Department of Radiology POLICY AND PROCEDURE

POLICY NUMBER: 1397
VERSION: 1

SUBJECT: BREAST IMAGING RESULTS REPORTING AND FOLLOW-UP

Purpose: To define policy and procedure for the reporting of breast imaging and the follow-up of results.

Policy: High Desert Health System (HDHS) utilizes the American College of Radiology (ACR) BI-RADS System to report all mammography results and to guide follow-up management. The results of all mammograms will be reported to the patient and to the providers in Cerner, utilizing the procedures defined below. All abnormal or incomplete mammography results will be tracked and managed utilizing the procedures defined below.

All ordered diagnostic mammograms and diagnostic breast ultrasounds will be reviewed and protocoled by the radiologist prior to scheduling of the examination.

No diagnostic mammogram or diagnostic breast ultrasound will be performed without a diagnostic radiologist on site. The exception is that on an emergent basis, at the discretion of the ultrasound technologist, an ultrasound can be performed and the patient will be called back for a formal ultrasound.

All screening mammograms will be interpreted and reported by the radiologist within 30 days of the examination. Reports to the referring physicians will be communicated within 30 days via Cerner.

No screening breast ultrasounds will be performed.

All technologists must complete cases in Cerner at the time of the examination.

Definitions

BI-RADS System: The Breast Imaging Reporting and Data System (BI-RADS) was developed by the American College of Radiology (ACR) to standardize mammographic reporting.

Mammography Standards Quality Act: According to the Mammography Standards Quality Act (MSQA) of 1997, all mammograms in the United States must be reported, utilizing one of the assessment categories in the BI-RADS System.

Screening Mammogram: A mammogram performed on an asymptomatic woman to detect early, clinically unsuspected breast cancer.

Diagnostic Mammogram: A mammogram performed on a woman with clinical signs or symptoms that suggest breast cancer. A second type of diagnostic exam is that performed on a woman for whom further mammographic evaluation has been requested because of an abnormal screening mammogram.

BI-RADS Category 0 - Assessment is Incomplete. Follow-Up Recommendation: Additional imaging and/or prior images are needed before a final assessment can be assigned.

BI-RADS Category 1 – Negative. Follow-Up Recommendation: Routine screening mammography (for women over age 50 unless high risk per DHS guidelines).

BI-RADS Category 2 – Benign Finding. Follow-Up Recommendation: Routine screening mammography (for women over age 50 unless high risk per DHS guidelines).

BI-RADS Category 3 – Probably Benign Finding – Initial Short-Term Interval Follow-up Suggested. Follow-Up Recommendation: Short-term follow-up (usually 6-month evaluation).

BI-RADS Category 4 – Suspicious Abnormality – Biopsy should be considered. Follow-Up Recommendation: Usually requires biopsy.

BI-RADS Category 5 – Highly Suggestive of Malignancy - Appropriate Action Should Be Taken. Follow-Up Recommendation: Requires biopsy or surgical treatment.

BI-RADS Category 6 – Known Biopsy - Proven Malignancy – Appropriate Action Should Be Taken. Follow-Up Recommendation: Category reserved for lesions identified on imaging study with biopsy proof of malignancy prior to definitive therapy.

Procedure and Protocols:

1. Prior to performing a mammogram, the mammography technologist will review the previous examinations on PACS (picture archiving and communications system). If the exam was performed at our institution and there are no images available in PACS, the images will be requested from FileKeepers and digitized prior to the examination if available. The mammography technologist will also ask questions on the mammogram questionnaire.

2. Follow-up for specific BI-RADS Results:

    a. **Results with BI-RADS 0 – Incomplete:**
    For all screening mammograms with a BI-RADS result of 0 –Incomplete, additional mammographic views and/or an ultrasound will be performed. Comparison to prior films could also be performed.

i. The interpreting radiologist will generate the mammographic report in Magview (mammography reporting system) and it will then be available electronically, through the Cerner system to the clinicians.
ii. The radiology clerical staff will utilize the Magview to complete the lay letter, notifying the patient of the results, and providing the information in regards to what study will be needed next.
iii. The radiology clerical staff will order the follow-up examination, per the radiologist, utilizing the same provider as the original ordering provider. The radiology clerical staff for an appointment will contact the patient.
iv. At the time of the follow-up examination the mammography and/or ultrasound technologist will read the previous report and perform the exam recommended by the radiologist.
v. The radiology clerical staff and technologists will maintain a log in Magview to track follow-up status for all BI-RADS 0 mammograms and breast ultrasounds. The log will include documentation of all attempts to contact the patient. After three attempts to reach the patient a certified letter will be sent through USPS mail.

