

Poor Compliance in Screening Breast MRI in High Risk Women in an Equal Access System
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INTRODUCTION: Screening MRI in women at high risk for the development of breast cancer is a common practice that is endorsed by several major organizations. While controversies still exist regarding its application, understanding the barriers to obtaining a MRI are difficult due to heterogeneity in socioeconomic status, cultural differences, and access to care among study populations. We sought to better understand the compliance rate for MRI screening in high risk women in an equal access, no-cost health care system.

METHODS: This review of a prospectively maintained database was used to analyze compliance among beneficiaries in our tertiary level referral center. Using the Tyler-Cuzik Breast Cancer Risk Assessment Model, women who were deemed to have a 20% or greater risk of developing breast cancer were stratified into quartiles, offered MRI screening/surveillance, and comprised our patient cohort.

RESULTS: From 2015-2016, 1,057 women met inclusion criteria and were offered screening MRI. Of these, only 247 (23%) underwent MRI screening. The remaining women who did not pursue MRI screening were sent additional correspondence to a verified address without additional response. When analyzed by quartiles, compliance for women with a 20-24%, 25-29%, 30-39%, and >40% risk were 15%, 24%, 36%, and 51%, respectively ($p < 0.02$).

CONCLUSIONS: Even in an equal access, no cost medical system, there is poor compliance in patients who are at high risk for the development of breast cancer. While patients at higher risk were more likely to undergo MRI screening, even a >40% lifetime risk did not ensure uniform adherence to screening.