

 <p>MaineHealth CANCER CARE NETWORK SUPPORTED BY THE HAROLD ALFOND* FOUNDATION</p>	Breast Cancer High Risk Assessment	
	Pathology Guideline	
	Original Date: 7/18/17	Review Date: 12/17/19
MaineHealth Breast Work Group		

1. When patients are identified as having a high risk lesion (listed) a surgical consult will be recommended.
 - a. Atypical hyperplasia
 - b. LCIS
 - c. Pleomorphic LCIS*

**These lesions should be considered akin to DCIS and treated per standard of care for DCIS.*

2. During the surgical consult, a discussion will be conducted concerning:
 - a. The possible need for an excisional biopsy of the area
 - b. The increase risk for breast cancer when such lesions are identified
 - c. The possibility of a pathological upgrade to a cancer following the excision
 - d. The follow-up recommendations, according to the patient's personal risk evaluation made using the NCI risk assessment tool

3. Following surgery consultation, pending there is no upgrade to a cancer diagnosis, this patient population should receive (or be referred to as a High Risk provider who will):
 - a. Consultation reviewing the implications of the diagnosis in relation to their breast cancer risk
 - b. Assessment of risk by selected calculators:
 - i. Gail
 - ii. Tyrer Cuzick
 - c. Discussion regarding options for future treatment and surveillance
 - i. candidacy for additional screening imaging
 - ii. candidacy for chemoprevention
 - iii. consideration for prophylactic surgery
 - d. Determination of a breast care plan
 - i. schedule for screening imaging and clinical breast exams
 - ii. consideration of referral to medical oncologist for chemoprevention
 - e. If the patient declines appropriate follow up, it is the responsibility of the provider to provide and document the above noted information and risk assessment