

Supplementary File 2

Pathogenic/likely pathogenic variant-positive management include screening and risk reduction surgery. Semiannual clinical breast examinations should begin at 25 years of age.^[1-3] The age to begin screening can be individualized if the family history includes a breast diagnosis prior to 30 years of age.^[4] Prospective studies on comparative surveillance modalities in women at high risk have consistently reported higher sensitivity of MRI screening (91%–94%) compared with mammography (40%–65%) and ultrasound (40%–65%) in detecting breast cancers.^[5-7] The combined use of mammography and ultrasound increase the sensitivity to 49%–63%.^[2,3] The specificity with MRI and mammography screening were 97.2% and 96.8%,^[5-7] respectively. A large cohort study suggested an increased risk in women exposed to radiation at a young age.^[8]

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