



Imaging of nipple saving mastectomies

Version Control

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Background

- For the first 5 years, a woman who has had a nipple saving mastectomy is not at a population risk, they are at a much higher risk which is beyond the remit of a screening population service.
- There is the potential to do more harm than good — damaging the reconstructed breast.
- Should a legal case arise, this should not change the policy to screen women who have had a nipple saving mastectomy.

CAC decision/recommendation

- Imaging of women who have had a nipple sparing mastectomy is not the role of the BreastScreen Australia screening program;
- The BreastScreen Australia program is suitable for asymptomatic women at population risk, women who have had a nipple saving mastectomy are not at population risk for the first 5 years post diagnosis;
- These women are at a higher risk and should have their post mastectomy care, follow up with their designated healthcare professional. Any post mastectomy issues, including nipple issues i.e. residual ductal tissue, should be managed by the woman's designated health professional; and
- Once a woman returns to BreastScreen Australia 5 years post diagnosis (if the screening program is appropriate for the woman), the reconstructed breast/nipple should not be screened.

This advice is clinical guidance for the BreastScreen Australia Program for consideration and suggested implementation within each jurisdiction.