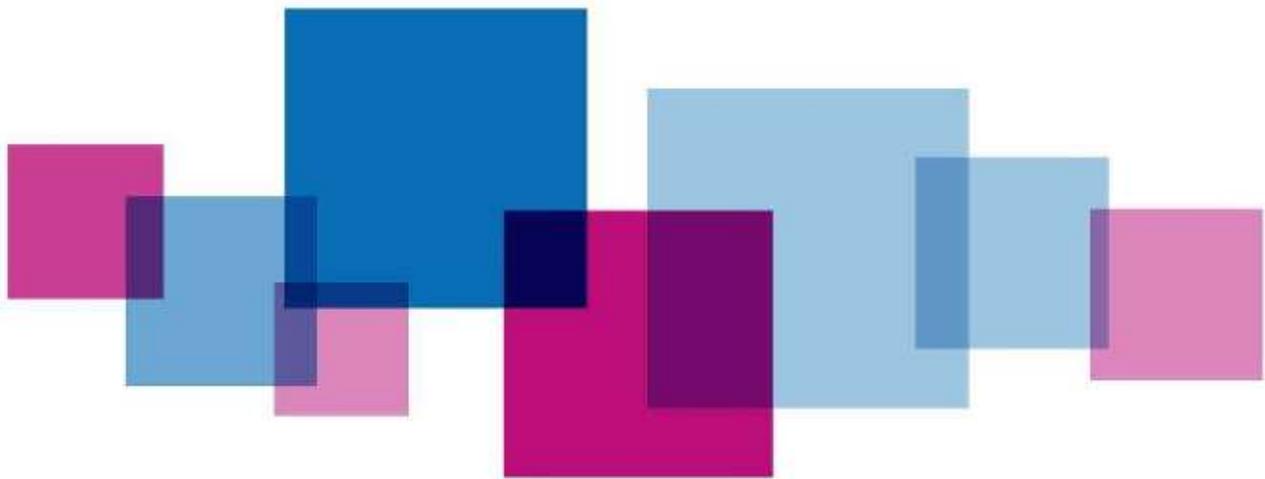


# Commissioning Policy

## Annual MRI Breast Screening

### Criteria Based Access



**Date Adopted: 1<sup>st</sup> April 2019**

**Version: 1819.3.00**

### Document Control

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### Version Control

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| 1516.2.01 | 27.03.18 | IFR Coordinator                                  | Rebranded to BNSSG CCG               |
| 1819.3.00 | 22.10.18 | Commissioning Policy Development Support Officer | Updated to BNSSG and 3 year reviewed |

**THIS IS A CRITERIA BASED ACCESS POLICY**  
**TREATMENT MAY BE PROVIDED WHERE PATIENTS MEET THE CRITERIA BELOW**

**THIS POLICY RELATES TO ALL PATIENTS**

## Annual MRI Breast Screening

### General Principles

**Treatment should only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the ICB Exceptional Funding Request Panel.**

1. Clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment. Referring patients to secondary care that do not meet these criteria not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
2. Patients will only meet the criteria within this policy where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment and the EFR team should be approached for advice.
3. On limited occasions, the ICB may approve funding for a further assessment in secondary care only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Where funding approval is given by the Exceptional Funding Request Panel, it will be available for a specified period of time, normally one year.
5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.  
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193> (Thelwall, 2015).
6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing (ASH, 2016)

## Background

This policy aims to allow women who are at a higher risk of developing cancer to access annual MRI breast screening. An MRI is a scan that uses magnetic fields to produce detailed images of the body. MRI scans can last between 15 and 90 minutes depending on how many images are taken.

The TP53, BRCA1 and BRCA2 genes provide instructions for making tumor suppressing proteins that regulates cell division in a controlled way. Mutations of these genes can increase the risk of breast cancer.

Patients meeting the criteria listed below, based on age and estimated risk, should be offered Annual Magnetic Resonance Imaging [MRI] scans of both breasts without further approval from the Commissioner.

### Policy - Criteria to Access Treatment – CRITERIA BASED ACCESS

MRI Scans are not normally offered to Patients before their 20th Birthday

MRI Surveillance should be considered for the following women with no personal history of breast cancer:

#### Patients aged 20 to 29

MRI Scans are available for those at exceptionally high risk, for example.

- Women with a known TP53 mutation
- Women who have not been tested but have a greater than 30% probability of carrying a TP53 mutation,

#### Patients aged 30 to 49

- Women with a known TP53 mutation
- Women who have not had a genetic test but have a greater than 30% probability of being a TP53 carrier
- Women with a known BRCA1 or BRCA2 mutation
- Women who have not had a genetic test but have a greater than 30% probability of being a BRCA carrier

#### Patients Aged 50-69

- Women with a known TP53 mutation
- Women with a known BRCA1 or BRCA2 mutation AND have dense breast pattern on mammography
- Women who have not had a genetic test but have a greater than 30% probability of being a BRCA carrier AND have a dense breast pattern on mammography.

Aged 70 and above: Not normally offered.

MRI Surveillance should be considered for the following women **with a personal history and family history** of breast cancer

### **Aged 20-29**

- Women with a known TP53 mutation
- Women who have not had a genetic test but have a greater than 30% probability of being a TP53 carrier

### **Aged 30-49**

- Women at high risk of breast cancer<sup>1</sup>

<sup>1</sup> Women with a known BRCA1, BRCA 2 and/or TP53 mutations or greater than 30% probability of being carriers. Rare conditions that carry an increased risk of breast cancer such as Peutz-Jegher syndrome, Cowden and familial diffuse gastric cancer.

### **Aged 50-69**

- Women with a dense breast pattern on mammography
- Women with a known TP53 mutation
- Women who have not had a genetic test but have a greater than 30% probability of being a TP53 carrier.

**Aged 70 and above:** Not normally offered.

### **Exclusions**

Do not offer MRI to women:

- of any age at moderate risk of breast cancer
- of any age at high risk of breast cancer but with a 30% or lower probability of being a BRCA or TP53 carrier
- aged 20–29 years who have not had genetic testing but have a greater than 30% probability of being a BRCA carrier
- aged 20–29 years with a known BRCA1 or BRCA2 mutation
- aged 50–69 years who have not had genetic testing but have a greater than 30% probability of being a BRCA or a TP53 carrier, unless mammography has shown a dense breast pattern
- aged 50–69 years with a known *BRCA1* or *BRCA2* mutation, unless mammography has shown a dense breast pattern

This guidance follows the advice set out in the update of NICE Clinical Guideline 14 and 41 Familial Breast Cancer.

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on [BNSSG.customerservice@nhs.net](mailto:BNSSG.customerservice@nhs.net)

## Connected Policies

### Breast reconstruction post cancer

### This policy has been developed with the aid of the following references:

Ash. (2016). *ash.org.uk*. Retrieved September 24th, 2018, from [www.ash.org.uk](http://www.ash.org.uk): [www.ash.org.uk/briefings](http://www.ash.org.uk/briefings)

*Familial breast cancer: Classification and care of people at risk of familial breast cancer and management of breast cancer and related risks in people with a family history of breast cancer.* (n.d.). Retrieved 10 22, 2018, from [www.nice.org.uk](http://www.nice.org.uk): [www.nice.org.uk/guidance/cg164](http://www.nice.org.uk/guidance/cg164)

Thelwall, S. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, vol. 21, no. 11, p. 1008.e1.

## OPCS Procedure codes

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