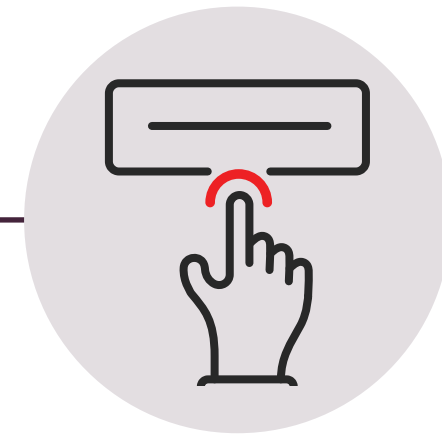
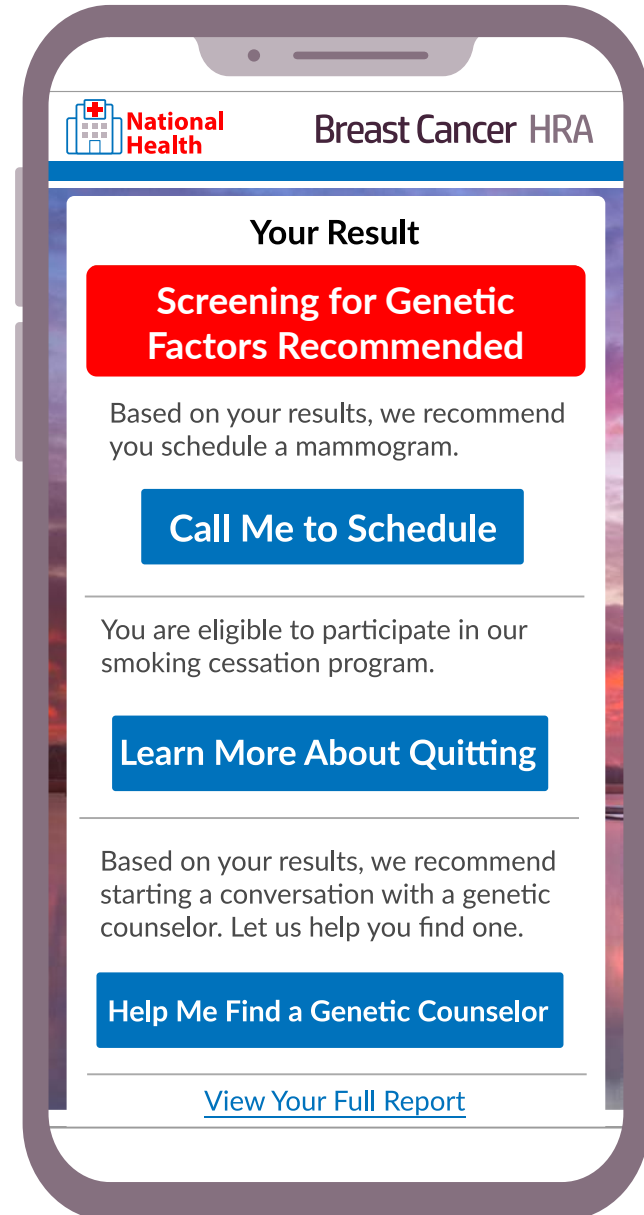




BREAST CANCER HRA

GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Scheduling an appointment.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain what their result means.
- Encourage an appointment with their primary care physician to review their family history and other breast cancer risk factors.



NURTURING

Customize your nurturing content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



PRIMARY CARE FOLLOW-UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).



SCREENING FOR GENETIC FACTORS RECOMMENDED*

Women in this category have a known family history of cancer or other genetic risk factors, including Ashkenazi Jewish ancestry or BRCA1/BRCA2 gene mutation in a first-degree relative (parent, sibling or child).

Women in this category do not have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy. They reported they have never had a test for a breast cancer gene mutation.

