Supplementary Table 2: Summary of guidelines on management of breast cancer risk

	EviQ Australia	**ESMO Europe**	**NICE United Kingdom**	**NCCN United States**
Date/update	Updated 2019	2016	2013, Updated 2019	Updated 2019
Starting age	30yrs	20-30yrs	30yrs	30yrs
Clinical breast examination	Recommended	Every 6-12 months From age 20-25yrs		Every 6-12 months
Breast awareness	Encourage breast self-awareness and report changes	Encourage breast self-awareness and report changes	Women at increased risk should be 'breast aware' in line with advice for all women	
MRI **Mammogram* +/- tomosynthesis**	>30 yrs annual MRI +/- mammogram MRI may be superior for detection of LBC	20-29yrs: annual MRI 30-75yrs: annual MRI and/or mammogram	30-39yrs: offer annual MRI *and* consider annual mammography* 40-49yrs: offer annual MRI *and* annual mammography >50yrs: Do not offer annual MRI unless mammogram has shown a dense breast pattern	30yrs: consider breast MRI with contrast** Annual mammogram; consider tomosynthesis
Ultrasound	+/- ultrasound	Generic statement***: Ultrasound may be considered as an adjunct to mammography at all ages and as an alternative when MRI is not available. In women <30yrs – breast ultrasound can be considered if MRI unavailable.	Generic statement***: Do not routinely offer, but consider it when MRI is not suitable (e.g claustrophomia, contrast reaction, renal impairment), or when results of MRI or mammogram are difficult to interpret	
Bilateral risk reducing mastectomy (BRRM)	May be considered	May be considered	Bilateral mastectomy should be raised as a risk-reducing strategy option with all women at high risk	Evidence insufficient, manage based on family history[#]

*Recent evidence questions whether mammogram at the same time as MRI adds value. Mammography < 40 years should take into consideration breast density - see text.
**NCCN: May be modified based on family history, typically beginning 5–10 years earlier than youngest diagnosis in family but not later than stated in the table.
*** Generic advice for all women at high risk of breast cancer – no discussion of LBC phenotype.
# For women with pathogenic/likely pathogenic variants who are treated for breast cancer and have not had bilateral mastectomy, surveillance should continue as described.