Provincial Health Services Authority

SCREENER INTERPRETATION OF MAMMOGRAM PROCEDURE: BREAST SCREENING

(Results – SD 010)

Summary of Changes

	NEW	Previous
BC Cancer	September 2023 – Merged with archived policy SD 030 & SG-DG 100 including ACR Revisions from 2022	May 2017, January 1998

1. Introduction

1.1. Focus

The purpose of this procedure is to define and describe the rules for the screener's interpretation of mammograms.

The complete interpretation of each mammogram requires confirmation of patient identity and adequate image quality, consideration of previous breast imaging, measurement of breast density and determination of a negative versus abnormal result.

Findings must be described and annotated, and an imaging recommendation provided. In accordance with evidence-based best practices, batch reporting is to be prioritized in the screener's workflow [i.,ii.,iii].

Practice parameters for digital mammography for the BC Cancer Breast Screening Program are based upon the American College of Radiologists (ACR) report ***Practice Parameter for Determinants of Image Quality in Mammograph*** [iv].

1.2. Health Organization Site Applicability

All BC Cancer Breast Screening Program Centres

1.3. Practice Level

- Breast Screening Program Radiologists
- Client Services Centre Staff

1.4. Need to Know

If a deficiency in adherence to the procedure occurs, the appropriate documentation should occur through the Patient Safety Learning System and the program unusual occurrence notification as appropriate.

Each screening centre shall have systems in place to track the process of requesting and importing previous breast imaging. See step 3.2

The Program target is for ≥90% of screening mammograms to be reported within 7 days.

2. Procedure

2.1. Steps and Rationale

Workflow Step	#	Workflow Step	Role
Reporting Time Frame	1.	Complete the mammography report within 7 days of the participant's visit. It is understood that when images need to be sent to a reading site from a Mobile visit, it may take up to 5 business days.	Screener
Resulting	2.	Indicate if the mammogram is a normal result (i.e. 'Add Negative') or an abnormal result (i.e. 'Add Finding').	Screener
Availability of the Participant's Previous Breast Imaging	3.	Indicate the availability of a participant's previous breast imaging for purpose of comparison.	Screener
	3.1	Preceding the screener's interpretation of a screening mammogram, the participant's previous screening or diagnostic breast imaging shall be obtained (when available) for the purpose of comparison.	Clerical
	3.2	Follow the centre specific process for requesting and importing previous breast image.	Clerical
	3.3	If the participant's previous breast imaging is not received within 4 days preceding the initial request, the clerical staff shall follow-up with a second request. **Note:** All reasonable attempts shall be made to obtain the participant's previous breast imaging.	Clerical
	3.4	If the participant's previous breast imaging cannot be obtained after 3 attempts over 12 working days, report the current mammogram	Screener
Reporting Breast Density	4.	Indicate breast density in accordance with 2013 BI-RADS Atlas (5th Ed) a. Almost entirely fatty b. Scattered areas of fibroglandular density c. Heterogeneously dense, which may obscure small masses d. Extremely dense, which lowers the sensitivity of mammography	Screener
Abnormal Results	5.	Indicate the level of suspicion of the finding a. Low suspicion finding b. Moderate suspicion finding c. High suspicion finding (consider image guided biopsy)	Screener
	5.1	For each finding, the primary macro type of abnormality (i.e. Mass, Architectural Distortion, Asymmetry or Calcification) must be indicated. When applicable for each finding, any associated macro type of an abnormality (i.e. Mass + Calcs, "there is a mass with associated calcifications") must be indicated. Where secondary characteristics of a finding are represented following the '+'.	

	5.2	For each finding, the location must be indicated. (i.e. in the anterior of the right breast lower inner quadrant at 4 o'clock.) At a minimum for a single view finding the depth and location must be indicated. (i.e. seen in the MLO view only in the middle central of the right breast.)	
	5.3	Regarding reporting of abnormal results, the screener is required to indicate each finding as separate statements (i.e. "Finding 1", "Finding 2"). The screener may indicate a maximum of 3 separate findings. These should represent the 3 most suspicious findings, in order of decreasing suspicion. • If there are multiple findings in the same annotated area, then the finding description is based on the most suspicious. Description of any adjacent finding(s) may be added in the 'Imp Notes' field. • If there are additional findings beyond 3 annotated areas, then these may be described in the 'Imp Notes', along with their recommendations.	
	5.4	Indicate a recommended work-up action (i.e. additional mammographic views, ultrasound). Further details regarding recommendations may be specified in the "Imp Notes" field – refer to *MagView Radiologist Guide.*	
	5.5	Annotate all detected findings on the mammogram image for diagnostic work-up (i.e. circle). The annotated image must be saved and transferred to the facilitated Fast Track facility. For centres where annotation(s) cannot be stored/saved, it is recommended the digital images are printed and the abnormality circled by the interpreting radiologist before forwarding the image for diagnostic work-up.	

3. Related Documents and References

3.1. Related Documents

SD 020 – Communication of Mammographically Detected Abnormalities

3.2. References

i. Burnside, E. S., Park, J. M., Fine, J. P., & Sisney, G. A. (2005). The use of batch reading to improve the performance of screening mammography. [Research Support, Non-U.S. Gov't]. AJR. American Journal of Roentgenology, 185(3), 790-796

ii. Ghate, S. V., Soo, M. S., Baker, J. A., Walsh, R., Gimenez, E. I., & Rosen, E. L. (2005). Comparison of recall and cancer detection rates for immediate versus batch interpretation of screening mammograms. Radiology, 235(1), 31-35

iii. Canadian Partnership Against Cancer. Pan-Canadian Framework for Action to Address Abnormal Call Rates in Breast Cancer Screening. Toronto: Canadian Partnership Against Cancer; 2020.

iv. ACR–AAPM–SIIM Practice Parameter For Determinants Of Image Quality In Mammography; 2022; https://www.acr.org/-/media/ACR/Files/Practice-Parameters/dig-mamo.pdf

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Final Sign Off:	**Name**	**Title**	**Date Signed**
	Dr. Colin Mar	Medical Director – Breast Screening	31-JAN-2023
Developed By:	**Name**	**Dept.**	**HO**
	Dr. Colin Mar	Breast Screening	PHSA-BC Cancer
	Amanda Hunter	Breast Screening	PHSA-BC Cancer
Owner(s):	Dr. Colin Mar	Medical Director – Breast Screening	
	Amanda Hunter	Provincial Practice Lead	
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