



WOMEN - Screening Pathways using Diagnostic Imaging

Purpose: This resource outlines screening pathways based on age and risk profiles. It is intended to support Referrers when considering appropriate imaging in asymptomatic populations.

Risk Stratification

- **Average risk:** No significant family history, known genetic mutation or major smoking history (for lung)
- **Moderate risk:** 1st degree family member, dense breasts, moderate smoker or other recognised risk factors
- **High risk:** Known genetic syndromes (e.g. BRCA, Lynch), strong family hx, heavy smoker, prior malignancy

High-Risk Genetic Syndromes:

Targeted abdominal MRI, which is aligned to oncology/genetic guidelines is indicated for the following syndromes: BRCA 1/2, Lynch, FAP, MEN 1/2, VHL.

Note: Whole body MRI may be considered in those with an increased risk for genetic syndromes, but there is no evidence currently to support this technique in low-risk individuals as a screening tool.

Breast Imaging: Refer to Referrer Resources page on Pacific Radiology & Bay Radiology website for recommendations.

Ages	Average risk	Moderate/high risk
20-39	No routine screening with imaging. Bone: DEXA may be used as a baseline where clinically indicated (e.g. RED-S, eating disorder).	Ovarian: If high-risk, consider annual transvaginal ultrasound plus CA-125 .
40-49	No routine screening with imaging.	Lung: Annual LDCT for individuals with ≥ 20 pack year and current/previous smoker. Cardiovascular: CT Calcium Score in those >40 with diabetes. Ovarian (BRCA): consider 6–12 monthly transvaginal ultrasound. Bone: Baseline Bone Density and/or Body Composition where risk factors* are present. Follow-up as per findings.
50-74	Bowel: CT Colonography every 5 years (or colonoscopy). Lung: Annual low-dose CT for current or former heavy smokers. Cardiovascular: CT Calcium Score, around age 50–55 for risk stratification. Ovarian: Pelvic ultrasound every 2–5 years. Bone: Baseline DEXA post-menopause.	Bowel: Earlier and/or more frequent colorectal imaging. Lung: Annual low dose CT lung. Cardiovascular: CT Calcium Score age 50, in conjunction with cardiology. Ovarian: 6 or 12 monthly pelvic ultrasound (e.g. BRCA or similar). Bone: DEXA tailored to risk profile* Aorta: screening not currently advised (under further evaluation as increasing evidence that women with aneurysms have worse outcomes than their male counterparts).
75+	Screening is individualised based on health status, life expectancy (>10) & patient preference. Low-dose CT Lung screening until age 80.	

* Risk factors that would indicate DEXA as a baseline screening tool:

- hormone-affecting metabolic disorders.
- on medication associated with low bone mass or bone loss.
- heavy drinkers/smokers, drug addiction.
- digestive absorption disorders, e.g. Crohn's, ulcerative colitis.
- minor fracture, over 50 years.