



# BREAST CANCER SCREENING ASSESSMENT

SCREENING FOR GENETIC FACTORS RECOMMENDED

## GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER SCREENING



### RISK EXPLAINED

Women in this category have a known family history of cancer or other genetic risk factors, including Ashkenazi Jewish ancestry or BRCA1/BRCA2 gene mutation in a first-degree relative (parent, sibling or child).

Women in this category do not have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy. They reported they have never had a test for a breast cancer gene mutation.



### EXAMPLE PERSONA

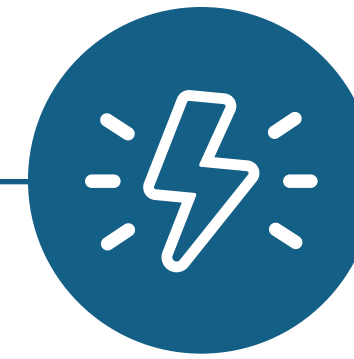
Megan is a 41-year-old Caucasian woman of Ashkenazi Jewish ancestry. Her mother is 66 and was just diagnosed with breast cancer. She has no other history of breast, ovarian, or bowel cancer in her immediate or extended family, and she has never had a breast biopsy.

Megan has heard that her Ashkenazi Jewish heritage may increase her breast cancer risk. Her Results Report highlights that her ancestry does independently increase her breast cancer risk. Her mother's cancer diagnosis is also a factor for increased risk. A genetic evaluation is recommended.



### DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

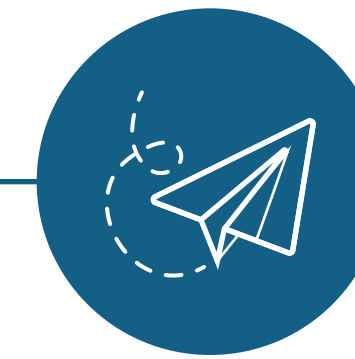
- Scheduling an appointment.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and explain what their result means.
- Encourage an appointment with their primary care physician to review their family history and other breast cancer risk factors.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.

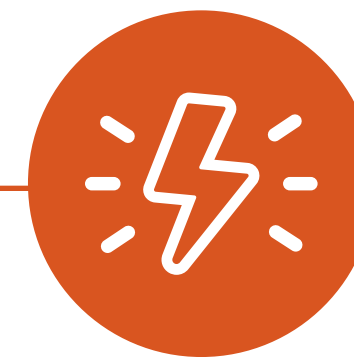


### PRIMARY CARE FOLLOW UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).

NO

## GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER SCREENING



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

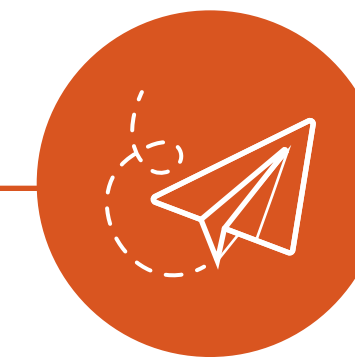
- Finding a doctor and scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

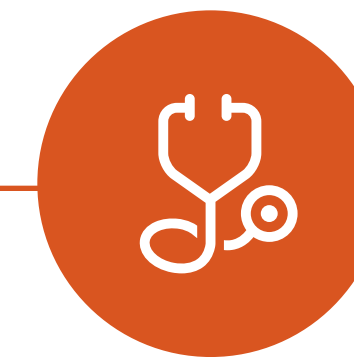
- Find a primary care physician and set up an appointment
- Explain the benefits of discussing their family history and other breast cancer risk factors with a health care professional
- Review the results report with them and explain what their result means



