ACS NBCRT Breast Cancer Risk Assessment Toolkit

The American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) assembled this digital toolkit to support practices and providers in conducting breast cancer risk assessments. Breast cancer risk assessment helps identify individuals at higher risk for breast cancer to enable personalized screening, prevention, and early detection strategies. This toolkit presents evidence-based breast cancer risk assessment tools and provides guidance for providers on their effective use.

To get started, expand each section to explore relevant tools, guides, and templates. The sections include materials to support practices, providers, and communities and patients. Resources are available for download directly from each page. You can use the materials as they are or adapt them to fit the needs of your organization or setting.

Practice Resources (Accordion; each box will open with more information)

- Breast Cancer Risk Assessment Tools +
- Practice Readiness to Implement a Risk Program +
- EHR Integration of Risk Assessment Tools +

Provider Resources (Accordion; each box will open with more information)

- Breast Cancer Risk Assessment Clinic Workflow +
- Breast Cancer Risk Assessment Clinic Checklist +
- Communication Aids for Discussing Breast Cancer Risk +
- Additional Provider Resources +

Community and Patient Resources (Accordion; each box will open with more information)

- Program Spotlight: Tu Historia Cuenta +
- Educational Materials +

Landing Page with Accordion

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How to Use the Breast Cancer Risk Assessment Toolkit

The American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) developed a digital toolkit to help providers and practices implement breast cancer risk assessment. All resources are downloadable and can be adapted to fit your setting. Visit the digital toolkit to explore and begin planning.

If You Do Not Currently Have a Risk Assessment Program

Start with the Practice Resources section if you want to develop a program:

Breast Cancer Risk Assessment Tools	Work with an internal team to evaluate your patient population, care goals, and clinical characteristics to determine which risk assessment tool best supports screening or referrals. Use the Key Features of Provider-Guided Risk Assessment Tools table to compare clinically validated tools. Other resources that may be helpful: • Breast Cancer Risk Assessment Clinic Workflow • Key Features of Patient-Guided Risk Assessment Tools
Practice Readiness to Implement a Risk Program	Work with an internal team to determine whether your clinical workflows, staff training, EHR capacity, and patient communication systems are prepared to support risk assessment. Use the Breast Cancer Risk Program Readiness and Planning Tool to guide your discussion and identify strengths and areas needing additional planning or support.
EHR Integration of Risk Assessment Tools	Work with your IT staff to coordinate integration of a risk assessment tool. Use the EHR Integration Discussion Guide for Breast Cancer Risk Assessment Tools to explore how to embed the tool into your EHR, define data inputs, document results, and minimize provider burden.

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If You Already Have a Risk Assessment Protocol or Program in Place

Move to the Provider Resources section:

Breast Cancer Risk Assessment Clinic Workflow	Review the Breast Cancer Risk Assessment Clinic Workflow to become familiar with different decision points for screening, risk assessment, and genetic counseling referral.
Breast Cancer Risk Assessment Clinic Checklist	Review the Breast Cancer Risk Assessment Clinic Checklist to become familiar with key steps, from collecting family history to applying the tool and discussing results.
Communication Aids for Discussing Breast Cancer Risk	Consider using the Breast Cancer Risk Communication Scripts to help support clear, empathetic conversations with patients. Scripts are tailored to different risk levels and designed to promote shared decision-making.

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Learn from Community Models

Explore the Program Spotlight: Tu Historia Cuenta for ideas on community outreach, culturally tailored education, and connecting at-risk patients to care.

Key Features of Provider-Guided Risk Assessment Tools

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. The tools included in this table are based on clinically validated models and intended for use by healthcare professionals - not patients - to estimate breast cancer risk or *BRCA1/BRCA2* mutations and inform screening or referral decisions. This table outlines the key features of various breast cancer risk assessment tools/models to aid in the tool selection process.

See the digital toolkit for more breast cancer risk assessment resources.

