unilateral nipple discharge can be worked up by the addition of a ductogram in addition to the usual imaging workup.
 - If bilateral discharge consider hormonal, medication, non-prescription supplement, or physiologic causes.
- i) Treatment of breast atypia (ADH, ALH, FEA, radial scar, and intraductal papilloma) is covered by the Breast and Cervical Cancer Treatment Program (BCCTP) **only** for U.S. citizens and lawful permanent residents (LPRs) in the U.S. for 5 years or more. For other clients, contact the BCCHP Prime Contractor to discuss coverage.
- j) BCCHP does not cover treatment of breast cancer. Treatment of breast cancer is covered by the BCCTP for all women diagnosed through the BCCHP. See the BCCTP Policy and Procedure.

BCCHP Breast Care Algorithm Notes

BIRADS Categories:

- BIRADS 0 = assessment incomplete, need additional imaging evaluation and/or prior mammograms for comparison.
- BIRADS 1 = negative
- BIRADS 2 = benign
- BIRADS 3 = probably benign, initial short-interval follow-up suggested
- BIRADS 4 = suspicious abnormality, biopsy should be considered
 - 4A = low suspicion for malignancy
 - 4B = intermediate suspicion of malignancy
 - 4C = moderate concern, malignancy expected
- BIRADS 5 = highly suggestive of malignancy, appropriate action should be taken
- BIRADS 6 = biopsy proven malignancy, take appropriate action