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



### PRIMARY CARE FOLLOW UP

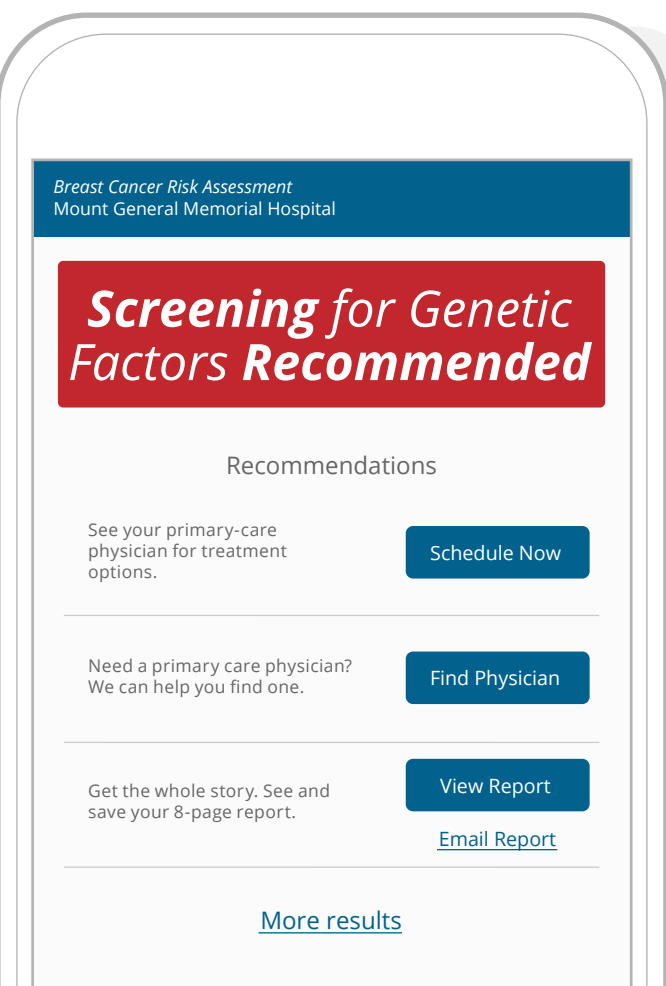
- These women should visit primary care for screening.
- Women in this category may benefit from a referral to oncology, a genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women may have a significant family history of breast, ovarian, or bowel cancer that warrants a genetic evaluation. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Dense breast tissue on mammogram
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

RE-SCREENING FOR GENETIC FACTORS RECOMMENDED

## GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER RE-SCREENING



### RISK EXPLAINED

Women in this category have previously been tested for gene mutations. The test did not show positive results, but was done more than 5 years ago, before certain breast cancer gene mutations could be identified in the test.

They also have a known family history of cancer or other genetic risk factors, including Ashkenazi Jewish ancestry or BRCA1/BRCA2 gene mutation in a first-degree relative (parent, sibling or child).

Women in this category do not have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy.



### EXAMPLE PERSONA

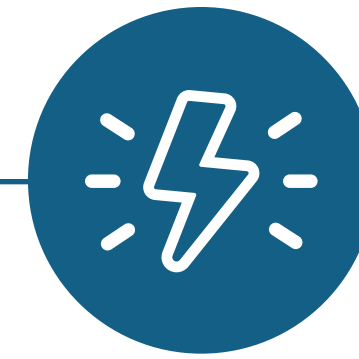
Josie is a 37-year-old Caucasian woman. Her mother died from breast cancer 8 years ago. Josie underwent genetic testing a year later to determine if her family history put her at high risk for developing breast cancer. Her test results were negative for gene mutations at that time.

Josie learned about the Breast Cancer Screening Assessment while scheduling an online appointment with her doctor. She took the assessment and was surprised to learn that she should have another genetic evaluation due to additional gene mutations now identified via the tests. She brought her Results Report along to her appointment.



### DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

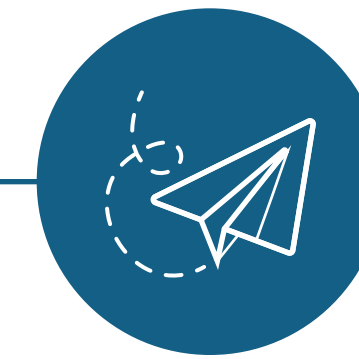
- Scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

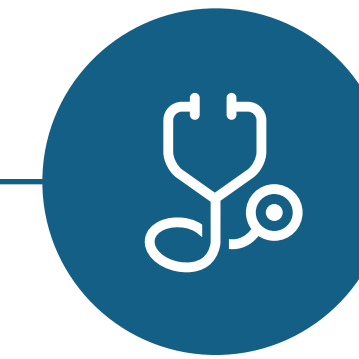
- Review the results report with them and explain what their result means.
- Encourage an appointment with their primary care physician to review their family history and other breast cancer risk factors.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.

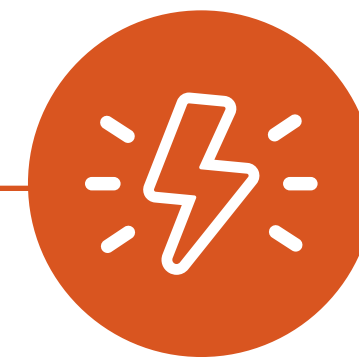


### PRIMARY CARE FOLLOW UP

- These women should visit primary care for re-screening.
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).

