SFHP Criteria

Breast MRI

Revision Dates: July 2012

Approved by QIC: August 9, 2012

Related P&P:

References:

American Cancer Society Guidelines for Breast Screening with MRI as an adjunct to mammography, CA Cancer J Clin 2007; 57:75-89

Aetna Clinical Policy Bulletin: Magnetic Resonance Imaging (MRI) of the Breast, No. 0105. www.aetna.com/cpb/medical/data/100_199/0105.html; accessed July 2012

GUIDELINE:

1. **SFHP will authorize a breast MRI for women considered to be at high genetic risk of breast cancer because of any of the following:**
    a. BRCA mutation*
    b. First-degree relative of BRCA carrier, but untested*
    c. Lifetime risk 20–25% or greater, as defined by BRCAPRO or other models that are largely dependent on family history*
    d. Radiation to chest between age 10 and 30 years**
    e. Li-Fraumeni syndrome and first-degree relatives**
    f. Cowden and Bannayan-Riley-Ruvalcaba syndromes and first-degree relatives**

2. **SFHP may consider breast MRI, with or without contrast materials, medically necessary for members who have had a recent (within the past year) conventional mammogram and/or breast sonogram, in any of the following circumstances where MRI of the breast may affect their clinical management (reviewed on a case-by-case basis; prior authorization required):**

    a. To assess tumor location, size, and extent before and/or after neoadjuvant chemotherapy in persons with locally advanced breast cancer, for determination of eligibility for breast conservation therapy
    b. To detect implant rupture in symptomatic members
    c. To detect suspected local tumor recurrence in members with breast cancer who have undergone mastectomy and breast reconstruction with an implant
    d. To detect local tumor recurrence in individuals with breast cancer who have radiographically dense breasts or old scar tissue from previous breast surgery that compromises the ability of combined mammography and ultrasonography

e. To detect the extent of residual cancer in the recently post-operative breast with positive pathological margins after incomplete lumpectomy when the member still desires breast conservation and local re-excision is planned
f. To evaluate persons with lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS)
g. To guide localization of breast lesions to perform needle biopsy when suspicious lesions exclusively detected by contrast-enhanced MRI cannot be visualized with mammography or ultrasonography
h. To localize the site of primary occult breast cancer in individuals with adenocarcinoma suggestive of breast cancer discovered as axillary node metastasis or distant metastasis without focal findings on physical examination or on mammography/ultrasonography
i. To map the extent of primary tumors and identify multi-centric disease in persons with localized breast cancer (stage I or II, T0-1 N0-1 M0) prior to surgery (lumpectomy versus mastectomy).

3. Exclusions: the following conditions are considered experimental and investigational in nature because there is insufficient evidence to recommend for or against MRI screening. As such, these are generally denied but may be reviewed on a case-by-case basis and prior authorization is required:

a. Lifetime risk 15–20%, as defined by BRCAPRO or other models that are largely dependent on family history
b. Heterogeneously or extremely dense breast on mammography
c. Women with a personal history of breast cancer, including ductal carcinoma in situ (DCIS)
d. To confirm implant rupture in symptomatic individuals whose ultrasonography shows rupture, especially with implants more than 10 years old (ultrasound sufficient to proceed with removal)
e. To differentiate benign from malignant breast disease, especially clustered micro-calcifications
f. To differentiate cysts from solid lesions (ultrasound indicated)
g. To evaluate breasts before biopsy in an effort to reduce the number of surgical biopsies for benign lesions
h. To provide an early prediction of response to adjuvant breast cancer chemotherapy in guiding choice of chemotherapy regimen
i. To screen for breast cancer in members with average risk of breast cancer
j. To screen BRCA-positive men

4. The American Cancer Society recommends against MRI screening:

a. Women at <15% lifetime risk**

Breast Cancer Risk Calculator: http://www.articlesnatch.com/Article/How-to-calculate-your-risk-for-breast-cancer/530929
*based on evidence
** based on expert consensus opinion