b. Results with BI-RADS 1 – Negative and BI-RADS 2 – Benign.

a. For all screening mammograms with a BI-RADS result of 1 –Negative or 2 Benign, the patient will be notified through the lay letter with a recommendation for routine screening for mammography (for women over age 50).
b. The interpreting radiologist will generate the mammographic report in Magview and it will then be available electronically, through the Cerner system, to the clinicians.
c. The radiology clerical staff will utilize the Magview to complete the lay letter, notifying the patient of the Negative or Benign result and the recommendation for routine screening mammography. If the patient has dense breasts, a notification of breast density will be included in the letter.
d. The referring physician will order the routine screening mammogram for the next examination. The radiology clerical staff will call the patient to schedule the appointment for screening mammography once the radiology department receives the order.

c. Results with BI-RADS 3 – Probably Benign:

For all diagnostic mammograms and ultrasounds with a BI-RADS result of 3 –Probably Benign, a short-term follow up study will be performed.

i. The interpreting radiologist will generate the mammographic and/or ultrasound report in Magview and it will be available electronically, through the Cerner system, to the clinicians.
ii. The radiology clerical staff will utilize the Magview to complete the lay letter, notifying the patient of the results and to call the radiology department to schedule a follow-up examination.
iii. At the time of the exam the patient will be scheduled for a follow-up exam by the technologist. The patient will be notified of the date and time of the follow-up

appointment at the time of the exam. At the time of the follow-up examination the mammography and/or ultrasound technologist will read the previous report and perform the exam recommended by the radiologist.

iv. The radiology clerical staff will track the patients in Magview for follow-up status for all BI-RADS 3 mammograms and ultrasounds. The radiology clerical staff and/or technologist will contact the patient to schedule an appointment for follow-up. The log in Magview will include documentation of all attempts to contact the patient and no-show appointments. After three attempts to reach the patient a certified letter will be sent through USPS mail.

d. Results with BI-RADS 4 and 5 – Suspicious Abnormality and Highly Suggestive of Malignancy

1. For all diagnostic mammograms and ultrasounds with a BI-RADS result of 4 and 5– a needle biopsy or surgical consultation will be recommended.

2. The interpreting radiologist will recommend a needle biopsy (ultrasound guided or stereotactic) or surgical consultation. The needle biopsy will be performed at Olive View Medical Center (OVMC). The interpreting radiologist will generate the mammographic and/or ultrasound report in Magview and it will be available electronically, through the Cerner system to the clinicians.

3. The radiology clerical staff and/or technologist will contact OVMC mammography department to confirm an appointment date and time.

4. The radiology clerical staff and/ or technologist will contact the patient by telephone with a date and time for biopsy at OVMC. The radiology clerical staff will utilize Magview to complete the lay letter notifying the patient of the results and the required follow-up action. The radiology clerical staff will also send a letter with the instructions of the appointment place, date and time.

5. The OVMC clerical staff will also call the patient prior to the biopsy appointment for a reminder (??)

6. The HDHS radiology clerical staff will maintain a log to track follow-up status for all BI-RADS 4 and 5 mammograms and ultrasounds in Magview. The log will include documentation of all attempts to contact the patient.

7. If the patient is a no-show for biopsy at OVMC, the HDHS radiology clerical department will make three attempts to reschedule the biopsy and document in Magview. If there is no response after three attempts then a certified letter will be sent by USPS mail. The receipt from the certified letter will be sent to medical records.

8. Following the biopsy, the patient will follow-up in OVMC breast clinic at the appointment time provided at the time of the biopsy. This breast clinic appointment is the referral to surgery.

9. If the biopsy is positive for malignancy or high-risk, the follow-up care will be provided, as appropriate, at OVMC.

10. If the biopsy is negative, a six-month follow up examination will be recommended at OVMC.

11. The biopsy results are available in Cerner.

12. Findings noted as "Suspicious" or "Highly Suggestive of Malignancy" shall be communicated to the patient and the healthcare provider (through Cerner) within five working days. If the healthcare provider is unavailable, the results must be forwarded to a responsible designee of the healthcare provider within three working days.