NO

## GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER RE-SCREENING



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

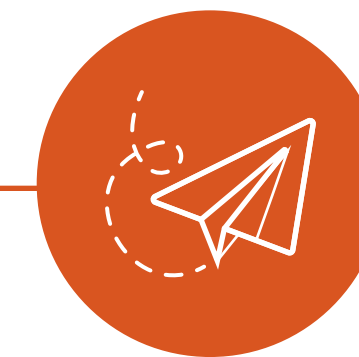
- Finding a doctor and scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

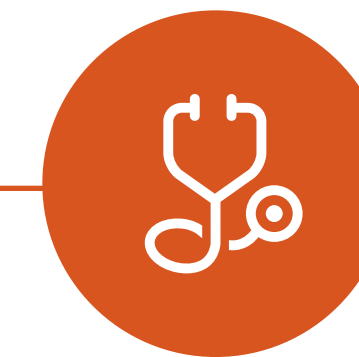
- Find a primary care physician and set up an appointment
- Explain the benefits of discussing their family history and other breast cancer risk factors with a health care professional
- Review the results report with them and explain what their result means



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



### PRIMARY CARE FOLLOW UP

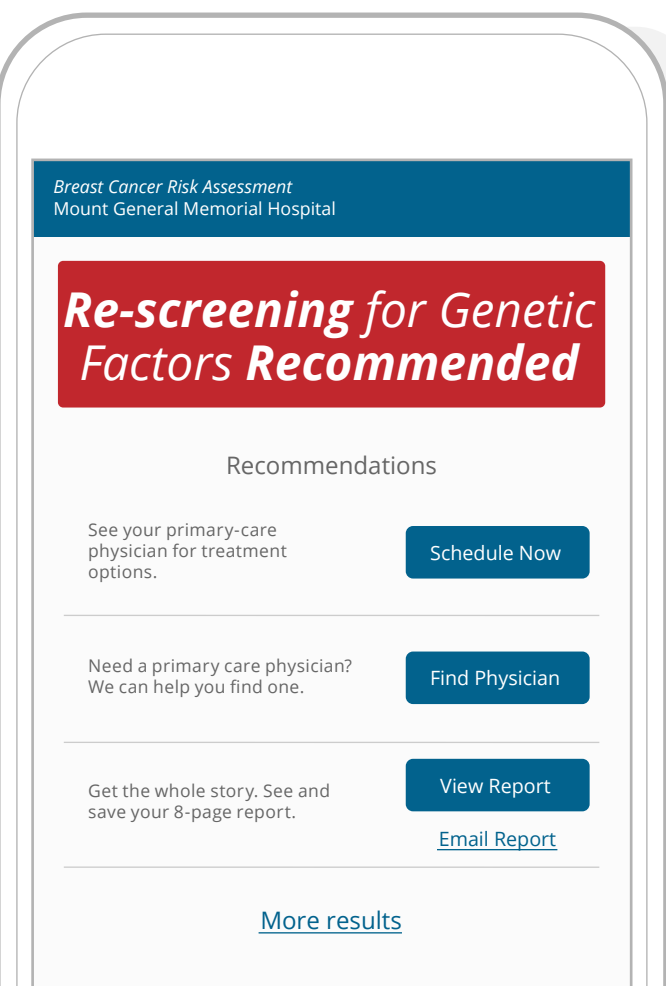
- These women should visit primary care for re-screening.
- Women in this category may benefit from a referral to oncology, a genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women may have a significant family history of breast, ovarian, or bowel cancer that warrants a genetic evaluation. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Dense breast tissue on mammogram
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

SCHEDULE SCREENING NOW

## GOAL: SCHEDULE BREAST CANCER SCREENING



### RISK EXPLAINED

Women in this category meet either of the following criteria:

- They are between the ages of 45 and 54 and have never been screened for breast cancer or it has been more than one year since their last screening
- OR-
- They are age 55 or older and have never been screened or it has been more than two years since their last screening

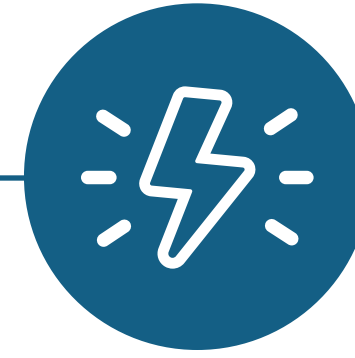
Neither group has a personal or family history of cancer or other genetic risk factors.



### EXAMPLE PERSONA

Mary is a 47-year-old Native American woman who had a baseline mammogram at the age of 45. She had recently read on social media that some women don't need yearly mammograms and was curious if she was up to date on her screening.

She took the Breast Cancer assessment and was surprised to learn that she was due for her next mammogram. She decided to speak to her doctor about scheduling a screening at her next visit.



