

CLINICAL INDICATIONS FOR ORDERING BREAST MRI

CENTRALIZED SCHEDULING (703) 280-9800

AMERICAN CANCER SOCIETY GUIDELINES (EFF APR 07)	ANNUAL BMRI RECOMMENDED	ANNUAL BMRI BENEFICIAL*
BRCA1 or BRCA2 gene mutation OR first-degree relative with BRCA1/2 (even if patient not yet tested)	■	
Lifetime risk of breast cancer scored at 20–25% or greater (generally corresponds to two 1° relatives with breast cancer)	■	
Radiation to the chest between the ages of 10 and 30	■	
Li-Fraumeni/Cowden/Bannayan-Riley-Ruvalcaba syndromes, or patient may have one syndrome based on history in 1° relative	■	
Lifetime risk of breast cancer scored at 15–20%		■
Lobular carcinoma in situ (LCIS) or atypical lobular hyperplasia (ALH)		■
Atypical ductal hyperplasia (ADH)		■
Very dense or unevenly dense breasts (on mammogram)		■
Already had breast cancer, incl. ductal carcinoma in situ (DCIS)		■

* Annual screening Breast MRI may be beneficial but not currently routinely recommended



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INDICATIONS FOR PATIENTS WITH RECENTLY-DIAGNOSED BREAST CANCER

BMRI WITH GADOLINIUM

Evaluation for additional lesions at time of diagnosis of breast cancer – bilaterality, multifocality and multicentricity	■
Post-lumpectomy assessment for residual disease	■
Evaluate for recurrence of breast cancer in patients with inconclusive clinical or radiographic findings	■
Monitoring neoadjuvant chemotherapy	■
Assess for chest wall invasion	■
Axillary adenopathy demonstrating breast carcinoma in patients with normal physical exam and radiographic studies	■

PLEASE NOTE: *For women at average risk, the ACS recommends getting annual mammograms and breast exams by a physician, beginning at age 40. Most high-risk women should begin getting Breast MRI exams and mammograms at age 30, according to the new guidelines, unless they and their doctor think it's better to begin at a different age.*



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