We kindly request the NCCN Breast Cancer Screening and Diagnostics panel to review the enclosed peer reviewed clinical data/papers for considering the inclusion of the breast-specific gamma imaging (BSGI), also referred to as molecular breast imaging (MBI), procedure in patients for whom breast MRI would be indicated but not possible (pacemakers, ferromagnetic implants etc.), and when an alternative is needed for patients who meet MRI diagnostic screening criteria.

BSGI is performed with a high-resolution, small-field-of-view, breast-optimized gamma camera after intravenous administration of Tc-99m-sestamibi and is not affected by breast density [1].

Specific Changes: Where breast MRI is recommended/indicated, add, “BSGI may be used when the breast MRI is not available or is contraindicated.”

FDA Clearances:
1. Pharmaceuticals: Tc99m-Sestamibi is indicated for planar breast imaging.
2. Detector Systems: Dilon 6800 Series Gamma Camera(s), Gamma Medica LumaGem, General Electric Discovery NM750b.

Rationale: BSGI is a molecular breast imaging procedure capable of detecting breast malignancies that are either occult or underestimated by mammography and ultrasound. When mammography encounters radiodense breast and cannot reach conclusive diagnosis results (BI-RADS 0), compound with other high risk factors, adjunct diagnostic imaging modality is needed to further assists this group of population to early detect and early treatment [1, 2, 3, 4]. Like breast MRI, BSGI has demonstrated the ability to improve patient management, but in contrast, BSGI has no known contraindications for use and can therefore be utilized in situations where breast MRI is unavailable or in patients unable to undergo MRI [1, 5, 6]. Clinical publications report that BSGI has similar sensitivity but better specificity than breast MRI and is not affected by the density of breasts [1, 5, 7, 8].
Clinical Publications:


