Dense Breasts: What’s Best?

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BACKGROUND
- Mammography is the “gold standard” for breast cancer screening and early detection
- Breast density decreases mammographic accuracy
- 40% of women have mammographic breast density
- Current guidelines lack consensus for how to select, implement, and interpret breast cancer risk assessment models

PURPOSE
- Create a systematic approach to providing breast cancer risk assessments in a primary care setting
- Increase provider confidence with interpreting risk assessment

METHOD
- A QI project designed to develop a breast cancer screening algorithm for integration in primary care.
- Breast Cancer Risk Assessment Models were compared
- Tyrer Cuzick integrated related to sensitivity, reliability, and feasibility
- Algorithm created to assist in management follow-up

RESULTS

Qualitative
- Use of the Tyrer Cuzick tool opened up dialogue between provider and patients
- The Tyrer Cuzick lengthened appointment times
- Provider confidence and knowledge regarding breast density, lifetime risk scores, increased overall

Quantitative
- Not statistically significant
- Screening for lifetime risk increased
- 10 patients met criteria for screening (n=10)
- 10% of patients screened had >20% breast cancer lifetime risk assessments
- 30% of those screened were referred to adjunctive testing
- Average participant age 53.1 years of age

DISCUSSION
- Low patient numbers related to staffing
- Insurance denials for adjunct imaging
- Integrated Epic tool ideal for timeliness
- Education for patients and providers
- Identified patients who would benefit from genetic counseling
- Provider felt it was a “useful tool”

CONCLUSIONS
- Tyrer Cuzick is useful in primary care setting to determine patients’ lifetime risk scores
- Additional collaboration and research needed in this field
- Standardized guidelines for insurance reimbursement could improve patient outcomes
- Early cancer detection leads to better outcomes

REFERENCES