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

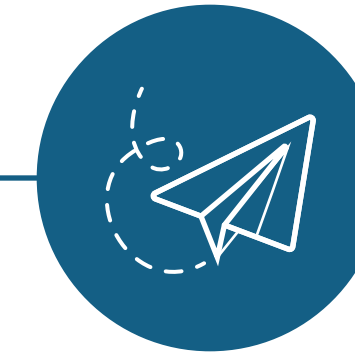
- Scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

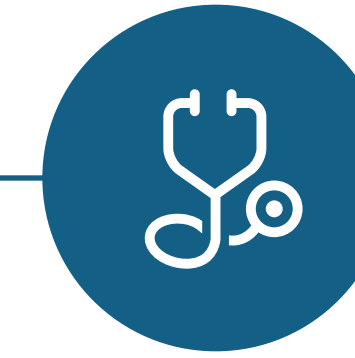
- Review the results report with them and explain the importance of following their recommended screening schedule.
- Schedule an appointment with their primary care physician for breast cancer screening.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



### PRIMARY CARE FOLLOW UP

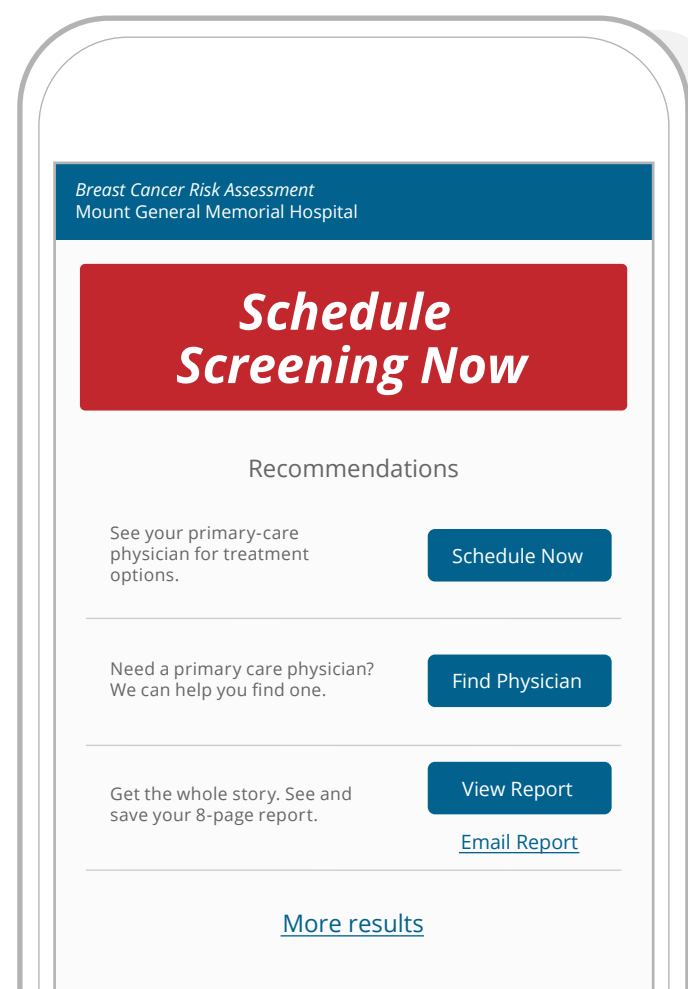
- These women should visit primary care for screening.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

FOLLOW YOUR DOCTOR'S RECOMMENDED SCREENING SCHEDULE

## GOAL: REVIEW RISK FACTORS AND SCREENING SCHEDULE WITH PRIMARY CARE



### RISK EXPLAINED

Women in this category meet the following criteria:

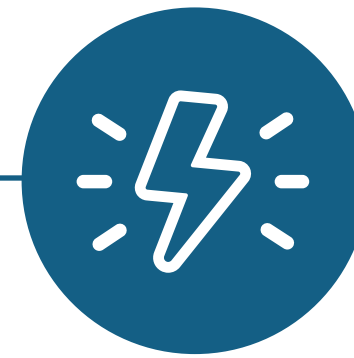
- They have previously been tested for a genetic mutation and the test results were positive -OR-
- They have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy. They may also report having been told they have dense breast tissue following a mammogram.



### EXAMPLE PERSONA

Elisa is a 36-year-old Jewish American woman whose mother was treated for breast cancer when Elisa was a teenager. Last year, Elisa decided to have genetic testing done and learned she tested positive for the BRCA1 gene mutation. She had her first mammogram at age 35 due to her elevated risk for breast cancer.

While researching her next steps, Elisa found the Breast Cancer Screening Assessment on her local hospital's website. She learned it's very important to follow her recommended screening schedule and ask her doctor about other screening methods such as MRI as well as maintain a healthy lifestyle.



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

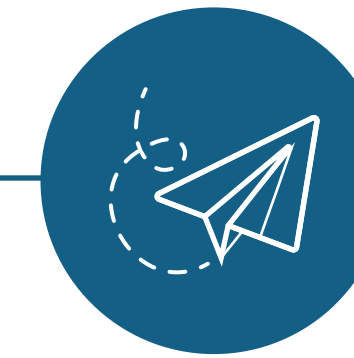
- Appointment scheduling.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

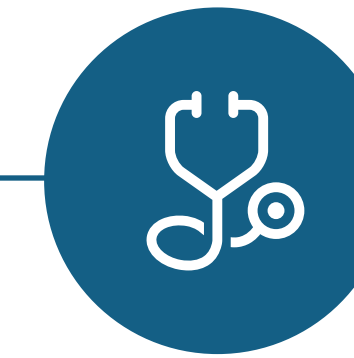
- Set up an appointment with primary care.
- Review the results report with them.
- Explain the importance of following a recommended screening schedule.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of following a recommended screening schedule.
- How other screening methods, such as MRI, can be appropriate
- How learning the history of breast cancer in their mother, sisters, and daughters can help determine their risk.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors.