These women may have a significant family history of breast, ovarian, or bowel cancer that warrants a genetic evaluation. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Dense breast tissue on mammogram
- Heavy alcohol use
- Overweight or obesity

** For clients who wish to promote mammogram screening only, this result can be disabled within the customization of the HRA.*



EXAMPLE PERSONA

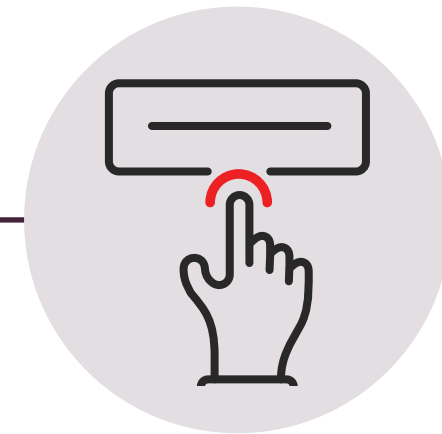
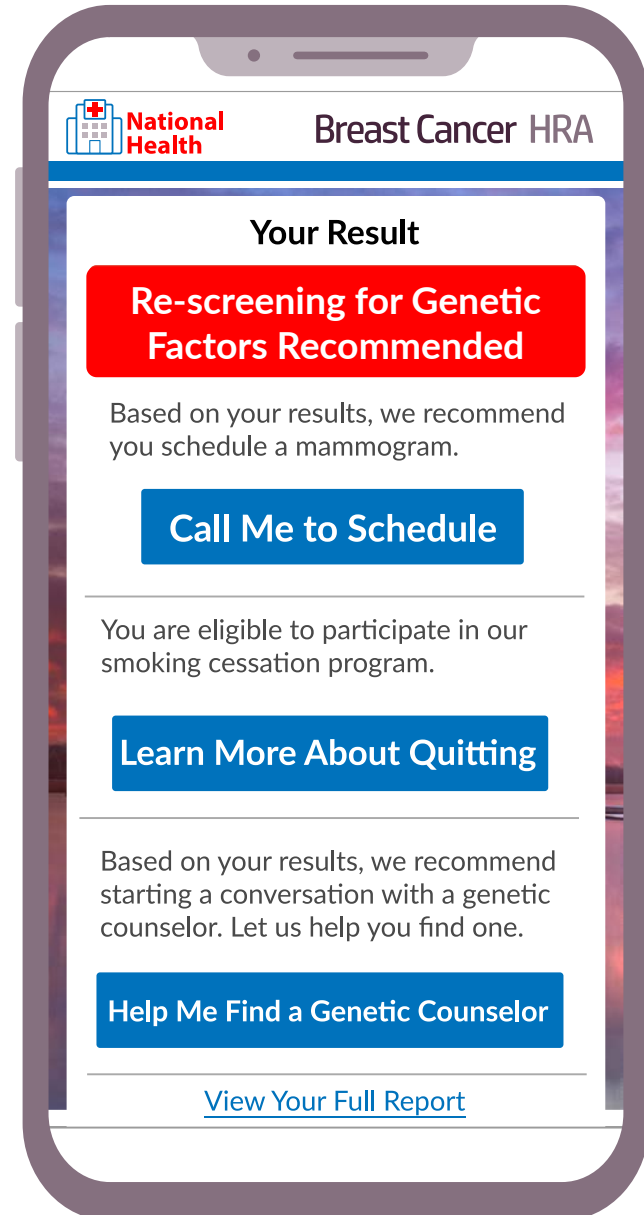
Laura is a 42-year-old Caucasian woman of Ashkenazi Jewish ancestry. Her mother is 69 and was just diagnosed with breast cancer. She has no other history of breast, ovarian, or bowel cancer in her immediate or extended family, and she has never had a breast biopsy.

Laura has heard that her Ashkenazi Jewish heritage may increase her breast cancer risk. Her Results Report highlights that her ancestry does independently increase her breast cancer risk. Her mother's cancer diagnosis is also a factor for increased risk. A genetic evaluation is recommended.



BREAST CANCER HRA

GOAL: SCHEDULE AN APPOINTMENT FOR GENETIC AND CANCER RE-SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain what their result means.
- Encourage an appointment with their primary care physician to review their family history and other breast cancer risk factors.



NURTURING

Customize your nurturing content to explain:

- How a family history of certain cancers may increase their breast cancer risk.
- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



PRIMARY CARE FOLLOW-UP

- These women should visit primary care for re-screening.
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).



