1. When patients are identified as having a high risk lesion (listed) a surgical consult will be recommended.
   a. Atypical hyperplasia
   b. LCIS
   c. Pleomorphic LCIS*
   *These lesions should be considered akin to DCIS and treated per standard of care for DCIS.

2. During the surgical consult, a discussion will be conducted concerning:
   a. The possible need for an excisional biopsy of the area
   b. The increase risk for breast cancer when such lesions are identified
   c. The possibility of a pathological upgrade to a cancer following the excision
   d. The follow-up recommendations, according to the patient’s personal risk evaluation made using the NCI risk assessment tool

3. Following surgery consultation, pending there is no upgrade to a cancer diagnosis, this patient population should receive (or be referred to as a High Risk provider who will):
   a. Consultation reviewing the implications of the diagnosis in relation to their breast cancer risk
   b. Assessment of risk by selected calculators:
      i. Gail
      ii. Tyrer Cuzick
   c. Discussion regarding options for future treatment and surveillance
      i. candidacy for additional screening imaging
      ii. candidacy for chemoprevention
      iii. consideration for prophylactic surgery
   d. Determination of a breast care plan
      i. schedule for screening imaging and clinical breast exams
      ii. consideration of referral to medical oncologist for chemoprevention
   e. If the patient declines appropriate follow up, it is the responsibility of the provider to provide and document the above noted information and risk assessment