Pathway for Diagnostic Work-up and Management of Highly Suspicious Breast Lesions **Symptomatic** Screening patient Referred for mammogram *confirm family doctor if differs from ordering doctor unattached patient **BI-RADS 5** use process for PCN **BREAST HEALTH** BI-RADS 5 **Breast Health** PROGRAM (BHP) "central **Program** make space for notified of results registry" expected referral REPORT to ordering doc with new standardized referral pathway macro *PLUS the family doc if if BHP does not see different * (MRP) referral from MRP. the BHP is to Referral to surgery contact should be made **BIOPSY** community breast immediately after DONE surgeon offices to BI-RADS 5 report to avoid unnecessary delays in confirm alternate treatment planning referral Supplementary report issued **BIOPSY RESULTS to** to ordering doc + MRP **RADIOLOGY** with new standardized *to MRP/ ordering doc referral pathway macro If BHP does not see a referral from If referral to surgery has not yet been made, MRP within 5 it should be made immediately after biopsy result. business days of Even if this biopsy is negative, further evaluation by a Breast Surgeon is required BI-RADS 5 imaging result, the BHP is to contact the REFERRAL TO SURGERY office of the MRP (who is waiting for referral) REFER patient to confirming: 1) MRP copied on all information sources referral declined; subsequent referrals for on what to expect 2) unexpected patient delay, or 3) OR alternate referral Breast Health Program Community Breast Surgeon