RE-SCREENING FOR GENETIC FACTORS RECOMMENDED*

Women in this category have previously been tested for gene mutations. The test did not show positive results, but was done more than 5 years ago, before certain breast cancer gene mutations could be identified in the test.

They also have a known family history of cancer or other genetic risk factors, including Ashkenazi Jewish ancestry or BRCA1/BRCA2 gene mutation in a first-degree relative (parent, sibling or child).

Women in this category do not have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy.

These women may have a significant family history of breast, ovarian, or bowel cancer that warrants a genetic evaluation. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Dense breast tissue on mammogram
- Heavy alcohol use
- Overweight or obesity

** For clients who wish to promote mammogram screening only, this result can be disabled within the customization of the HRA.*



EXAMPLE PERSONA

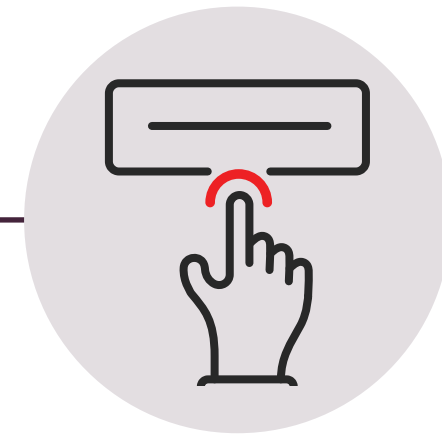
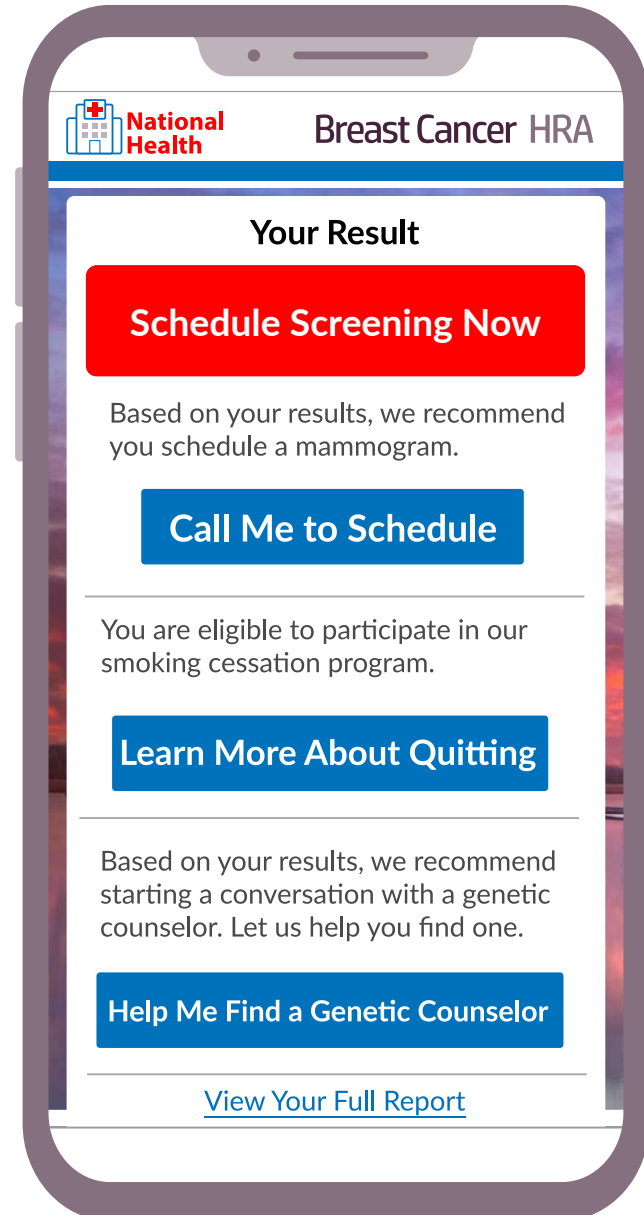
Annie is a 35-year-old Caucasian woman. Her mother died from breast cancer 8 years ago. Annie underwent genetic testing a year later to determine if her family history put her at high risk for developing breast cancer. Her test results were negative for gene mutations at that time.

