

Cancer Screening Tip of the Month – April 2023

Toronto Central Regional Cancer Program, Cancer Screening eBulletin

High Risk Ontario Breast Screening Program (OBSP)

The High Risk OBSP screens people ages 30-69 who meet the program's eligibility criteria with annual mammography and screening breast MRI. Physicians and nurse practitioners can refer patients ages 30-69 to the High Risk OBSP (category A) or for a genetic assessment to evaluate eligibility for the High Risk OBSP (category B).

Important Updates to the High Risk OBSP Requisition Form:

The High Risk OBSP Requisition Form has been updated to better align with the [2021 Provincial Hereditary Cancer Testing Eligibility Criteria](#) for hereditary breast and ovarian cancer. **This will allow more people to be referred for genetic assessments** to evaluate their eligibility. Below is the new requisition form with a description of the updates.

High Risk Ontario Breast Screening Program (OBSP) Requisition Form

To receive screening through the High Risk OBSP, women, trans and nonbinary people must be between ages 30 and 69 and be at high risk for breast cancer as identified through Category A or Category B, after genetic assessment. Fax the completed requisition to a High Risk OBSP site in your area. Please visit [cancerscreening.on.ca/highrisk](#) for a list of High Risk OBSP sites.

1. PATIENT INFORMATION (or affix label)	
First Name	Last Name
Date of Birth (YYYY/MM/DD)	OHSP Number
Telephone Number	Secondary Telephone Number
Address (including postal code)	
Category A: Eligible for direct entry into the program. To fall under this category, at least one of the following criteria must be met:	
<input type="checkbox"/> Known carrier of a pathogenic or likely pathogenic gene variant (e.g., BRCA1, BRCA2, TP53, PALB2) – (fax results with form)	
<input type="checkbox"/> First degree relative of a carrier of a pathogenic or likely pathogenic gene variant (e.g., BRCA1, BRCA2, TP53, PALB2), has previously had genetic counselling, and has declined genetic testing	
<input type="checkbox"/> Previously assessed as having a ≥25% lifetime risk of breast cancer on basis of personal and family history (a genetic clinic must have used one of the tools below to complete this assessment) – (fax results with form)	
IBIS 10 Year Risk:	IBIS Lifetime Risk:
CanRisk 10 Year Risk:	CanRisk Lifetime Risk:
<input type="checkbox"/> Received chest radiation (not chest x-rays) to treat another cancer (e.g., Hodgkin lymphoma) before age 30 and at least eight years ago	
Category B: Genetic assessment required (i.e., counselling and/or testing) to determine eligibility for the program. To fall under this category, at least one of the following criteria must be met:	
<input type="checkbox"/> An identified pathogenic or likely pathogenic gene variant that is associated with increased breast cancer risk (e.g., BRCA1, BRCA2, TP53, PALB2) in a close blood relative	
<input type="checkbox"/> A personal history and/or close blood relatives' with at least one of the following:	
<input type="checkbox"/> One case of breast and/or ovarian cancer and at least one other case of breast, ovarian, prostate or pancreatic cancer, on the same side of the family	<input type="checkbox"/> Family history of breast cancer ≥35 years of age
<input type="checkbox"/> More than one primary breast cancer in the same person	<input type="checkbox"/> Breast and/or ovarian cancer in people of Ashkenazi Jewish descent
<input type="checkbox"/> Both breast and ovarian cancer in the same person	<input type="checkbox"/> Invasive ovarian cancer
<input type="checkbox"/> A personal history of at least one of the following:	<input type="checkbox"/> Breast cancer in a person assigned male at birth
<input type="checkbox"/> Breast cancer ≥45 years of age	<input type="checkbox"/> Triple negative breast cancer ≥60 years of age
<input type="checkbox"/> Breast cancer ≥50 years of age if limited family structure	Please see bottom of page 2 for definitions of 1-5
2. CLINICAL HISTORY	
Date (YYYY/MM/DD) and location of most recent mammogram (attach report if available)	Previous breast cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date (YYYY/MM/DD) and location of most recent MRI (if done)	Breast implants? <input type="checkbox"/> Yes <input type="checkbox"/> No
Previous genetic assessment for inherited breast cancer risk? <input type="checkbox"/> Yes (attach results) <input type="checkbox"/> No	Specify genetic assessment centre
3. REFERRING PROVIDER (or affix label)	
First and Last Name	CPO/CO Number
Address (including postal code)	Telephone Number
Signature	Fax Number
	Date (YYYY/MM/DD)

If your patient is eligible for high risk screening, by signing this requisition, you authorize the use of screening mammography and breast MRI (or screening breast ultrasound if breast MRI is not medically appropriate) for your patient's initial and ongoing annual screening, as well as any follow-up appointments, including imaging tests and biopsies for evaluation of abnormal results.

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Category A (direct entry)

Eligibility criteria remains the same

What is different?

- BOADICEA risk assessment tool has been renamed to CanRisk
- 10-year risk score will be collected for CanRisk (instead of 5-year) to align with IBIS

Category B (genetic assessment required)

Referral criteria has been updated to align with the 2021 Provincial Hereditary Cancer Testing Eligibility Criteria for hereditary breast and ovarian cancer

What is different?

- Expanded referral criteria (**more people are eligible for genetic assessment**)
- New personal history only section

Clinical History

Most recent mammogram report is requested (if available)

Referring Provider

Nurse practitioners can refer people to the High Risk OBSP. The College of Nurses of Ontario (CNO) number is now included under the referring provider field.

To access the updated High Risk OBSP Requisition Form click [here](#). Please update the links in your electronic medical records to the new High Risk OBSP Requisition Form.

For a list of High Risk OBSP sites click [here](#).

Important Information to Include When Referring Patients:

- ✓ Completed High Risk OBSP Requisition Form indicating Category A or Category B eligibility
- ✓ Most recent mammogram report (if available)
- ✓ Previous genetic testing or risk assessment results (required for Category A and if available, include for Category B)
- ✓ Please refer your patients to only one High Risk OBSP site (multiple referrals to different sites cannot be accommodated and will result in patient delays)

Questions? If you have any questions or if you would no longer like to receive the Cancer Screening Tip of the Month please email the Toronto Central Regional Cancer Program, Cancer Screening team: info@TCcancerscreening.ca