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Tool/Model	Scope			Family History			Patient Features						Risk Time Horizon		Target Population					Other
	Informs about the risk of developing breast cancer	Informs the likelihood of carrying a BCRA1/BRCA2 mutation	Informs the risk of having ovarian cancer	Includes 2nd-degree relatives	Includes 3rd-degree relatives	Includes paternal family history of breast cancer	Breast density	Reproductive features	Genetic information	Benign breast biopsy	Non-breast cancer history	Ethnicity and race	Informs 5-year risk	Informs ≥10-year risk	Includes those <35 years old	Includes those >70 years old	Includes women with a history of breast cancer, DCIS, or LCIS	Includes men or male sex assigned at birth	For a strong family history of breast and ovarian cancer	Freely available
Check the "must have" features for your practice:																				
BOADICEA (The Breast and Ovarian Analysis of Disease Incidence and Carrier Estimation Algorithm)- CanRisk Tool[a,b]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
BRCAPro	Yes	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes	Yes	NS	NS	Yes	Yes	Yes	No[c]

Tool/Model	Scope			Family History			Patient Features						Risk Time Horizon		Target Population					Other
	Informs about the risk of developing breast cancer	Informs the likelihood of carrying a BCRA1/BRCA2 mutation	Informs the risk of having ovarian cancer	Includes 2nd-degree relatives	Includes 3rd-degree relatives	Includes paternal family history of breast cancer	Breast density	Reproductive features	Genetic information	Benign breast biopsy	Non-breast cancer history	Ethnicity and race	Informs 5-year risk	Informs ≥10-year risk	Includes those <35 years old	Includes those >70 years old	Includes women with a history of breast cancer, DCIS, or LCIS	Includes men or male sex assigned at birth	For a strong family history of breast and ovarian cancer	Freely available
Check the "must have" features for your practice:																				
IBIS Breast Cancer Risk Evaluation Tool (v8)	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No[d]	No	Yes	Yes	NS	Yes	No	Yes	Yes
Breast Cancer Surveillance Consortium (BCSC) Risk Calculator	Yes	No	No	Yes	No	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	No	Yes	No	No	Yes	Yes
Breast Cancer Risk Assessment Tool (BCRAT) / Gail Model[e]	Yes	No	No	No	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes[f]	No	Yes	No	No	No	Yes
Black Women's Health Study (BWHS) Risk Calculator[g]	Yes	No	No	No	No	No	No	Yes	No	No	No	Yes	Yes	Yes	Yes	No	NS	No	No	Yes
Penn II Model	No	Yes	No	Yes	Yes	Yes[h]	No	No	No	No	No	No	No	No	NS	NS	NS	Yes	Yes	Yes

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Footnotes:

[a] Registration is required to view the tool.
[b] We could not find the accuracy validation for predicting *BRCA 1/BRCA2* mutations in American cohorts.
[c] It is available upon request, and licensing might apply.
[d] The IBIS model only considers Ashkenazi ancestry.
[e] The Gail model should not be used for those with a predisposing *BRCA1/BRCA2* mutation, a strong family history of breast or ovarian cancer suggestive of a genetic predisposition, a prior history of thoracic radiation, invasive breast cancer, DCIS, or LCIS.
[f] The NCCN guidelines only consider the 5-year risk determined by the modified Gail model and not the lifetime breast cancer risk (**https://www.nccn.org**). Five-year risk assessment ≥1.67% is used to assess eligibility for a risk-reducing agent (**https://www.nccn.org**).
[g] This tool is only for Black women.
[h] Maternal and paternal cases should be evaluated separately.

Key:

DCIS – ductal carcinoma in situ
LCIS – lobular carcinoma in situ
NS – not specified.

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Key Features of Patient-guided Risk Assessment Tools

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to help providers understand the tools their patients may be using for breast cancer risk assessment. The tools listed in the table were developed primarily to support patient self-assessment and awareness, rather than delivering a precise, clinician-focused risk calculation. This table outlines the key features of each tool.

For additional resources - including clinically validated breast cancer and *BRCA1/BRCA2* mutation assessment tools designed for provider use - please refer to the digital toolkit: https://nbcrt.org/risk-assessment-toolkit/ .