Annie learned about the Breast Cancer HRA while scheduling an online appointment with her doctor. She took the assessment and was surprised to learn that she should have another genetic evaluation due to additional gene mutations now identified via the tests. She brought her Results Report along to her appointment.



BREAST CANCER HRA

GOAL: SCHEDULE BREAST CANCER SCREENING



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Scheduling an appointment.
- Health fairs and other events sponsored by your organization.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain the importance of following their recommended screening schedule.
- Schedule an appointment with their primary care physician for breast cancer screening.



NURTURING

Customize your nurturing content to explain:

- The importance of following a recommended screening schedule.
- How certain medicines or lifestyle changes may lower their breast cancer risk.



PRIMARY CARE FOLLOW-UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).



SCHEDULE SCREENING NOW

Women in this category meet either of the following criteria:

- They are between the ages of 40 and 54 and have never been screened for breast cancer or it has been more than one year since their last screening
- OR
- They are age 55 or older and have never been screened or it has been more than two years since their last screening

Neither group has a personal or family history of cancer or other genetic risk factors.

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family. They may or may not have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity



EXAMPLE PERSONA

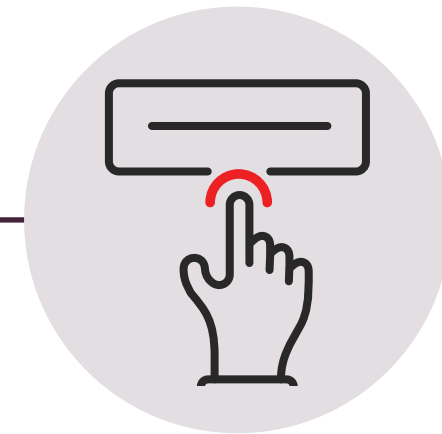
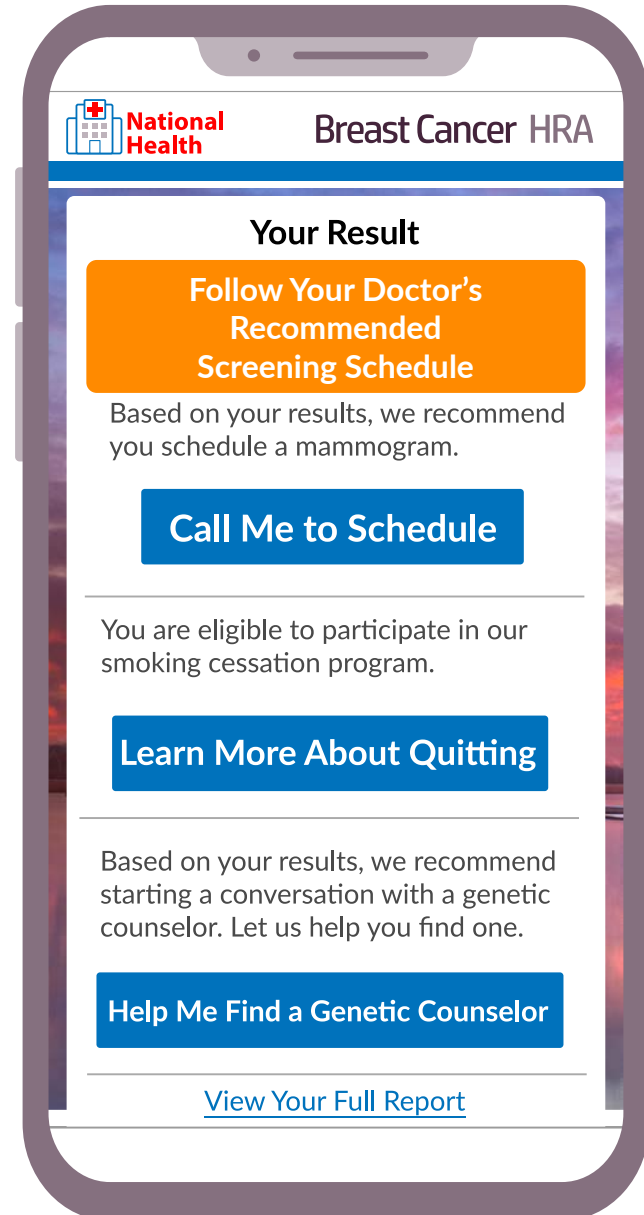
Lin is a 49-year-old Asian woman who had a baseline mammogram at the age of 45. She had recently read on social media that some women don't need yearly mammograms and was curious if she was up to date on her screening.

