

Policy Title: Primary Document (MA Report) Amendments	
Section: Results	Reference No. SD 120
Effective: May 2010	Revised: January 2018

1. SCOPE

All Breast Screening Centre Staff
Breast Screening Program Radiologists
Client Services Centre Staff

2. POLICY

Amendments may be indicated when a Quality Assurance review has occurred. Once a results letter has been issued the original MA report form should not be altered. Steps must be taken to preserve the primary document (MA report form) when issuing a corrected or addendum report.

3. PROCEDURE

- Once the results have been entered in to the Breast Screening Application and a results letter has been issued to the Health Care Provider the original report form cannot be altered.
- If an amendment is required, the original MA report form should be copied and **amendments should occur on the copy of the report**. Amendments should be made in a colour of ink that will be apparent on the copied report (i.e. red, blue or black ink)
- The screener should make all amendments on the copy by (example attached):
 - Crossing out the original result
 - Clearly indicating the change and circling it
 - Initiailling all changes performed
 - On the comments line of the original report, note “**Original report – see Amended report**” and date and highlight.
- The amended report should be brought directly to the Client Services Manager’s attention so that the *Amendment of Mammography Reports* policy SD 100 procedure may be followed. The “Amended Report” should be attached to the original report and filed in the patient film bag upon completion.

4. RELATED POLICIES

[SD 100 – Amendment of Mammography Reports](#)

5. RESPONSIBLE PARTY

Breast Screening Medical Director
Client Services Manager



35001



HISTORY

Ever had Mammogram outside of Screening?

- ☐ No ☐ Yes ☐ Unknown
☐ None since last screening

If YES date of most recent?
MM/YYYY

Where?

Which breast(s)? ☐ Both ☐ Left ☐ Right

- Why? ☐ Routine Examination
☐ Workup of physical breast symptom
☐ Workup of screen-detected abnormality

New Symptom(s)?

- ☐ No ☐ Lump
☐ Unknown ☐ Discharge (bloody or clear)
☐ Thickening
☐ Other (needs comment)

How Long?

Current Estrogen Use

- ☐ No ☐ Yes ☐ Unknown
(e.g. premarin, birth control pills, hormone injections or patches)

Height (cm)
Weight (kg)

Comment/History Tech:

First Degree Family History of Breast CA?

- ☐ No ☐ Mother ☐ Father
☐ Unknown ☐ Sister ☐ Brother
☐ Daughter ☐ Son

Ever had Breast Surgical Biopsy?

- ☐ No ☐ Yes ☐ Unknown
MM/YYYY

Ever had Breast Core Biopsy?

- ☐ No ☐ Yes ☐ Unknown
MM/YYYY

Location of Skin Lesion(s)

X Lump / Thickening	++++ Scar	○ Bruise / Trauma	● Mole	⊕ Core Biopsy
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Right

Left

☐ Client advised to see her family physician for new breast symptoms or changes regardless of screening results

SCREENING MAMMOGRAPHY REPORT This screening mammogram was read by a radiologist

Compared with previous? ☐ Yes ☐ No

Mammographic BI-RADS ☐ a ☐ b ☐ c ☐ d
Density

RESULT:	<input type="checkbox"/> No significant finding: repeat screening in 1 or 2 years	<input type="checkbox"/> A - Low suspicion finding <input type="checkbox"/> B - Moderate suspicion finding <input type="checkbox"/> C - High suspicion finding (consider image guided biopsy)
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DESCRIPTION OF FINDING:

(3 areas with the most prominent findings are indicated by 1, 2, and 3)

	Area 1	Area 2	Area 3
Mass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Architectural distortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asymmetric/focal density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Visible on Both Projections

Right

Left

RECOMMENDATION:

Yes ☐ +/- ☐
 Ultrasound ☐ ☐
 Add'l Mammo Views ☐ ☐

Visible on One Projection Only

Right CC Left CC

Right M-LO Left M-LO

Radiologist: Comments (optional)

Breast Screening MA Form 001 (April 2018)