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**Project BRA**

**Breast Cancer Risk Assessment Workflow Analysis**

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| Step 1:  Assess Family History | Location | Process | Responsible | Included in Organizational Protocol |
| Do you use a tool to collect family history? Yes / No |  |  |  |  |
| Assess cancers diagnosed in first- or second-degree relatives, including type of cancer and age of diagnosis. |  |  |  |  |
| How and when is family history documented and updated in the EMR? |  |  |  |  |

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| Step 2:  Assess Personal History | Location | Process | Responsible | Included in Organizational Protocol |
| Assess hormonal risk factors:   * Age of menarche/menopause * Age at first live birth/nulliparity * Exogenous hormone use * Obesity |  |  |  |  |
| Assess radiographic breast density |  |  |  |  |
| Does the patient have a history of prior breast biopsy? |  |  |  |  |
| How and when will this information be documented and updated in the EMR? |  |  |  |  |

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| Step 3:  Choose a Risk Prediction Model | Location | Process | Responsible | Included in Organizational Protocol |
| Do you use a Risk Prediction Model tool to conduct risk assessments? Yes / No  If so, which one?   * NCI Gail Model * Family history-based model- IBIS Tyrer-Cuzick * Other |  |  |  |  |
| How and when will this information be documented and updated in the EMR? |  |  |  |  |

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| Step 4:  Interpret Risk Assessment | Location | Process | Responsible | Included in Organizational Protocol |
| Who will interpret risk as *Average* or *High-Risk* to inform the screening strategy? |  |  |  |  |
| How are risk assessment results communicated to the patient? |  |  |  |  |
| How and when is a lifetime risk of >20% documented in the EMR? |  |  |  |  |

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| Step 5:  Management | Location | Process | Responsible | Included in Organizational Protocol |
| Navigate referrals for screening/specialists:   * Genetic counseling * High-Risk clinic referral * Radiographic screening |  |  |  |  |
| Do you recommend additional screening to women with a lifetime risk of >20%?  Yes / No |  |  |  |  |
| How are referrals and follow-up with patients managed? |  |  |  |  |