### PRIMARY CARE FOLLOW UP

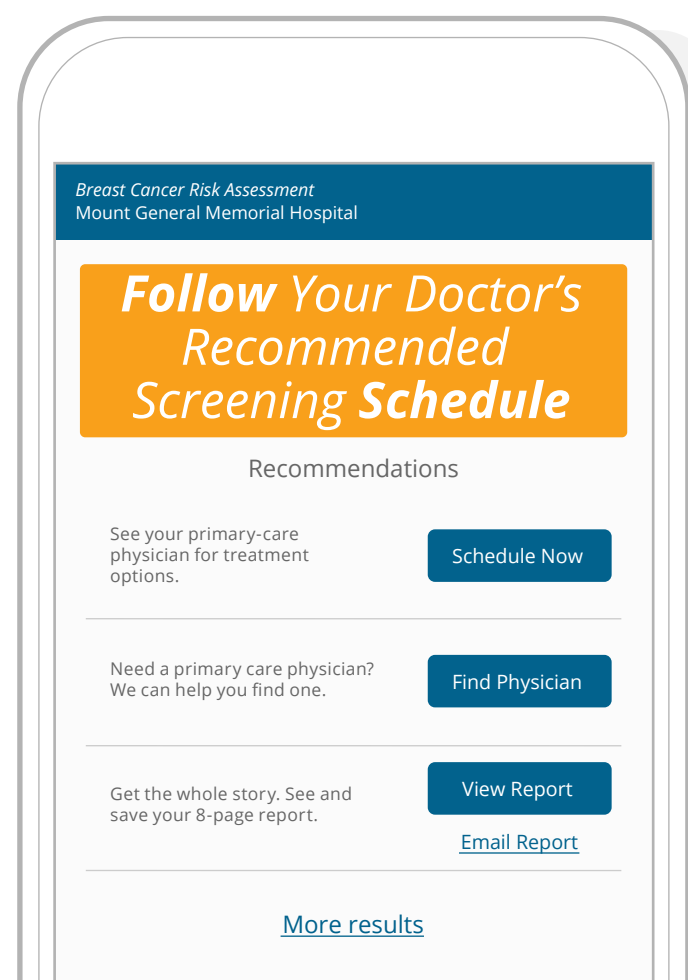
- These women should be encouraged schedule their next screening, if appropriate
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women may or may not have a significant family history of breast, ovarian, or bowel cancer or known BRCA1/BRCA2 gene mutation in their immediate family. These women most likely have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

ASK YOUR DOCTOR WHEN YOU SHOULD BEGIN SCREENING

## GOAL: DISCUSS BREAST CANCER RISK DURING A REGULAR PRIMARY CARE VISIT



### RISK EXPLAINED

Women in this category meet the following criteria:

- Under age 45
- Have never been screened for breast cancer
- Have no personal or family history of cancer or other genetic risk factors



### EXAMPLE PERSONA

Laura is a 42-year-old Hispanic female. She's a non-smoker and she drinks only occasionally. She's not aware of any history of breast or other cancer in her family. She's never had a mammogram but will occasionally remember to do breast self-examination.

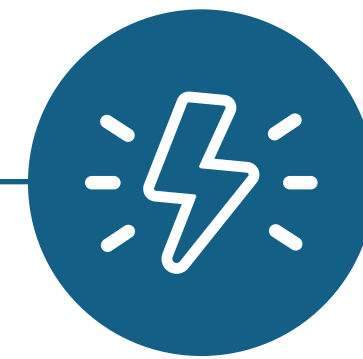
She took this assessment during Breast Cancer Awareness Month when she saw it on her hospital's Facebook page.

Laura is relieved to learn she probably does not need to start screening quite yet, but has decided to ask her doctor about when to begin mammograms at her next primary care visit.



### DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

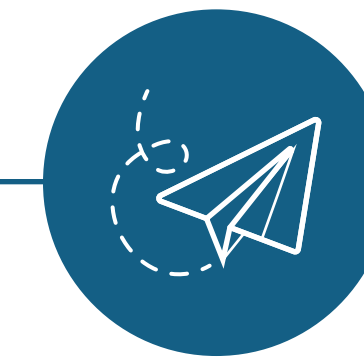
- Appointment scheduling.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

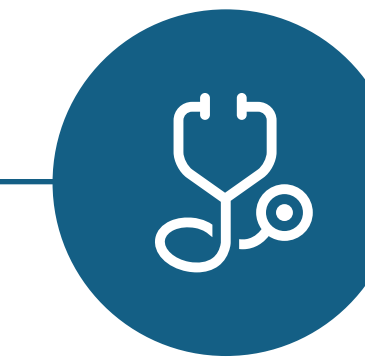
- Review the results report with them and explain that it's important to discuss when to start screening with their health care provider.
- Encourage them to review their breast cancer risk factors at their next primary care appointment.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of creating a relationship with primary care.
- That family history of certain cancers may increase their breast cancer risk, and that risk increases with age.

