

Keeping You Abreast Newsletter

Northern Light Mercy Breast Care is proud to be a cutting-edge breast center with a high-risk and genetic breast clinic. There are two groups of patients that are likely to benefit from our services. The process to find which group a patient belongs in may appear to be daunting and that is why our team is available to help guide our patients.

High-risk patients

The first group are patients who have over a 20 percent lifetime risk of developing breast cancer. They need special intense follow-up, often adding MRI to their screening protocol. It is not always obvious who should be followed in this way, as there are several different statistical models used to calculate risk.

Tyrer-Cuzick 8 is the most widely used and incorporates family cancer history with personal information (GYN history, age, hormone use, BMI) and breast history (breast density, biopsy history). This is done as a part of the high-risk consultation, and those patients found to be high-risk are offered follow-up appointments in our clinic. Some of these patients are also candidates for genetic testing as detailed below.

Genetic patients

The second group of patients are those with a significant family history of breast cancer and who may be candidates for cancer-related genetic testing. There may be overlap between high risk and genetic patients, but they do not necessarily need the same services.

The most widely used guideline for genetic testing is the NCCN Hereditary Cancer Testing Criteria. It is fairly complicated and changes annually, but it is the most likely to be accepted by insurance companies.

Understanding who is a candidate for genetic testing and whether it will be covered by insurance is addressed in the genetic portion of our clinic's consultation, and it requires a careful review of a three-generation pedigree.

A form that screens for the NCCN guidelines is used in our mammography center with the goal of identifying all patients who may be eligible for genetic counseling. If eligible, patients are offered a consultation to discuss this further and initiate genetic testing if the patient desires. Additionally, we welcome all patients to our clinic who wish to further explore their risk or are interested in genetic testing, regardless of whether they have been screened through our mammography department.

We would also like to remind women that we follow the American Society of Breast Surgeons screening guidelines, which suggest that average risk women have a yearly mammogram and breast exam starting from age 40 and continuing as long as they are in good health. Mercy offers state of the art 3D mammography screening to all patients at its Fore River campus. As noted above, women who are at high risk may need a more intense screening schedule.

When to start depends on risk:

Risk Category	Density	Age to Screen	Test to Perform	Frequency
Average	A/B	40	Mammogram	Yearly
Average	C/D	40	Mammogram *Consider US/MRI	Yearly
High (20% or greater calculated)	Any	35	Mammogram MRI	Yearly Yearly
High (Gene positive/ Mantle XRT)	Any	25 30	MRI Mammogram	Yearly Yearly
History Breast Cancer Under Age 50	Any	From Diagnosis	Mammogram MRI	Yearly

The evaluation of risk is a process that can be addressed in a consultation at our Mercy High Risk and Genetics Clinic, which is open to anyone who is concerned about knowing their breast cancer risk, or whose PCP is uncertain of their patient's risk and would like to be evaluated.

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