

ACR Guidelines for Resumption of Breast Cancer Screening

Quick Reference Guide



General Guidance

During the initial phase of the COVID-19 pandemic many imaging facilities delayed non-urgent imaging studies. Now, during the reopening phases, your practice or department plans may vary due to government mandates, COVID-19 disease patterns and institutional policies. Most radiology practices are taking a tiered approach to returning to routine imaging care.

The American College of Radiology® (ACR®) has published a recommended four-tiered plan, in which breast cancer screening falls into Tier 3 — Elective Care and Screening. In March 2020, the Society of Breast Imaging and the ACR issued guidelines recommending breast cancer screening be delayed during the heightened phases of the pandemic. However, delays in breast cancer diagnosis and treatment result in worsened overall patient outcomes. The reduction in breast cancer screening due to the pandemic could result in delayed detection of more than 35,000 breast cancers, along with an increase in related breast cancer deaths. Because of this, it may be reasonable to consider breast cancer screening as Tier 2 — “Time-Sensitive” Care that should resume earlier during care reactivation.

Although breast cancer screening resumption may vary based on available local resources, institutional policies and government mandates, there are two essential and common themes:

1 Patient and Staff Safety

You should consider individual factors such as age, gender, race and associated comorbidities when planning care resumption. Care reactivation should occur in accordance with local policies and procedures designed to ensure the welfare and safety of all patients and staff. Before resuming breast cancer screening, you should address patient concerns about re-entering the healthcare system and fully communicate your safety protocols. Patient inclusion in the development of protocols and communication methods are considered best practice in patient and family centered care.

2 Patient Prioritization Based on Risk

Patient prioritization may not be necessary, depending on the size of the screening program, institutional resources and regional mandates. In general, institutions may schedule per routine if screening for COVID-19 symptoms in patients and staff at entry, physical distancing, and COVID-19 cleaning protocols are employed. The use of personal protective equipment may vary depending on the impact of the virus in your region and supply level.

If triaging is required, the following guidelines may be used:

- Priority 1:** Patients overdue or due for diagnostic evaluation or biopsy, including BI-RADS® Category 0, 3, 4 and 5.
- Priority 2:** Patients determined to be at higher-than-average risk for breast cancer who are due or overdue for screening.
- Priority 3:** New and existing average-risk patients due or overdue for routine annual screening.

Local Scenario Recommendations

The following recommendations apply to all facilities during the pandemic:

- Ensure patients and staff are screened for symptoms upon entry to your facility.
- Enforce universal masking of healthcare workers, patients and visitors.
- Ensure physical distancing is enforced at entry, hallways, in waiting rooms and in work areas.
- Implement methods to minimize time in waiting rooms.
- Decontaminate patient care areas according to Centers for Disease Control and Prevention Guidelines.
- Restrict those accompanying patients only to caregivers needed for assistance.
- Monitor local trends in infection levels and be prepared to restrict non-urgent imaging as necessary.

For more information, please visit [MammographySavesLives.org](https://www.MammographySavesLives.org).



References

1. Davenport et al. "ACR Statement on Safe Resumption of Routine Radiology Care During the Coronavirus Disease 2019 (COVID-19) Pandemic." JACR July 2020; 17(7): 839-844
2. "Society of Breast Imaging Recommendations for a Thoughtful Return to Caring for Patients" sbi-online.org. 5 May 2020.
3. "Shifts in Healthcare Demand, Delivery and Care During the COVID-19 Era" IQVIA Institute for Human Data Science. Iqvia.com April 2020.