



Provincial Health Services Authority

COMMUNICATION & NOTIFICATION OF SCREENING RESULTS PROTOCOL: BREAST SCREENING

(RESULTS – SD 020)

Summary of Changes

	NEW	Previous
BC Cancer	Merged with SD 070; New Protocol template—Policy to Protocol per <i>SHOP Style Guide</i> ; Title change from "Communication of Mammographically Detected Abnormalities"	February 2018, May 2017, January 1998 SD 070 - Archived

Last Revised:	14/SEPT/2023	Next Review:	14/SEPT/2026	
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COMMUNICATION & NOTIFICATION OF SCREENING RESULTS PROTOCOL

(RESULTS – SD 020)

1. Introduction

1.1. Focus

Screening radiologists interpret screening mammograms to determine whether there is an abnormality that requires additional imaging. The screener's interpretation is communicated in the form of a screening results notification letter from the Breast Screening Program (the Program) and successfully distributed to both the participant and the participant's Primary Care Provider (PCP).

The purpose of this protocol is to outline the communication and notification of screening results after mammogram interpretations.

1.2. Practice Level

All Breast Screening Program Staff

2. Protocol

2.1. Communication and Notification

#	Scenario	Action	Rationale
1.	Abnormality is detected	A Facilitated Fast Track Referral notification is distributed to a designated diagnostic Fast Track facility. See section 2.1.2 for Fast Track Referral notification requirements.	The PCP can recommended appropriate follow-up testing
2.	Symptom(s) is identified at the time of the exam	The symptom(s) is reported and included on the PCP results notification letter (regardless if result is normal or abnormal)	For the PCP's awareness and consideration of clinical exam.
3.	Symptom(s) is identified post exam and after the results have been released	Communication of symptom(s) can only occur with an addendum to the MagView report by the screener	

2.2. PCP Results Notice

The PCP results notification must indicate:

- Screener interpretation (i.e. There is a mass on the left breast at 9 o'clock)
- Radiologist comment, if any (i.e. query mole?)
- Patient and/or Family History Risk Factor(s), if any (i.e. mother at age 57)
- Breast Symptom(s), if any (i.e. there is a lump in the left breast at 7 o'clock)

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- e) Breast Density (i.e. BI-RADS B – there are scattered areas of fibroglandular densities.)

2.3. Fast Track Referral

The Facilitated Fast Track Referral notification must indicate:

- a) Referral Information
- b) Participant information
- c) Health Care Provider Contact Information
- d) Reason for referral - Interpretation / Suspicion Level / Recommendation
- e) (I.e. 1: There is a mass in the middle of the right breast lower inner quadrant at 5 o'clock. A-Low suspicion finding. Mammo and Ultrasound.)
- f) Breast Screening Centre

3. Related Documents and References

3.1. Related Documents

[SD 010 - Screener Interpretation of Mammogram Procedure](#)

[SB 001 – Screening Availability](#) – Section 2.1

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	Mary Nagy	New Protocol Template; Merged with SD 070	31-AUG-2023