She took the Breast Cancer HRA and was surprised to learn that she may be due for her next mammogram. She decided to speak to her doctor about scheduling a screening at her next visit.



BREAST CANCER HRA

GOAL: REVIEW RISK FACTORS AND SCREENING SCHEDULE WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Set up an appointment with primary care.
- Review the results report with them.
- Explain the importance of following a recommended screening schedule.



NURTURING

Customize your nurturing content to explain:

- The importance of following a recommended screening schedule.
- How other screening methods such as MRI, can be appropriate.
- How learning the history of breast cancer in their mother, sisters, and daughters can help determine their risk.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors..



PRIMARY CARE FOLLOW-UP

- These women should be encouraged schedule their next screening, if appropriate.
- Women in this category may benefit from a referral to oncology, genetic evaluation, or other behavior-specific programs (e.g., smoking cessation or weight control).



FOLLOW YOUR DOCTOR'S RECOMMENDED SCREENING SCHEDULE

Women in this category meet the following criteria:

- They have previously been tested for a genetic mutation and the test results were positive
- OR
- They have a personal history of cancer, atypical hyperplasia or history of chest radiation therapy. They may also report having been told they have dense breast tissue following a mammogram.

These women may or may not have a significant family history of breast, ovarian, or bowel cancer or known BRCA1/BRCA2 gene mutation in their immediate family. These women most likely have been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity



EXAMPLE PERSONA

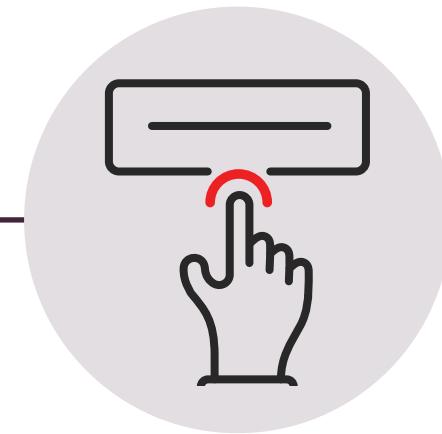
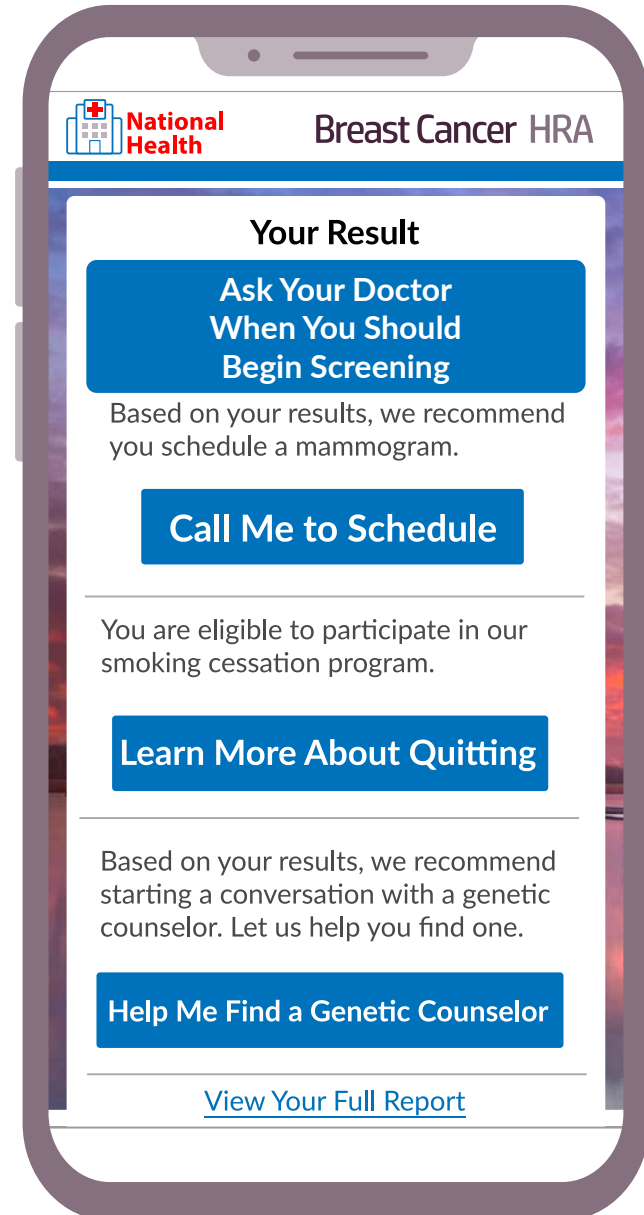
Kelly is a 37-year-old Jewish American woman whose mother was treated for breast cancer when Kelly was a teenager. Last year, Kelly decided to have genetic testing done and learned she tested positive for the BRCA1 gene mutation. She had her first mammogram at age 35 due to her elevated risk for breast cancer.

