

NICE recommendations:

- ◆ **Annual MRI screening** should be offered to women according to their age and level of risk:
- ◆ **Under 30 years:** • Those at exceptionally high risk (i.e. annual risk greater or equal to 1%) for example TP53 mutation carriers.
- ◆ **30-39 years:** • BRCA1 and BRCA2 mutation carriers • Those at 50% risk of carrying a BRCA1 mutation • Those with a risk over ten years of greater than 8% • Those at 50% risk from untested families with at least a 60% risk of a BRCA1 mutation (i.e. a 30% chance of carrying a mutation themselves).
- ◆ **40-49 years:** • BRCA1 and BRCA2 mutation carriers • Those at 50% risk of carrying a BRCA1 mutation • Those with a risk over ten years of greater than 20% • Those with a genetic history suggesting a risk over ten years of greater than 12% where mammography has shown a dense breast pattern
- ◆ MRI of both breasts should be performed to **high quality standards** ensuring both high temporal and spatial resolution. Fat saturated dynamic sequences are recommended post contrast. They should be double-read where possible.
- ◆ **<http://www.nice.org.uk/page.aspx?o=317136>**



NICE FBC implications

Tertiary care-MRI revisited-FINAL 2006

- ◆ 30-49 *BRCA1* carriers + 50% risk
- ◆ 30-49 *BRCA2* carriers
- ◆ 25-49 *TP53* carriers
- ◆ 30-39 – 8% risk in 10 years
- ◆ 40-49 –12% risk if dense mammograms
- ◆ -20% risk regardless of mammogram

