



Alternative Methods for Breast Cancer Screening

Origination: 10/18/13	Revised: 09/01/17	Annual Review: 11/02/17
------------------------------	--------------------------	--------------------------------

Purpose:

To provide Medical Department staff with alternative methods for breast cancer screening to reference when making benefit determinations.

Definition

- Digital Breast Tomosynthesis and Three-Dimensional Automated Breast Ultrasound (ABUS or ABU) are devices to generate mammographic images that can be used for screening and diagnosis of breast cancer screening.

Exclusion Criterion

- The use of Digital Breast Tomosynthesis and/or ABUS or ABU is considered to be experimental/investigational and not a covered benefit.

References:

1. European Radiology. 23 (9) (pp 2441-2449), 2013. Digital breast tomosynthesis versus mammography and breast ultrasound: A multireader performance study.
2. American Journal of Roentgenology. 200 (2) (pp 291-298), 2013. Can digital breast tomosynthesis replace conventional diagnostic mammography views for screening recalls without calcifications? A comparison study in a simulated clinical setting.
3. American Journal of Roentgenology. 200 (1) (pp 226-231), 2013. Value of one-view breast tomosynthesis versus two-view mammography in diagnostic workup of women with clinical signs and symptoms and in women recalled from screening.
4. British Journal of Radiology. 86 (1029), 2013. Characterisation of breast papillary neoplasm on automated breast ultrasound.
5. Magnetic Resonance Imaging Clinics of North America. 21 (3) (pp 495-508), 2013. Screening MR Imaging Versus Screening Ultrasound: Pros and Cons.
6. American Journal of Medicine. 126 (6) (pp 472-479), 2013. Beyond mammography: New frontiers in breast cancer screening.



Alternative Methods for Breast Cancer Screening

Disclaimer Information:

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed for selected therapeutic or diagnostic services found to be safe, but proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the AvMed service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations.

Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.