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Tool/Model	Patient Features								Risk Information			Family History		Target Population					Other
	Lifestyle features	Hormonal therapies	Reproductive features	Genetic information	Ethnicity and race	Breast density	Non-breast or ovarian cancer history	Benign breast biopsy	Informs about the risk of developing breast cancer	Informs about the risk of developing ovarian cancer	Provides a numerical breast cancer risk	Includes 2nd-degree relatives	Includes paternal family history of breast cancer	Includes those <18 years old	Includes those >79 years old	Includes women with a history of breast cancer, DCIS, or LCIS	Includes men or male sex assigned at birth	For a strong family history of breast and ovarian cancer	Clinically validated
Check the "must have" features for your practice:																			
Assess Your Risk Tool	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No
Breast Health Assessment (Cedars-Sinai)	Yes	Yes	Yes	Yes	Yes	Yes	Yes[a]	No	Yes	No	No	No	No	Yes	Yes	No	No	Yes	No
iCARE-Lit	Yes	Yes	Yes	No	Yes[b]	No	No	Yes[c]	Yes	No	Yes	No	Yes	Yes	No	Yes[d]	No	No	Yes[e]

Tool/Model	Patient Features								Risk Information			Family History		Target Population					Other
	Lifestyle features	Hormonal therapies	Reproductive features	Genetic information	Ethnicity and race	Breast density	Non-breast or ovarian cancer history	Benign breast biopsy	Informs about the risk of developing breast cancer	Informs about the risk of developing ovarian cancer	Provides a numerical breast cancer risk	Includes 2nd-degree relatives	Includes paternal family history of breast cancer	Includes those <18 years old	Includes those >79 years old	Includes women with a history of breast cancer, DCIS, or LCIS	Includes men or male sex assigned at birth	For a strong family history of breast and ovarian cancer	Clinically validated
Check the "must have" features for your practice:																			
Halls Detailed Breast Risk Calculator	Yes	Yes	Yes	No	Yes[f]	Yes	No	Yes	Yes	No	Yes	No	No	No	No	Yes	No	No	No[g]
Your Disease Risk (Rosner-Colditz Model)	Yes	Yes	No	Yes	No[h]	Yes	Yes[i]	Yes[j]	Yes	No	No	No	No	No[k]	Yes	No	No	No	Yes
My Family Health History Tool[l] (Susan G. Komen)	No	No	No	No	Yes	No	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No
Princeton Radiology Breast Cancer Risk Calculator (Claus Model)[m]	No	No	No	No	No	No	No	No	Yes	No	Yes	Yes	Yes	No	No	Yes	No	Yes	No[n]

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Footnotes:

[a] Personal history of uterine cancer
[b] Only validated for non-Hispanic White women
[c] Although it does not specifically ask about biopsies, it includes benign breast diagnoses
[d] More accurate for women <50
[e] Although it has been clinically validated, further validation is needed before using this model in clinical care
https://academic.oup.com/jnci/article/112/3/278/5511406
[f] This tool only supports Black and White groups
[g] Although this tool is based on the validated Gail model, the tool has complementary questions and has not been validated
[h] This tool only asks about Jewish origin
[i] Not suitable for women with previous cancer history
[j] Although it does not specifically ask about biopsies, it includes benign breast diagnoses
[k] Only for women ≥40
[l] The features refer to the Family Tree tool only, which was designed to share health family history, including cancer history, with the respondent's family and health care provider
[m] This tool only considers the maternal and paternal family history of breast and ovarian cancer
[n] The NCCN Breast Cancer Risk Reduction Guidelines flagged the Claus Model as obsolete (**https://www.nccn.org**)

Key:

DCIS – ductal carcinoma in situ
LCIS – lobular carcinoma in situ
NS – not specified.

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Breast Cancer Risk Program Readiness and Planning Tool

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. This document provides a self-assessment and planning guide for your practice to begin understanding its readiness to implement a breast cancer risk assessment program.

For each question, assign a score of **1 (Not in Place)**, **2 (Partially in Place)**, or **3 (Fully in Place)**, and use the "Notes / Next Steps" section to identify areas for improvement.

See the digital toolkit for more breast cancer risk assessment resources.

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1. Organizational Commitment and Strategic Alignment

Question	Score (1–3)
1.1 Does the leadership team support implementing breast cancer risk assessment?	
1.2 Has risk assessment been incorporated into a department or organizational strategic plan or quality improvement goals?	
1.3 Are there dedicated champions or staff responsible for implementation?	
1.4 Are there staff in existing programs (e.g., genetic counseling) who can support integration?	
1.5 Are there data governance policies to protect the privacy and security of risk findings?	

Notes / Next Steps:

2. Clinical Workflow Integration

Question	Score (1–3)
2.1 Do current workflows allow time for risk assessment conversations (e.g., during wellness visits)?	
2.2 Has the workflow been tested and refined to minimize disruption to routine care and ensure feasibility across different clinic types (e.g., primary care, OB/GYN)?	
2.3 Are staff roles clearly defined for initiating, conducting, and documenting assessments?	
2.4 Are validated tools already in use or planned for use?	
2.5 Is there a follow-up system for high-risk patients?	