While researching her next steps, Kelly found the Breast Cancer HRA on her local hospital's website. She learned it's very important to follow her recommended screening schedule and ask her doctor about other screening methods such as MRI as well as maintain a healthy lifestyle.



BREAST CANCER HRA

GOAL: DISCUSS BREAST CANCER SCREENING DURING A REGULAR PRIMARY CARE VISIT



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the results report with them and explain that it's important to discuss when to start screening with their health care provider.
- Encourage them to review their breast cancer risk factors at their next primary care appointment.



NURTURING

Customize your nurturing content to explain:

- The importance of creating a relationship with primary care.
- That family history of certain cancers may increase their breast cancer risk, and that risk increases with age.



PRIMARY CARE FOLLOW-UP

- These women should discuss their risks at their next primary care visit.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).



ASK YOUR DOCTOR WHEN YOU SHOULD BEGIN SCREENING

Women in this category meet the following criteria:

- Under age 40
- Have never been screened for breast cancer
- Have no personal or family history of cancer or other genetic risk factors

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family. They have not been previously screened for breast cancer.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity



EXAMPLE PERSONA

Dani is a 38-year-old African American female. She's a non-smoker and she drinks only occasionally. She's not aware of any history of breast or other cancer in her family. She's never had a mammogram but will occasionally remember to do breast self-examination.

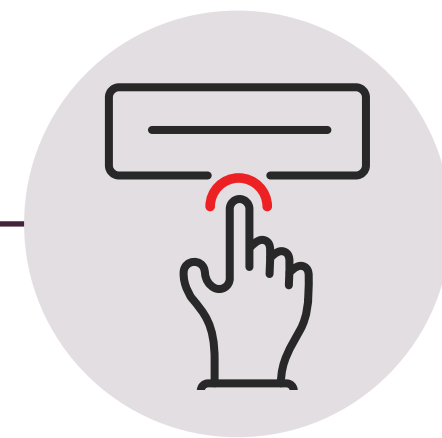
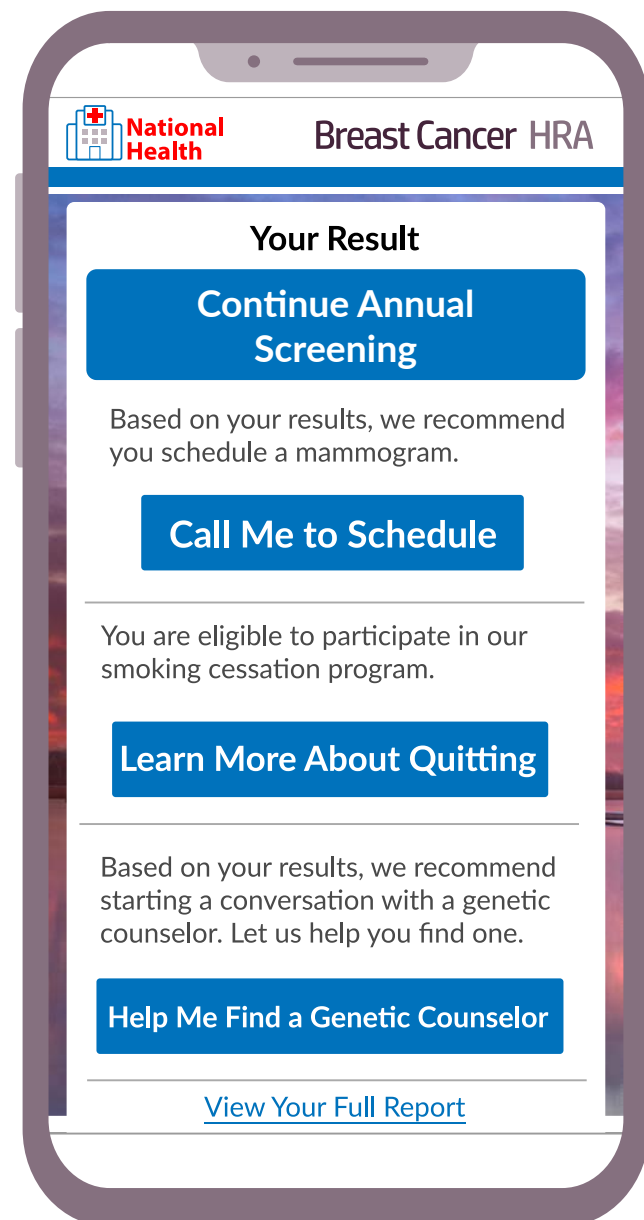
She took this assessment during Breast Cancer Awareness Month when she saw it on her hospital's Facebook page.

Dani is relieved to learn she probably does not need to start screening quite yet, but has decided to ask her doctor about when to begin mammograms at her next primary care visit.



BREAST CANCER HRA

GOAL: REVIEW RISK FACTORS AND SCREENING SCHEDULE WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Set up an appointment with primary care.
- Review the results report with them.
- Explain that when family history of breast cancer is unavailable, other tools can estimate breast cancer risk.



NURTURING

Customize your nurturing content to explain:

- The importance of continuing to follow a recommended screening schedule.
- How learning the history of breast cancer in their mother, sisters, and daughters can help determine their risk.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors.



PRIMARY CARE FOLLOW-UP

- These women should visit primary care for screening.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).



CONTINUE ANNUAL SCREENING

Women in this category are 40 to 54 years old and have reported their last screening for breast cancer occurred within the past year.

These women do not have a personal or family history of cancer or other genetic risk factors.

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity



EXAMPLE PERSONA

Carrie is a 52-year-old post-menopausal Caucasian woman with obesity (BMI = 32). Her last mammogram was 10 months ago and was negative for cancer.

