Pathogenic/likely pathogenic variant-positive management include screening and risk reduction surgery. Semiannual clinical breast examinations should begin at 25 years of age.\textsuperscript{[1-3]} The age to begin screening can be individualized if the family history includes a breast diagnosis prior to 30 years of age.\textsuperscript{[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.\textsuperscript{[5-7]} The combined use of mammography and ultrasound increase the sensitivity to 49\%-63\%.\textsuperscript{[2,3]} The specificity with MRI and mammography screening were 97.2\% and 96.8\%,\textsuperscript{[5-7]} respectively. A large cohort study suggested an increased risk in women exposed to radiation at a young age.\textsuperscript{[8]}


