

Breast Screening is for asymptomatic, eligible participants. Please refer to the reverse side for your screening frequency. It is recommended that individuals discuss the benefits and limitations of screening mammography with their health care provider.

Breast Screening Participants: How to Book Your Mammogram

Book directly with a Screening Centre below or call Client Services at: 1-800-663-9203 for other locations, including communities visited by the mobile mammography service.

| | | | |
|------------|--------------|-----------------|--------------|
| Abbotsford | 604-851-4750 | Nanaimo | 250-716-5904 |
| Burnaby | 604-436-0691 | North Vancouver | 604-903-3860 |
| Coquitlam | 604-927-2130 | Penticton | 250-770-7573 |
| Courtenay | 250-331-5949 | Prince George | 250-645-6654 |
| Delta | 604-877-6187 | Richmond | 604-244-5505 |
| Kamloops | 250-828-4916 | Surrey | 604-582-4592 |
| Kelowna | 250-861-7560 | Vernon | 250-549-5451 |
| Langley | 604-514-6044 | White Rock | 604-535-4512 |

Vancouver

| | |
|--------------------------|--------------|
| 505-750 West Broadway | 604-879-8700 |
| 5752 Victoria Drive | 604-321-6770 |
| BC Women's Health Centre | 604-775-0022 |
| Mount St Joseph Hospital | 604-877-8388 |

Victoria

| | |
|---------------------------|--------------|
| 305 - 1990 Fort Street | 250-952-4232 |
| Victoria General Hospital | 250-727-4338 |

Client Services hours: Monday to Friday 8:00AM - 5:30PM and Saturday 8:30AM - 4:30PM.

Please have your BC Services Card/CareCard and the name of your current health care provider when calling to book your appointment. If you have accessibility needs, please advise so we may book the correct amount of time and ensure that your needs can be met.

For Your Appointment - Know Before You Go

Please bring your BC Services Card and photo ID. Wear a two-piece outfit. Don't wear deodorant, powder or perfume. Arrive early. Visit screeningbc.ca/breast for more information.

Health Care Provider: How to Refer High-Risk Patients and/or Patients < 40 yo

If your patient:

- is between the ages of 30-39; and/or,
- has never participated in the Breast Screening program; and,
- is considered High Risk

Then please complete this initial referral for your patient to present at their appointment. Refer to reverse side for further details.

Patient Name: _____

Date of Birth: _____ **PHN/BC Services Card/CareCard #:** _____

Pathogenic gene variant name, if known: _____

Refer to www.bccancer.bc.ca/hereditary for gene variants recognized by the Hereditary Cancer Program.

Very strong family history

Thoracic radiation between ages 10-30

Health Care Provider Name: _____ **MSP #:** _____

Signature: _____

Please select the appropriate breast screening plan for your patient on the reverse side.

| My Breast Screening Plan | | | | |
|--------------------------|---------------------|---------------------------|--|----------------------------------|
| ✓ | Age Range | Your Estimated Risk Level | Risk Detail(s) | Screening Frequency ¹ |
| | 40-74 | Average | | Every 2 years |
| | 40-74 | Higher than average | At least one of the following: <ul style="list-style-type: none"> • 1st degree relative with breast cancer • Known diagnosis of ADH, ALH or LCIS² | Every year |
| | 30 ³ -74 | High | At least one of the following: <ul style="list-style-type: none"> • Pathogenic gene variant • Very strong family history⁴ • Thoracic (chest) radiation between age 10-30⁵ | Every year |
| | 75+ ⁶ | Any | Any | Every 2-3 years |

¹ Breast Screening Program sends reminder notices when participants are due for their next screening exam. It is important to keep your contact and provider information up to date to receive program communications in a timely manner.

² Health care provider must send a diagnostic referral directly to a medical imaging facility indicating this diagnosis, as outlined in the [Higher Risk Surveillance Provider Fact Sheet](#).

³ A participant with an estimated risk of High between the ages of 30-39 requires an initial referral to the Breast Screening Program. Health care provider must complete the information on the front and participant must provide the details at booking and present slip at time of initial exam. No future referrals are required once initial exam takes place.

^{4a} 2 cases of breast cancer in close female relatives (mother, sister, daughter, aunt, grandmother, or great-aunt) on the same side of the family, both diagnosed before age 50; or,

^{4b} 3 or more cases of breast cancer in close female relatives on the same side of the family, with at least one diagnosed before age 50.

⁵ Typically refers to radiation therapy for pediatric and adolescent cancers.

⁶ Reminders will no longer be sent once a participant turns 75 as it is encouraged they speak with their health care provider to confirm their breast screening plans before continuing to be a participant with the Breast Screening Program.

Make an informed decision about breast screening.
 Visit www.screeningbc.ca/breast or scan the following QR code for more information.