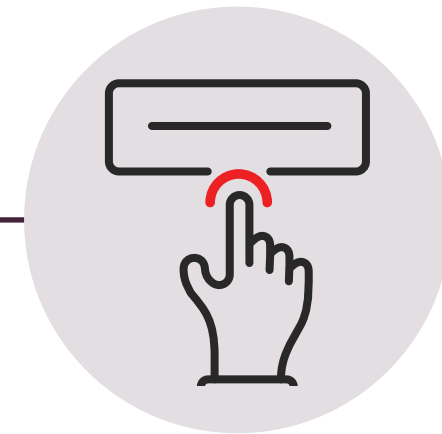
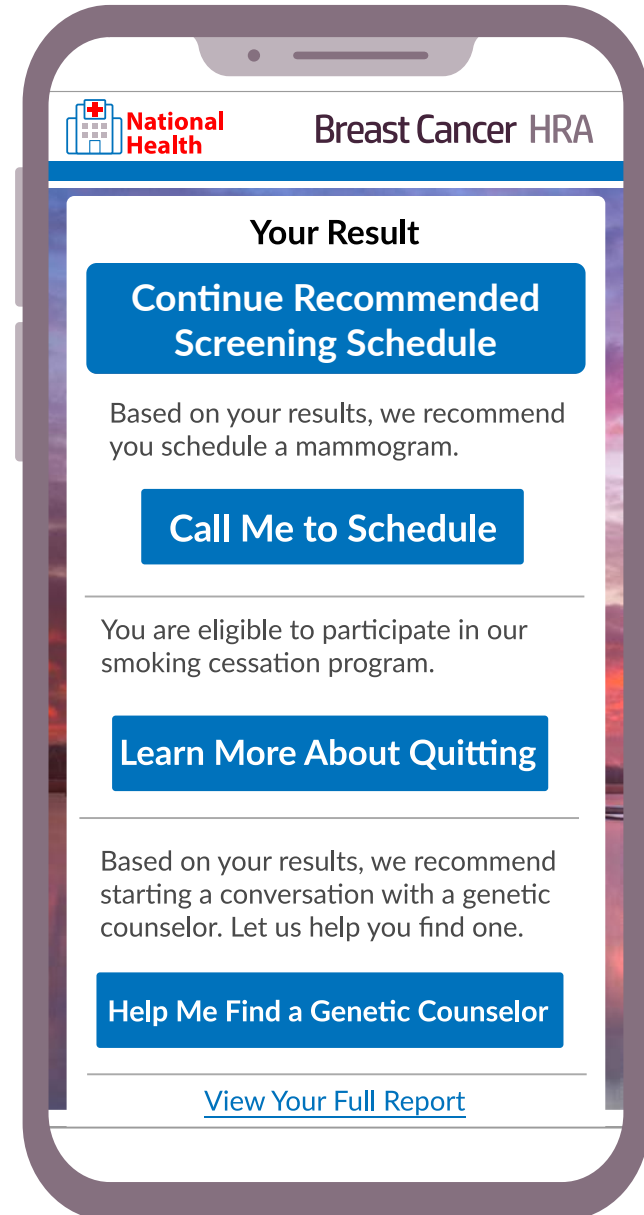
She took the Breast Cancer HRA during Breast Cancer Awareness Month and was curious to find out if she had any other risk factors for breast cancer.

Carrie was surprised to learn that her post-menopausal BMI increases her risk for developing breast cancer and decided to ask her health care provider for more information about weightloss at her next appointment.



BREAST CANCER HRA

GOAL: REVIEW RISK FACTORS AND SCREENING SCHEDULE WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Appointment scheduling.
- Relevant health content.



FOLLOW UP

Follow up with the user as soon as possible to:

- Set up an appointment with primary care.
- Review the results report with them.
- Explain that breast cancer risk increases with age, so they should continue to monitor their risk factors.



NURTURING

Customize your nurturing content to explain:

- The importance of following a recommended screening schedule.
- That breast cancer risk increases with age, so they should continue to monitor their risk factors.



PRIMARY CARE FOLLOW-UP

- These women should visit primary care for screening, if recommended.
- Women in this category may benefit from a referral to behavior-specific programs that reduce their risk of developing breast cancer (e.g., smoking cessation or weight control).



CONTINUE RECOMMENDED SCREENING SCHEDULE

Women in this category meet either of the following criteria:

- They are under age 40 and have been previously screened for breast cancer
- OR
- They are age 55 or older and have been screened within the past two years

Neither group has a personal or family history of cancer or other genetic risk factors.

These women do not have a significant personal or family history of breast, ovarian, or bowel cancer. They do not have a known BRCA1/BRCA2 gene mutation in themselves or immediate family.

These women have been previously screened for breast cancer, but annual screening may not be recommended by their health care provider because of age or other factors.

They may also report a history of:

- Hormone replacement therapy or hormonal birth control
- Heavy alcohol use
- Overweight or obesity



EXAMPLE PERSONA

Patricia is a 66-year-old Hispanic woman whose last mammogram was 18 months ago.

Patricia's sister-in-law was recently diagnosed with early stage breast cancer, which caused concern for Patricia that her mammogram may be overdue.

Patricia took the Breast Cancer HRA and decided to ask her doctor what the recommended screening schedule was for her. She was relieved to learn that based on her age and medical history, bi-annual screening was recommended for her. She scheduled her next mammogram for 6 months later.