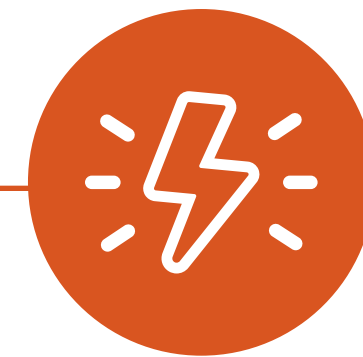


### PRIMARY CARE FOLLOW UP

- These women should discuss their risks at their next primary care visit.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

NO

## GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

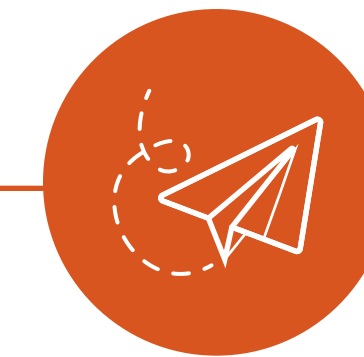
- Finding a doctor.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

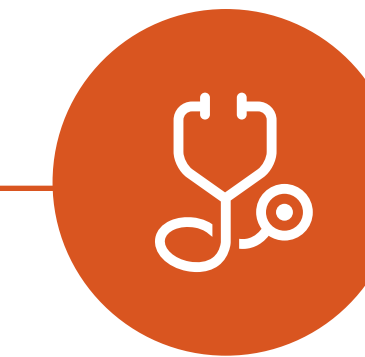
- Establish a primary care physician.
- Review the results report with them and explain that it's important to discuss when to start screening with their health care provider.
- Encourage them to review their breast cancer risk factors at their next primary care appointment.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of creating a relationship with primary care.
- That family history of certain cancers may increase their breast cancer risk, and that risk increases with age.



### PRIMARY CARE FOLLOW UP

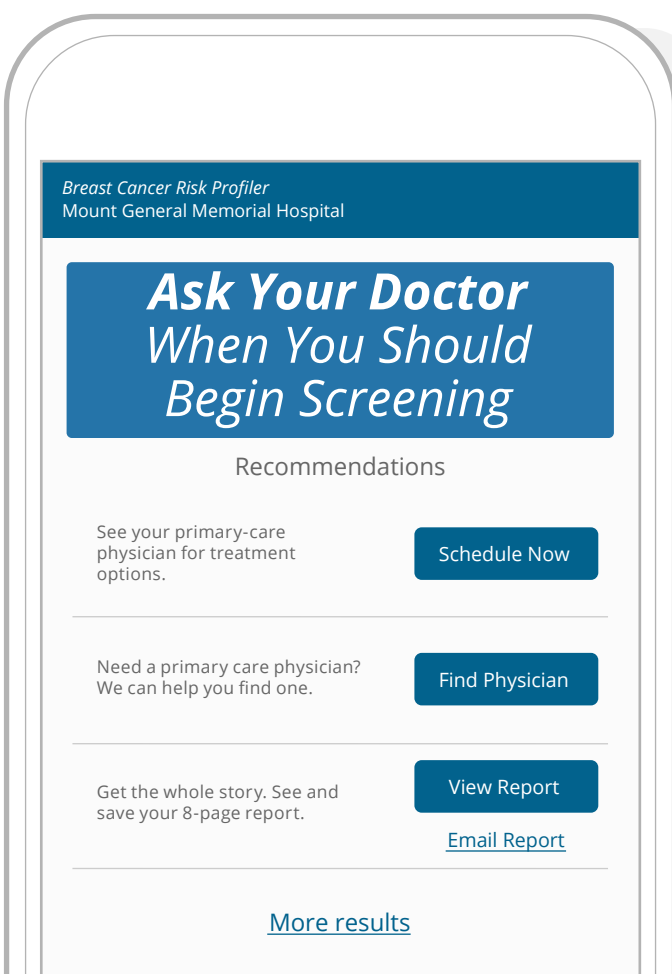
- These women should discuss their risks at their next primary care visit.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family. They have not been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

CONTINUE ANNUAL SCREENING



## RISK EXPLAINED

Women in this category are 45 to 54 years old and have reported their last screening for breast cancer occurred within the past year.

These women do not have a personal or family history of cancer or other genetic risk factors.