Notes / Next Steps:

3. Data Collection and EHR Capacity

Question	Score (1–3)
3.1 Can the EHR capture three-generation family history and risk factors (e.g., hormone history, lifestyle factors)?	
3.2 Can the EHR integrate or link to risk assessment tools?	
3.3 Is there a process to document and retrieve risk assessment outcomes?	
3.4 Can patient reminders and follow-up alerts be automated?	
3.5 Is there a process to obtain and document informed consent for risk assessment?	

Notes / Next Steps:

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4. Staff Preparedness

Question	Score (1–3)
4.1 Have staff responsible for implementation been trained to collect risk-related data and communicate risk?	
4.2 Are scripts, visuals, and handouts available and accessible?	
4.3 Are staff responsible for implementation confident in discussing risk levels and screening recommendations?	
4.4 Is there a referral pathway for genetic counseling or breast cancer specialist?	
4.5 Is staff trained on how to document for billing or provide cost transparency to patients?	

Notes / Next Steps:

5. Patient Communication and Support

Question	Score (1–3)
5.1 Are materials available in multiple languages and literacy levels?	
5.2 Are medical interpreters and culturally responsive practices in place?	
5.3 Are patients offered different formats to understand their risk?	
5.4 Can patients easily follow up with questions or concerns?	
5.5 Is the program designed to reduce disparities in access to risk assessment and follow-up care for underserved or high-risk populations?	

Notes / Next Steps:

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6. Evaluation and Continuous Improvement

Question	Score (1–3)
6.1 Are metrics in place to track uptake, completion, and follow-up of risk assessments?	
6.2 Is patient feedback being collected and used to improve the process?	
6.3 Is feedback from providers and staff routinely collected and used to refine workflows, training, or tool?	
6.4 Are disparities in risk assessment completion and follow-up being monitored and addressed (e.g., by race, language, insurance status)?	
6.5 Is there a plan to review and update tools and protocols over time?	

Notes / Next Steps:

Self-assessment Scoring

Use this table to total your scores for each of the previous sections. Transfer your scores for each question into the table and calculate the total for each category. These totals will help identify strengths and areas that may need additional planning or support.

Assessment Category	Q1 Score	Q2 Score	Q3 Score	Q4 Score	Q5 Score	Category Total	Interpretation
1. Organizational Commitment and Strategic Alignment							
2. Clinical Workflow Integration							
3. Data Collection and EHR Capacity							
4. Staff Preparedness							
5. Patient Communication and Support							
6. Evaluation and Continuous Improvement							

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Understanding Your Results and Suggested Actions

Refer to the ranges below to better understand your category totals. Use the suggested actions as a starting point for discussion and planning. Your team can adapt or expand on these recommendations based on what works best in your setting.

Category Totals	Interpretation	Suggested Actions
5–7	Early Stages	Prioritize this area for planning and support. Consider leadership engagement, technical assistance, additional staff, training, and workflow adaptations or modifications.
8–11	Developing	Identify specific items that scored 1 or 2 and develop a plan to strengthen them.
12–15	Strong Foundation	Maintain current practices and consider using this category as a model for the ones needing improvement. Continue monitoring for updates or refinements.

References

1. Caci L, Nyantakyi E, Blum K, et al. Organizational readiness for change: A systematic review of the healthcare literature. *Implement Res Pract*. 2025;6:26334895251334536. Published 2025 May 15. doi:10.1177/26334895251334536.
2. McClam M, Workman L, Walker TJ, et al. Organizational readiness for implementation: A qualitative assessment to explain survey responses. *BMC Health Serv Res*. 2025;25(1). doi:10.1186/s12913-024-12149-8.
3. Rao M, Densley S, Marciniak A, et al. Dissemination and implementation science frameworks and strategies to increase breast cancer screening for at-risk women in the United States: A scoping review. *J Public Health Res*. 2024;13(3):22799036241268841. Published 2024 Aug 5. doi:10.1177/22799036241268841.

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EHR Integration Discussion Guide for Breast Cancer Risk Assessment Tools

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. This document outlines key considerations for practices (e.g., OB/GYN practices, primary care practices) and IT departments collaborating to integrate breast cancer risk assessment tools into the electronic health record (EHR). The goal of this resource is to support implementation without disrupting clinical workflows. This discussion guide can be used as a whole or adapted by selecting specific sections that best suit the needs of you practice.

