



Place of breast MRI as a problem solving tool at assessment

Version Control

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Background

The CAC group discussed the place of MRI as a problem-solving tool over a number of CAC meetings. The group sourced further information from the sponsor of this item and also sourced further information regarding the current use of MRI in breast screening nationally, in order to develop a position on the use of MRI.

Literature reviewed included ACR Practice guideline for the performance of contrast enhancing MRI - noting paragraph 3.c, where the term "rare" is used, available from the [ACR](https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-by-Modality) website (<https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards/Practice-Parameters-by-Modality>) and [Inside radiology](https://www.insideradiology.com.au/breast-mri-hp/), section 18, from Inside radiology. (<https://www.insideradiology.com.au/breast-mri-hp/>.)

The CAC sourced information regarding which BSA Services currently use MRI in screening, and also reviewed the guidelines from the American College of Radiology.

CAC decision/recommendation

The BSA Clinical Advisory Committee has reviewed the role of MRI in BreastScreen assessment. The committee is of the view that there is no role for MRI in routine triple assessment. However, the committee agrees that in exceptional circumstances MRI may be helpful for problem solving. As these cases are rare, and each case should be judged on its imaging and clinical merits, the committee did not feel it was helpful to set rigid criteria. Instead such cases should be reviewed by the Multi-disciplinary Team of the service.

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