## EXAMPLE PERSONA

Amy is a 52-year-old postmenopausal Caucasian woman with obesity (BMI = 32). Her last mammogram was 10 months ago and was negative for cancer.

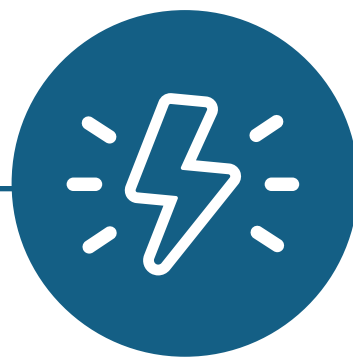
She took the Breast Cancer Screening Assessment during Breast Cancer Awareness month and was curious to find out if she had any other risk factors for breast cancer.

Amy was surprised to learn that her postmenopausal BMI increases her risk for developing breast cancer and decided to ask her health care provider for more information about weightloss at her next appointment.



## DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



## CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

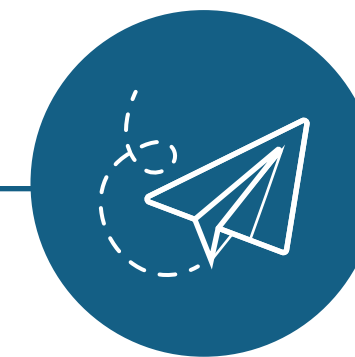
- Appointment scheduling.
- Relevant health content.



## PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

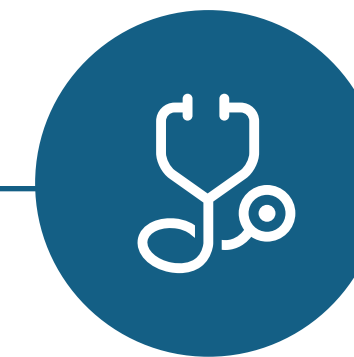
- Set up an appointment with primary care.
- Review the results report with them.
- Explain that when family history of breast cancer is unavailable, other tools can estimate breast cancer risk.



## FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

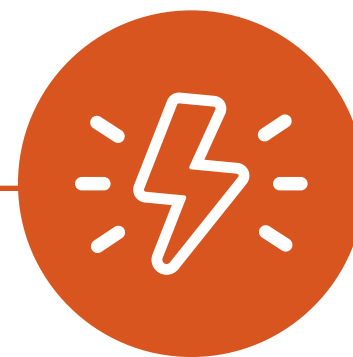
- The importance of continuing to follow a recommended screening schedule.
- How learning the history of breast cancer in their mother, sisters, and daughters can help determine their risk.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors.



## PRIMARY CARE FOLLOW UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

NO



## CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

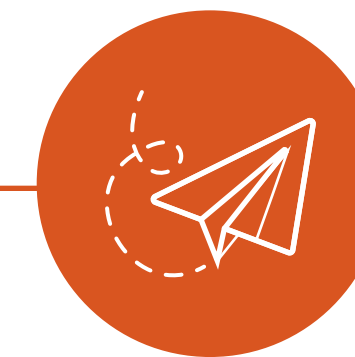
- Finding a doctor and scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



## PHONE CALL FOLLOW UP

Follow up with users by phone call to:

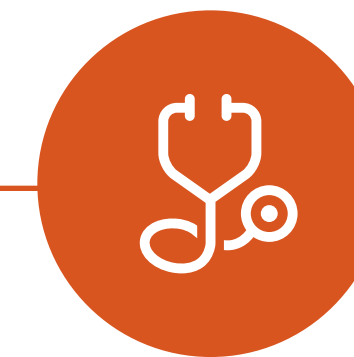
- Find a primary care physician and set up an appointment
- Explain the benefits of discussing their family history and other breast cancer risk factors with a health care professional
- Review the results report with them and explain what their result means



## FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



## PRIMARY CARE FOLLOW UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

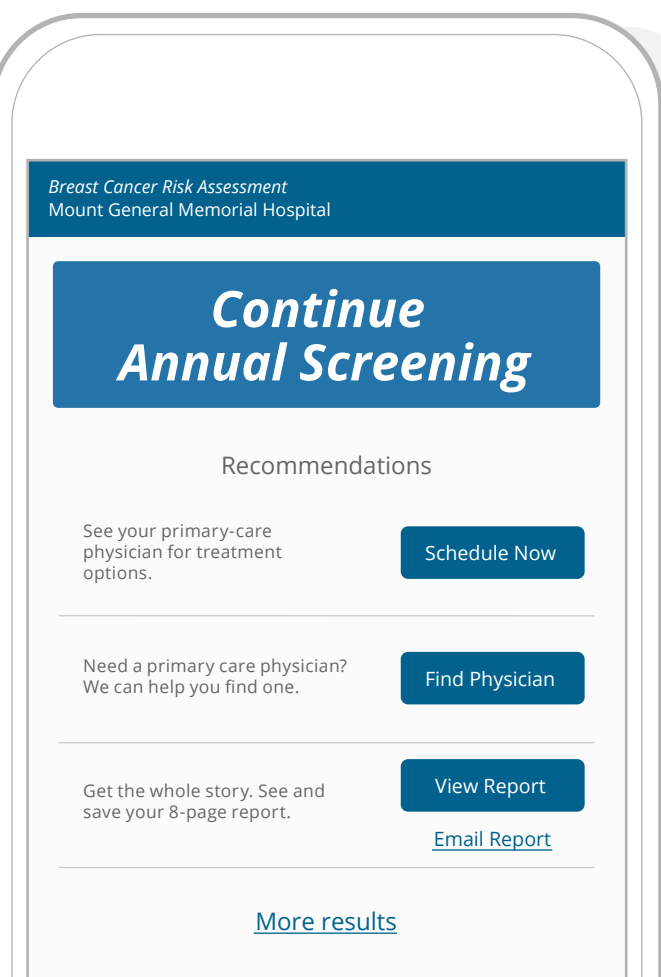
## GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN

## OTHER CONSIDERATIONS

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity





# BREAST CANCER SCREENING ASSESSMENT

CONTINUE RECOMMENDED SCREENING SCHEDULE

## GOAL: REVIEW RISK FACTORS AND SCREENING SCHEDULE WITH PRIMARY CARE



### RISK EXPLAINED

Women in this category meet either of the following criteria:

- They are under age 45 and have been previously screened for breast cancer
- OR-
- They are age 55 or older and have been screened within the past two years

Neither group has a personal or family history of cancer or other genetic risk factors.



### EXAMPLE PERSONA

Janet is a 63-year-old African American woman whose last mammogram was 18 months ago.

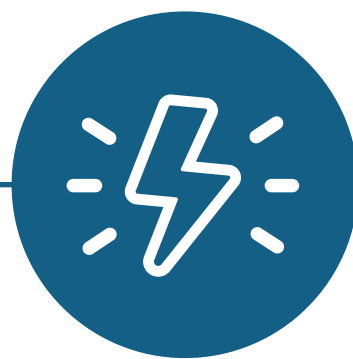
Janet's sister-in-law was recently diagnosed with early stage breast cancer, which caused concern for Janet that her mammogram may be overdue.

Janet took the Breast Cancer Screening Assessment and decided to ask her doctor what the recommended screening schedule was for her. She was relieved to learn that based on her age and medical history, bi-annual screening was recommended for her. She scheduled her next mammogram for 6 months later.



### DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Appointment scheduling.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

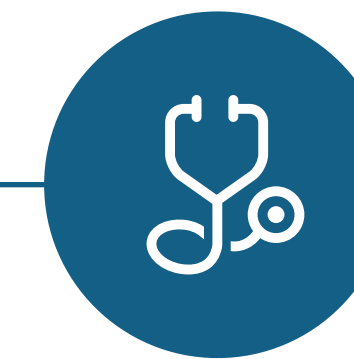
- Set up an appointment with primary care.
- Review the results report with them.
- Explain that breast cancer risk increases with age, so they should continue to monitor their risk factors.



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of following a recommended screening schedule.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors.

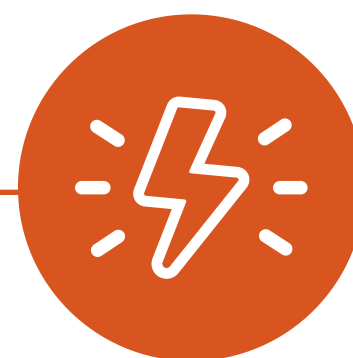


### PRIMARY CARE FOLLOW UP

- These women should visit primary care for screening, if recommended.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

NO

## GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



### CUSTOMIZED CALL TO ACTION MESSAGES

Focus Call to Action (CTA) messaging on:

- Finding a doctor and scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



### PHONE CALL FOLLOW UP

Follow up with users by phone call to:

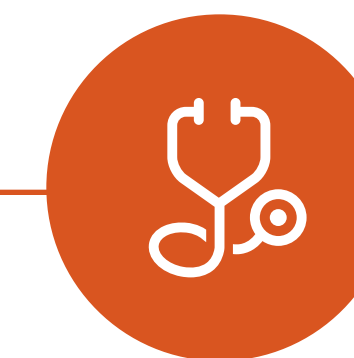
- Find a primary care physician and set up an appointment
- Explain the benefits of discussing their family history and other breast cancer risk factors with a health care professional
- Review the results report with them and explain what their result means



### FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



### PRIMARY CARE FOLLOW UP

- These women should visit primary care for screening, if recommended.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).

### OTHER CONSIDERATIONS

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family.

These women have been previously screened for breast cancer, but annual screening may not be recommended by their health care provider because of age or other factors.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity

