

Recommendations for Breast MRI Screening as an Adjunct to Mammography

Recommend Annual MRI Screening (Based on Evidence*)

- BRCA mutation
- First-degree relative of *BRCA* carrier, but untested
- Lifetime risk ~20–25% or greater, as defined by BRCAPRO or other models that are largely dependent on family history

Recommend Annual MRI Screening (Based on Expert Consensus Opinion†)

- Radiation to chest between age 10 and 30 years
- Li-Fraumeni syndrome and first-degree relatives
- Cowden and Bannayan-Riley-Ruvalcaba syndromes and first-degree relatives

Insufficient Evidence to Recommend for or Against MRI Screening‡

- Lifetime risk 15–20%, as defined by BRCAPRO or other models that are largely dependent on family history
- Lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH)
- Atypical ductal hyperplasia (ADH)
- Heterogeneously or extremely dense breast on mammography
- Women with a personal history of breast cancer, including ductal carcinoma in situ (DCIS)

Recommend Against MRI Screening (Based on Expert Consensus Opinion)

- Women at <15% lifetime risk

1. * Evidence from nonrandomized screening trials and observational studies.

2. †Based on evidence of lifetime risk for breast cancer.

3. ‡Payment should not be a barrier. Screening decisions should be made on a case-by-case basis, as there may be particular factors to support MRI. More data on these groups is expected to be published soon.