For information on the various breast cancer risk assessment tools, please view the tool features worksheet [Link to Tool Table and Excel file here – To be added once the link has been created].

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EHR Integration and Workflow

- ☐ Discuss how the tool will be integrated into the EHR (e.g., embedded calculator, application programming interface, or module).
- ☐ Identify key points in the clinical workflow where the tool should be triggered (e.g., annual visits, post-mammogram review).
- ☐ Identify how the tool will interact with personalized recommendations for breast cancer screening embedded in the EHR based on patient characteristics.
- ☐ Determine how and where risk assessment results will be documented and stored in the EHR.

Patient Eligibility and Target Populations

- ☐ Review the eligibility criteria for each risk assessment tool under consideration.
- ☐ Discuss whether different tools will be provided based on patient characteristics (e.g., ethnicity, family genetic history).
- ☐ Confirm the criteria providers will use to identify and flag eligible patients [Link to Clinic Workflow – To be added once the link has been created].

Tool Selection and Clinical Fit

- ☐ Review the scope of each tool, such as assessing breast cancer risk or estimating the likelihood of carrying BRCA1/BRCA2 mutations.
- ☐ Review the populations for which each tool has been validated and determine clinical relevance.
- ☐ Discuss model accuracy and strengths/limitations for the populations served by the organization.

Data Capture and Input Requirements

- ☐ Identify the clinical data inputs required by each tool (e.g., age, family history, breast density).
- ☐ Assess whether these inputs are already collected in structured fields (i.e., in a standardized format) or if new documentation workflows are needed.
- ☐ Ensure that the tool allows for maximum automatic extraction of relevant information from the EHR.

Risk Information and Clinical Applications

- ☐ Examine the type of risk information the tool provides (e.g., 5-year risk, lifetime risk).
- ☐ Discuss how risk scores will inform clinical actions, such as referrals, screening method (mammography, MRI, ultrasound, etc.), screening frequency, or patient counseling.
- ☐ Discuss options for patient-facing outputs or printouts to support shared decision-making.

  Example scenario: A 45-year-old patient with dense breasts and a family history of breast cancer on her mother's side presents for an annual wellness visit. Using an integrated risk assessment tool in the EHR based mainly on comprehensive family history and including breast density as a risk factor, her lifetime risk is calculated at 22%. Based on these results, the provider recommends annual mammography with supplemental breast MRI. The patient's breast cancer screening intervals and modalities are reset within the EHR based on patient risk and clinician recommendations. A printout of the risk summary is generated from the EHR to support a shared decision-making conversation, including discussion of genetic counseling and screening and lifestyle risk reduction strategies.

Licensing and Accessibility

- ☐ Clarify whether the selected tool requires licensing or has use restrictions.
- ☐ Review cost and access considerations (e.g., free public versus proprietary tools).

User Interface and Experience

- ☐ Review whether the tool is user-friendly for clinicians and feasible to use during visits.
- ☐ Establish a reasonable target duration for completing the assessment, and ensure system design prioritizes minimizing provider time burden.

Tracking and Evaluation

- ☐ Determine how the tool's use will be tracked within the EHR for quality monitoring.
- ☐ Define metrics for success, such as completion rates, referrals generated, or detection of high-risk patients.

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EHR Integration Action Plan

Goal: Support breast cancer risk assessment implementation without disrupting clinical workflows.

Topic	Action Steps	Person/Team Responsible	Resources Needed	Timeline
EHR Integration and Workflow				
Patient Eligibility and Target Populations				
Tool Selection and Clinical Fit				
Data Capture and Input Requirements				
Risk Information and Clinical Applications				
Licensing and Accessibility				
User Interface and Experience				
Tracking and Evaluation				

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Breast Cancer Risk Assessment Clinic Workflow

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. The chart illustrates a typical clinic workflow for breast cancer risk assessment, highlighting key decision points around screening, risk assessment, and genetic counseling referral. See the digital toolkit for more breast cancer risk assessment resources.

Breast Cancer Risk Assessment

ACS recommendations for women at highrisk:

- Genetic mutation known to increase risk of breast cancer, such as a ***BRCA1* or *BRCA2* gene mutation** (based on having had **genetic testing**)
- First-degree relative (mother, father, brother, sister, or child) with a *BRCA1* or *BRCA2* gene mutation, and has not had genetic testing herself
- Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or has first-degree relatives with one of these syndromes
- Radiation therapy to the chest before age 30

Do any of the above apply?

NO

Assess the following:

- Personal and family (maternal and paternal) history of breast, ovarian, pancreatic, prostate, and other related cancers.[a]
- Personal history of benign breast disease, breast biopsy, and increased breast density.[a,b]

Do any of the above apply?

NO

Average-risk Screening Guidelines

YES

Consider Using a risk assessment tool

Breast Cancer Risk Assessment Tools

***BRCA 1/BRCA 2* Mutation Risk Assessment Tools**

Is *BRCA1/BRAC2* mutation risk >2.5 or 5%?[e]

NO

Proceed based on overall breast cancer risk and screening guidelines.

YES

Refer for genetic counseling.[d,e]

Is lifetime risk ~20%–25% or greater?[f]

NO

YES

YES

Screening[c]: Most individuals should have an annual mammogram + MRI - typically starting at age 30. But this is a decision that should be made with their health care providers.

Refer to genetic counseling.[d]

Age 40 to 44[g]	Age 45 to 54	Over Age 55
Screening: Have the option to start screening with a mammogram every year.	**Screening:** Should get mammograms every year.	**Screening:** Can switch to a mammogram every other year, or can choose to continue yearly mammograms. Screening should continue as long as a woman is in good health and is expected to live at least 10 more years.

Education & Shared Decision-making

- All people eligible for breast cancer screening should understand what to expect when getting a mammogram for breast cancer screening – what the test can and cannot do.
- Discuss screening options.
- Support patient preferences.
- Encourage breast health awareness.

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Footnotes

[a]These factors are clinical considerations that may influence risk estimate when using certain risk assessment models.

[b]Women with high breast density may benefit from adding ultrasound or contrast-enhanced mammogram to routine mammogram. **https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/mammograms/breast-density-and-your-mammogram-report.html**.

[c]There's not enough evidence to make a recommendation for or against yearly MRI screening for individuals who have a higher lifetime risk based on certain factors, such as:

- Having a personal history of breast cancer, **ductal carcinoma in situ (DCIS)**, **lobular carcinoma in situ (LCIS)**, **atypical ductal hyperplasia (ADH), or atypical lobular hyperplasia (ALH)**
- Having "extremely" or "heterogeneously" **dense breasts** as seen on a mammogram
  If MRI is used, it should be in addition to, not instead of, a screening mammogram.

[d]Genetic counseling referral: **https://www.ncbi.nlm.nih.gov/books/NBK179204/** and **https://www.nccn.org.**

[e]For women with a personal and family history of breast, ovarian, pancreatic, prostate, and other related cancers, providers can consider using a breast cancer risk assessment tool that includes a *BCRA1/2* mutation assessment. If the results of the *BRCA1/BRCA2* mutation is >2.5 or 5%, then they should refer the patient to a genetic counselor independently of their breast cancer risk results.

[f]According to risk assessment tools that are based mainly on comprehensive family history (e.g., BRCAPRO, Tyrer-Cuzick, BOADICEA, BCSC Risk Calculator).

[g]The SERVICE Act ensures that U.S. women Veterans exposed to toxins can access breast cancer risk assessments and clinically appropriate mammograms at any age.

Sources:

https://acsjournals.onlinelibrary.wiley.com/doi/10.3322/canjclin.57.2.75.
https://www.cancer.org/cancer/types/breast-cancer/screening-tests-and-early-detection/american-cancer-society-recommendations-for-the-early-detection-of-breast-cancer.html.
https://www.nccn.org.

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Breast Cancer Risk Assessment Clinic Checklist

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. This document outlines key steps and considerations for providers at different stages of the risk assessment process.

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1. Introduce Risk Assessment and Collect Family History

- ☐ Use a risk assessment script, visuals, or handouts as needed.
- ☐ Discuss the purpose of risk assessment and its role in guiding screening and prevention.
- ☐ Record personal and three-generation family history of breast, ovarian, pancreatic, prostate, and related cancers (including ages at diagnosis of both maternal and paternal sides).
- ☐ Inquire about personal and first-degree relative history of a *BRCA1/BRCA2* gene mutation.
- ☐ Ask about having radiation therapy to the chest before age 30.
- ☐ Question about personal or first-degree relative history of breast cancer-associated genetic syndromes.
- ☐ Ask about history of benign breast disease, breast biopsies, and breast density.
- ☐ Assess hormonal and lifestyle-related risk factors (e.g., age at first period, menopause, hormone use, alcohol use, BMI).
- ☐ Classify the patient as high or average risk, based on history.
- ☐ Discuss using a validated risk assessment tool with those patients who cannot be classified as at high risk but have a history suggestive of possible hereditary breast cancer or have a personal history of certain benign breast conditions.

2. Apply a Validated Risk Assessment Tool (During or After the Visit)

- ☐ Use a validated risk assessment tool suitable for the patient's background.
- ☐ Categorize the patient's risk as average or high based on results.
- ☐ Document the tool used and results in the patient's medical record.

3. Share Risk Level, and Tailor Guidance

- ☐ Use scripts, visuals, or handouts if helpful.
- ☐ Explain the patient's risk level and implications for screening, breast specialist or genetic counseling referral, and, eventually, risk-reducing measures, including prophylactic surgery.
- ☐ Address concerns or misconceptions; engage in shared decision-making.
- ☐ Discuss a personalized screening plan.
- ☐ Refer to a breast specialist or genetic counselor if needed.
- ☐ Provide educational materials and follow-up contact information.
- ☐ Review family and personal history regularly for changes.

Resources

- **See the digital toolkit https://nbcrt.org/risk-assessment-toolkit/ for more breast cancer risk assessment resources.**

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Breast Cancer Risk Communication Scripts

This resource was developed by the American Cancer Society National Breast Cancer Roundtable (ACS NBCRT) to support providers in conducting breast cancer risk assessment. This document includes best practices and brief scripts to aid in conversations with patients about breast cancer risk. Each script is tailored to a different scenario based on timing and risk assessment results. These scripts are intended as a starting point for providers and can be adapted to fit the specific patient and context.

See the digital toolkit https://nbcrt.org/risk-assessment-toolkit/ for more breast cancer risk assessment resources.

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Best Practices for Talking to Patients About Risk

1. **Tailor Information.** Share personalized risk information,[1] and use accessible language for different levels of health literacy.[2] Offer materials in multiple languages,[2] and use a medical interpreter when needed.[3]
2. **Share results in multiple formats.** This includes both quantitative and qualitative information,[4] as well as both verbal and visual information.[5]
3. **Be sensitive and empathetic** in all communication.[6] This includes being culturally competent and sensitive to different gender identities.[7]
4. **Provide space for patient questions.** Offer a way for patients to directly contact relevant health care professionals with risk questions after the appointment.[1]

Script 1: Discussing Breast Cancer Risk Assessment Options

I'd like to take a closer look at your breast cancer risk. To do this, I would like to ask about your personal and family history, which helps determine if you need additional screening or risk-reducing steps. We may use a tool to evaluate your risk and make screening recommendations. It's not a test or procedure – it's just to review your health information so we can figure out appropriate screening and prevention strategies.

To start, I would like to ask you some background questions and then complete the assessment after our appointment. Then, at a follow-up appointment, we can talk about the next steps that feel right for you. Do you have any questions or concerns? *[Discuss any concerns, and if the patient is still hesitant, offer some materials for them to take home.]*

Script 2: Discussing Average Breast Cancer Risk

At our last appointment, we agreed to do an assessment to better understand how your personal history, family history, and other factors impact your breast cancer risk. Your results indicate that your breast cancer risk is similar to the general population. Based on this, we will follow standard screening guidelines for your age. However, it's important to continue discussing any new personal or family health changes over time, as your risk may evolve. Do you have any questions I can answer at this point?

(See the **American Cancer Society Recommendations for the Early Detection of Breast Cancer**.)

Script 3: Discussing Elevated Breast Cancer Risk

At our last appointment, we agreed to do an assessment to better understand how your personal history, family history, and other factors impact your breast cancer risk. I have the results with me. May I share them with you?

Based on the risk assessment, your results indicate an elevated risk of breast cancer. This does not mean you will develop cancer, but it does mean we should consider additional screening strategies. Let's go over the options together so we can find what works best for you.

(Note: if the patient meets high-risk criteria) I'd also like to recommend annual breast MRI in addition to mammography (See the **American Cancer Society Recommendations for the Early Detection of Breast Cancer**).

Do you have any questions about the results or next steps? Would you like access to any additional support resources?

I can always answer questions in future appointments, and you can reach me at _____ if something comes up before then.

Script 4: Following Up on Elevated Breast Cancer Risk (Via Phone or In Person)

Have you had a chance to review the materials from our last visit and think about how you'd like to proceed? It's important to follow the recommended screening schedule and let us know if your personal or family health history changes, as risk factors can evolve over time. Would you like to discuss any updates or concerns today?

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Program Spotlight: Tu Historia Cuenta

Program Overview

Tu Historia Cuenta is a research initiative aimed at increasing genetic risk awareness and breast cancer testing among Spanish-speaking Latinas in California. In its community-based approach, promotores (community health workers) led virtual educational sessions that reached approximately 1,800 Latina women.

The program was also tested in federally qualified health centers (FQHCs), though challenges with clinical coordination limited its effectiveness in that setting. Currently, the program is shifting to a hybrid model that combines community outreach with clinic-based care that will be implemented from September 2025-August 2027.

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During the program's virtual, one-hour educational sessions, promotores provided information about genetic risk and guide participants through a family history survey to assess cancer risk.

All materials were adapted in Spanish - rather than translated - and co-created with promotores to ensure they were clear and culturally appropriate.

Participants identified as high risk were offered support through the genetic testing process, if they chose.

Early results showed strong engagement with education and outreach, and the program continues to refine its approach to follow-up testing and care.

Implementation Approaches

Community-based Model

The community-based model utilized promotores to deliver virtual education sessions and follow-up with a family history survey. Tu Historia Cuenta provided free genetic testing for those identified as high risk.

Clinic-based Model

The clinic-based model was implemented in two FQHCs. However, clinics faced barriers, such as competing priorities, a lack of incentives tied to quality improvement (QI) metrics, and complex workflows, making it difficult for patients to complete genetic testing.

Hybrid Model

The proposed hybrid model combines community outreach with clinic-based care. Promotores will identify high-risk individuals through education and outreach and help connect them to local clinics for testing and follow-up, with free testing available as a backup option.

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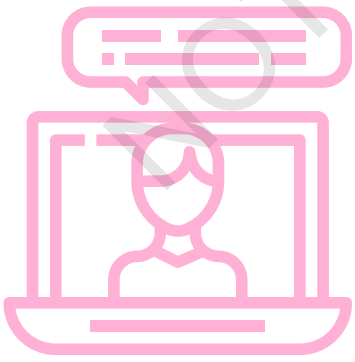

Family History Assessment

In the community- and clinic-based models, Tu Historia Cuenta utilized the **Pedigree Assessment Tool** to identify high-risk women. However, due to challenges with accurate self-reporting, promotores began assisting with the survey.

The team is now exploring switching to the **Seven-question Family History Screening (FHS-7)** tool, which was preferred by community-based organizations (CBOs) in a **2023 study** focused on risk assessment and genetic testing for hereditary breast and ovarian cancer in Latina women.

Key Partners

Several organizations have supported the program throughout its development and implementation.

Visión y compromiso	Promoters for Better Health	The Latino Cancer Institute
Provided training and supervision for promotores.	Assisted with community outreach efforts.	Served as a community partner and helped disseminate program updates.

Lessons Learned

1. **Not every person wants genetic testing.** Even when all logistical barriers are removed, not all individuals will pursue genetic testing. Some people prefer not to know their risk.
2. **Promotores can be empowered to teach about genetic risk.** With scripted materials and video training, promoteres felt empowered and confident in their ability to educate their communities.
3. **Education must adapt to virtual platforms.** The transition to virtual sessions during the COVID-19 pandemic highlighted the importance of technology access and adaptability.
4. **Clinics are overwhelmed and under-resourced.** Clinics face staffing shortages and competing demands, making it difficult for providers to participate in continuing education related to breast cancer risk assessment.
5. **Risk assessment and genetic testing are not required for FQHCs.** FQHCs are not required to report on risk assessment or genetic testing, making it more challenging to prioritize.

Next Steps

The program will continue testing its hybrid model, which combines community-based outreach with navigation to clinical settings for testing.

Promotores remain central to the model, as they are often more effective than clinics in initiating conversations and building trust.

However, long-term program sustainability remains uncertain unless funding continues or clinics adopt new incentives for preventive care.

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